FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		E FEC MAILING LA		ample:If typing er the lines	g, type			
	· · · · · · · · · · · · · · · · · · ·	Political Action Cor						
ADDRESS (number and Check if differ than previously reported. (ACC	ent L	Suite 590						
2. FEC IDENTIFICAT	ION NUMBER	₩ _	CITY 👗		S	STATE	ZIPCOD	DE 🔺
C00274944			3. IS THIS REPORT		NEW (N) OR	AME (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 5 Report(Q3) 81 Report(YE) lid-Year on-election	(b) Monthly Report Due On: X (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	Apr 20 (M4 tion the:		(12C)	Sep 2	G) in the State of	Special (30S)
 Covering Period I certify that I have exam Type or Print Name of T 	•	0 1 2 0 rt and to the best of Dr. Renee R. Eller	f my knowledge	through and belief it is	0 2 true, correct a		2010	
Signature of Treasurer	Electronically	y Filed by Dr. Re	enee R. Ellerbro	ek	Da	ate 03	18	2010
NOTE : Submission of f	alse, erroneous	s, or incomplete info	ormation may s	ubject the pers	on signing this	Report to the p	enalties of 2 U.S	S.C 437g.
Office Use Only							Rev. 12/200	

Image# 10990378402

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 22

F	eport Covering the Period: From:	0 1 0 1 2 0 1 0	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
) .	(a) Cash on Hand January 1 2010 Y Y Y		387407.60
	(b) Cash on Hand at Begining of Reporting Period	410379.58	
	(c) Total Receipts (from Line 19)	16483.00	43150.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	426862.58	430557.60
	Total Disbursements (from Line 31)	84958.73	88653.75
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	341903.85	341903.85
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image# 10990378403

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

F	Report Covering the Period: From:		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11158.00	31216.00
	(ii) Unitemized	5325.00	11934.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	16483.00	43150.00
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) >	16483.00	43150.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16483.00	43150.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	16483.00	43150.00

Image# 10990378404

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 22
II. DISBURSEMENTS	COLUMN A – Total This Period	COLUMN B Calendar Year-to-Date
 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share 	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	267.95	962.97
(c) Total Operating Expenditures(add 21(a)(i), (a)(ii) and (b))	267.95	962.97
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	84690.78	87690.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	84958.73	88653.75
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	84958.73	88653.75

FE6AN026

_

DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003)

5 / 22

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	16483.00	43150.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16483.00	43150.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	267.95	962.97
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	267.95	962.97

FE6AN026

	SCHEDIII E A (EEC Form 2X)		FOR LINE NUMBER: PAGE 6/22	
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
ľ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) R. Richard Anderson, Dr.			Date of Receipt
	Mailing Address Department of Patholo 801 S Washington St	ogy		02 18 Y Y Y Y 02 18 2010
	City	State	Zip Code	Transaction ID: SA11AI.36463
	Naperville	IL	60566-7060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Edward Hosp	Occupatio		7
	· .	Patholog		_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
- B.	Full Name (Last, First, Middle Initial) M. Elizabeth Bailey, Dr.	1		Date of Receipt
	Mailing Address 8 Mem Med Ct Ste 1			0 2 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.36517
	Greenville	SC	29605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pathology Consultants	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
-	Full Name (Last, First, Middle Initial)			Data of Dessint
C.	A. Richard Bernert, Dr. Mailing Address 9815 N 107th St			Date of Receipt
	City	State	Zip Code	0 2 1 9 2 0 1 0 Transaction ID: SA11AI.36555
	Scottsdale	AZ	85258-6090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Name of Employer Clin-Path Associates, P.C.	Occupation Patholog		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	416.00]
	SUBTOTAL of Receipts This Page (optional)		······	1458.00
ŀ	TOTAL This Period (last page this line number	only)		
L		,	P	

		[
SCHEDULE A (FEC F	orm 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 / 22 (check only one)
ITEMIZED RECEIPTS	TEMIZED RECEIPTS		X 11a $11b$ 11c 12
		Detailed Summary Page	
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ac	⊥ ay not be sold or used by any pers ldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu	(اار		
College of American Patho	,	Committee	
Full Name (Last, First, Middle In J. Kenneth Bloom, Dr.	nitial)		Date of Receipt
Mailing Address Laboratory 31 Columb			M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.36454
Aliso Viejo	CA	92656-1460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Clarient Diagnostics Svcs	Occupation Pathology		_
Receipt For:	I	e Year-to-Date 🔻	
Primary Genera			
Other (specify)	0 0	500.00	
Full Name (Last, First, Middle In W Richard Brown, Dr.	,		Date of Receipt
	hnut 2nd Flr		0 2 / D D / Y Y Y Y 2 5 / 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36498
Houston	TX	77074-4389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Memorial Hermann SW Hosp	Occupation Pathology		
Receipt For:	Aggregat	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00]
Full Name (Last, First, Middle In Aristides Pedro Carmona, Dr.	nitial)		Date of Receipt
Mailing Address Pathology 951 North	Department Washington Ave		M M / D D / Y Y Y Y 02 / 05 / 2010
City	State	Zip Code	Transaction ID: SA11AI.36513
Titusville	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:		e Year-to-Date 🔻	
Other (specify) ▼		1000.00]
SUBTOTAL of Receipts This Pac	ne (optional)		2000.00
TOTAL This Period (last page thi	is line number only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 22 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a \Box 11b \Box 11c \Box 12
			Detailed Summary Page	
	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
ľ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) William Jay Dieckhoff, Dr.			Date of Receipt
	Mailing Address Dept of Path 11th St & Broadway			M M / D D / Y Y Y Y 02 19 2010
	City	State	Zip Code	Transaction ID: SA11AI.36443
	Quincy	IL	62301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Blessing Hosp	Occupation Patholog		-
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	
	Primary General		250.00	1
_	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) M. Anthony Dombrowski, Dr.			Date of Receipt
	Mailing Address Pathology Laboratory Adventist Bolingbrook I	Hospital		M M / D D / Y Y Y Y 0 2 0 8 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.36483
	Bolingbrook	IL	60440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LaGrange Memorial Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
с.	Full Name (Last, First, Middle Initial) A Gary Gochman, Dr.	1		Date of Receipt
0.	Mailing Address Lab			M M / D D / Y Y Y Y
	9333 E Imperial Hwy City	State	Zip Code	0 2 2 4 2 0 1 0 Transaction ID: SA11AI.36479
	Downey	CA	90242-2812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kaiser Downey Medical Cen-	Occupation Patholog		-
	ter Receipt For:	, I — — ~ ~	e Year-to-Date V	-
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)	I		750.00
ŀ				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/22 (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	tatements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	tical Action Committee	
, A.	Full Name (Last, First, Middle Initial) J Cameron Hall		Date of Receipt
	Mailing Address 7550 Wolf River Blvd a	# 200	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.36520
	Germantown	TN 38138-1745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Pathology Group of the Mi- dsouth	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	500.00	
в.	Full Name (Last, First, Middle Initial) H. M. Elizabeth Hammond, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 8th Ave and C St		02 / 26 / Y Y Y Y 02 2010
	City	State Zip Code	Transaction ID: SA11AI.36489
	Salt Lake City FEC ID number of contributing federal political committee.	UT 84143	Amount of Each Receipt this Period
	Name of Employer LDS Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Neil Ernest Holburt, Dr.		Date of Receipt
	Mailing Address Dept of Path 25470 Medical Center	Dr	02 / 28 / Y Y Y Y 02 / 28 / 2010
	City	State Zip Code	Transaction ID: SA11AI.36497
	Murrieta	CA 92562-4901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Med Lab Svcs	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	•	1000.00
Ī	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC ITEMIZED RECEIPT	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from su or for commercial purposes, ot NAME OF COMMITTEE (In	her than using the name and ad	y not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	athologists Political Action	Committee	
Full Name (Last, First, Midc Lane Daniel Hood, Dr.	dle Initial)		Date of Receipt
Mailing Address 6845 P	enridge Rd		0 2 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36458
Centerville	OH	45459-6604	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		500.00
Name of Employer Valley Pathology Inc	Occupation Patholog		
Receipt For:	00 0	e Year-to-Date 🔻	
Other (specify) ▼	neral	500.00	
Full Name (Last, First, Mido S. N. Levi Jones	,		Date of Receipt
1102 W	ment of Pathology /. Mac Arthur		0 2 / D D / Y Y Y Y 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36546
Shawnee	OK	74804	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.			250.00
Name of Employer Unity Health Center	Occupation Patholog		
Receipt For:		e Year-to-Date 🔻	
Primary Ger Other (specify) ▼	neral	250.00	
Full Name (Last, First, Midc L Richard Lozano, Dr.	dle Initial)		Date of Receipt
Mailing Address Dept of 290 Big	Path I Run Rd		M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.36514
Lexington	KY	40502	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	Ů		1800.00
Name of Employer Pathology & Cytology Labs Inc	Occupation Patholog		
Receipt For: Primary Ger	Aggregati	e Year-to-Date 🔻	
Other (specify) ▼		1800.00	
SUBTOTAL of Receipts This	Page (optional)		2550.00
	e this line number only)		

Detended dummary rage 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Full Name (Last, First, Middle Initial) Tarpon Springs FL 34689 FEC ID number of contributing federal political committee. C Tarnasaction ID: SA11AL36473 Anne of Employer Heine Liss Memorial Hosp Pathologist Aggregate Year-to-Date ▼ Mailing Address 10030 Ormond Rd Tarbo City State Zip Code Mailing Address 10030 Ormond Rd City State Zip Code Mailing Address 10030 Ormond Rd Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each Receipt this Period Transaction ID: SA11AL36476 Amount of Each R		CHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 22 (check only one)
NAME OF COMMITTEE (In Full) Original Committee Full Name (Last, First, Middle Initia) Init Signed Moris 0 Maing Address Department of Pathology City 1395 South Pinelias Avenue City Targon Springs FEC ID number of contributing federal political committee. Occupation Name of Each Receipt tris Period 250.00 Full Name (Last, First, Middle Initia) Occupation Name of Each Receipt tris Period 250.00 Full Name (Last, First, Middle Initia) Occupation Pathologist Aggregate Year-to-Date ▼ Pathologist Occupation Maing Address 10030 Ormond Rd City State Zp Code Maing Address 10030 Ormond Rd Date of Receipt City State Zp Code Point Name (Last, First, Middle Initia) Occupation Pathologist Maing Address 10030 Ormond Rd Occupation Pathologist State Zp Code Pathologist Aggregate Year-to-Date ▼ Occupation News of Farlisk Hoop Pathologist Aggregate Year-to-Date ▼ Occupation	1	Any information copied from such Reports and	d Statements ma	Detailed Summary Page ay not be sold or used by any person	13 14 15 16 17
College of American Pathologists Political Action Committee Filt Name (Last, First, Middle Initial) Filt Name (Last, First, Middle Initial) City 1395 South Pinelias Avenue Pinemer City 280.00 Pathologist Ase89 Periodical committee C Pathologist Ageregate Vear-to-Date ▼ Pathologist Ageregate Vear-to-Date ▼ Pathologist Ageregate Vear-to-Date ▼ Potomac MD 20854-5028 Fee Di Dumber of contributing C City State Zp Code Potomac MD 20854-5028 Fee Di Dumber of contributing C Image C Potomac MD 20854-5028 Fee Di Dumber of contributing C Image C Primary General Occupation Maing Address 2009 Ramona Ave V Image State		11 /	the name and ad	dress of any political committee to	o solicit contributions from such committee.
Finit Stepton Meric, Dr. Date of Receipt Mailing Address Department of Pathology 1395 South Pinellas Avenue Date of Receipt City State Zip Code Taracotic Disprings FL 34659 FEC ID number of contributing federal policial committee. C Tarasction ID: SA11A.136473 Name of Employer Heater Elits Memorial Hesp Pathologist Date of Receipt Primary General Occupation Pathologist Date of Receipt Mailing Address 10030 Ormond Rd MD 250.00 City State Zip Code Tarasction ID: SA11A.136476 Adgregate Year-to-Date Occupation Date of Receipt Mailing Address 10030 Ormond Rd MD 2052-5028 City State Zip Code Tarasction ID: SA11A.136476 Annount of Each Receipt this Pathologist Aggregate Year-to-Date Maing Address Polomac MD 2050.00 Tarasction ID: SA11A.136476 Annount of Each Receipt this Period 250.00 Tarasction ID: SA11A.136476 Address 2030.00 Tarasction ID: SA11A.136482 Name of Employer Invok Faitz Nepp			olitical Action	Committee	
1395 South Pinellas Avenue 0 2 23 2010 City State Zp Code Transaction ID: SA11AI:36473 Amount of Each Receipt this Period Petco ID number of contributing C Amount of Each Receipt this Period Name of Employer Pathologist Aggregate Year-to-Date ▼ Date of Receipt Publication C 250.00 Date of Receipt Full Name (Last, First, Middle Initial) Mailing Address Dig 2 2010 Transaction ID: SA11AI:36476 Amount of Each Receipt this Period Date of Receipt Mailing Address 10300 Ormond Rd Transaction ID: SA11AI:36476 Mount of Each Receipt this Period Each Receipt this Period 250.00 Potomac MD 20854-5028 Pathologist Receipt For: Occupation Pathologist Amount of Each Receipt this Period Name of Employer Occupation Pathologist Amount of Each Receipt this Period Maina Address 209 Ramona Ave Image Zip Code Transaction ID: SA11AI:36482 Amount of Each Receipt This Pathologist Date of Receipt Image Zip Code Maina Address 209 Ramona Ave C Image Zip Code Image Zip Code Maina Address 209 Ramona Ave C Image Zip Code Image Zip Code	×.				Date of Receipt
City State Zip Code Transaction ID: SA11Al.36473 Tatpon Springs FL 34689 FEC ID number of contributing federal political committee. C Amount of Each Receipt This Period Mare of Employer Heider Elist Memorial Hosp Occupation Pathologist Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: Other (specify) State Zip Code Mailing Address 10030 Ormond Rd Date of Receipt City State Zip Code Potomac MD 2054-5028 FEC ID number of contributing federal political committee. Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Pathologist Mainan Address 209 Ramona Ave City State Zip Code Maing Address 209 Ramona Ave City State Zip Code Maing Address Compation Transaction ID: SA11Al.36482 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Hellen Ellis Memorial Hosp Occupation Pathologist Date of Receipt Receipt For: Oriv Ceneral Other (specify) Date of Receipt Date of Receipt Mailing Address 10030 Ormond Rd Transaction ID: SA11AL36476 Amount of Each Receipt Initial) Aggregate Year-to-Date Transaction ID: SA11AL36476 Amount of Each Receipt Initial) Aggregate Year-to-Date Transaction ID: SA11AL36476 Amount of Each Receipt Initial) Aggregate Year-to-Date Transaction ID: SA11AL36476 Amount of Each Receipt Initial Aggregate Year-to-Date Transaction ID: SA11AL36476 Amount of Each Receipt Initial Aggregate Year-to-Date Transaction ID: SA11AL36482 Amount of Each Receipt Initial Aggregate Year-to-Date Transaction ID: SA11AL36482 Amount of Each Receipt Initial Maiing Address 209 Ramona Ave Transaction ID: SA11AL36482 City State Zip Code Transaction ID: SA11AL36482 Amount of Each Receipt Initial Ommittee. C 19 / 2 0 1.0 Maiing Address 209 Ramona Ave C 19 / 2 0 1.0 City State Zip Code Trans		City	State	Zip Code	Transaction ID: SA11AI.36473
federal political committee.		Tarpon Springs	FL	34689	Amount of Each Receipt this Period
Receipt For: Agregate Year-to-Date Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Ho (Locy) Noron Nam, Dr. Date of Receipt Mailing Address 10030 Ormond Rd City State Zip Code Potomac MD 20854-5028 FEC ID number of contributing C Agregate Year-to-Date Transaction ID: SA11AL36476 Amount of Each Receipt This Period 250.00 Receipt For: Occupation Pathologist Aggregate Year-to-Date Receipt For: Aggregate Year-to-Date Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre C 91024-2456 FEC ID number of contributing C 19 / 201.0 Transaction ID: SA11AL36482 Name of Employeer Primary General Other (specify) ▼ 300.00 300.00			C		250.00
Primary General Other (specify) ▼ So and the second se		Name of Employer Helen Ellis Memorial Hosp			
Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 10030 Ormond Rd City State Zip Code Potomac MD 20854-5028 FEC ID number of contributing federal policical committee. C Amount of Each Receipt this Period Patrick Hesp Pathologist Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Moi 2 / 19 / 2010 Transaction ID: SA11AL36476 Aggregate Year-to-Date ▼ 250.00 Pathologist Aggregate Year-to-Date ▼ Mailing Address 209 Ramona Ave Zip Code Transaction ID: SA11AL36482 Sierra Madre CA 91024-2456 FEC ID number of contributing federal policial committee. Date of Receipt this Period FeL ID number of contributing federal policial committee. Qin 0 Transaction ID: SA11AL36482 Amount of Each Receipt this Period FEC ID number of contributing federal policial committee. Pathologist Amount of Each Receipt this Period Transaction ID: SA11AL36482 Aggregate Year-to-Date ▼ 300.00 300.00 Moi 10 300.00			`		
Ho (Lucy) Myong Nam, Dr. Date of Receipt Mailing Address 10030 Ormond Rd City State Zip Code Potomac MD 20854-5028 FEC ID number of contributing tederal political committee. C Transaction ID: SA11AI.36476 Name of Employer Inova Fairfax Hosp Occupation Pathologist Aggregate Year-to-Date ▼ Quity State Zip Code Vite (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Maing Address 209 Ramona Ave 02 0 City State Zip Code Transaction ID: SA11AI.36482 Aggregate Year-to-Date Nonunt of Each Receipt 02 0 Maing Address 209 Ramona Ave 02 0 0 City State Zip Code Transaction ID: SA11AI.36482 Amount of Each Receipt this Period Sierra Madre C 0 91024-2456 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 300.00 300.00 300.00 Name of Employer LAC & USC Medical Center Aggregate Year-to-Date ▼ 300.00 800.00 </td <td></td> <td></td> <td></td> <td>250.00</td> <td>]</td>				250.00]
City State Zip Code 0.2 1.2 2.01.0 Potomac MD 20854-5028 Transaction ID: SA11AI.36476 FEC ID number of contributing federal political committee. C 250.00 Amount of Each Receipt this Period Name of Employer Inova Farfax Hosp Occupation Pathologist 250.00 Date of Receipt Primary General Other (specify) ♥ Oze 1.0 Y Y of Y Full Name (Last, First, Middle Initial) Marian Janice Neison, Dr. Date of Receipt Date of Receipt Transaction ID: SA11AI.36482 State Zip Code C 91.02 1.0 Y of y 2.0 Y of y City State Zip Code Transaction ID: SA11AI.36482 Amount of Each Receipt Mis Period Transaction ID: SA11AI.36482 Sierra Madre C Occupation Transaction ID: SA11AI.36482 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Marge gate Year-to-Date V 300.00 Name of Employer Loc USC Medical Center Aggregate Year-to-Date V Substrotal of Receipt This Period 300.00 SUBTOTAL of Receipts This Page (optional) 300.00 Substrotal o		,			Date of Receipt
Potomac MD 20854-5028 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Invax Fairfax Hosp Occupation Pathologist Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Marian Janice Nelson, Dr. Date of Receipt Mailing Address 209 Ramona Ave C City State Zip Code Sierra Madre CA 91024-2456 FEC ID number of contributing federal political committee. Occupation Pathologist Aggregate Year-to-Date ▼ Name of Employer INCR & USC Medical Center Occupation Pathologist 300.00 300.00 SuberortAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 800.00		Mailing Address 10030 Ormond Rd			
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Inova Fairfax Hosp Occupation Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name (Last, First, Middle Initial) Marian Janice Nelson, Dr. Date of Receipt Date of Receipt City State Zip Code Transaction ID: SA11AI.36482 Sierra Madre C 91024-2456 Transaction ID: SA11AI.36482 Amount of Each Receipt this Period C 300.00 Name of Employer IAC & USC Medical Center Occupation Pathologist Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ 300.00 SUBTOTAL of Receipts This Page (optional) \$0000 \$0000		City		Zip Code	Transaction ID: SA11AI.36476
federal political committee. 200.00 Name of Employer Inova Fairfax Hosp Occupation Pathologist Receipt For: Primary Aggregate Year-to-Date ▼ Dther (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Marian Janice Nelson, Dr. 02 Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre C FEC ID number of contributing federal political committee. C Name of Employer LAC & USC Medical Center Occupation Pathologist Receipt For: Primary General Other (specify) ▼ Occupation Pathologist SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 800.00			MD	20854-5028	Amount of Each Receipt this Period
Inova Fairfax Hósp Pathologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre CA 91024-2456 FEC ID number of contributing federal political committee. C Name of Employer Occupation LAC & USC Medical Center Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ SubtrotAL of Receipts This Page (optional) Aggregate Year-to-Date ▼			C		250.00
Primary General Other (specify) 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre CA 91024-2456 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General 300.00 SUBTOTAL of Receipts This Page (optional) 300.00 800.00					
Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre CA 91024-2456 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation Aggregate Year-to-Date ▼ 300.00 Name of Employer Aggregate Year-to-Date ▼ 800.00 800.00			Aggregate	e Year-to-Date 🔻	_
Marian Janice Nelson, Dr. Date of Receipt Mailing Address 209 Ramona Ave City State Zip Code Sierra Madre CA 91024-2456 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation 300.00 LAC & USC Medical Center Occupation Aggregate Year-to-Date ▼ Primary General 300.00 300.00 SUBTOTAL of Receipts This Page (optional) ▲ 800.00				250.00]
City State Zip Code Transaction ID: SA11AI.36482 Sierra Madre CA 91024-2456 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 300.00 Name of Employer LAC & USC Medical Center Occupation Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 300.00 SUBTOTAL of Receipts This Page (optional) 800.00 800.00	. –		I		Date of Receipt
Sierra Madre CA 91024-2456 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 300.00 Name of Employer LAC & USC Medical Center Occupation Pathologist 300.00 Receipt For: Aggregate Year-to-Date ▼ 300.00 Primary General 300.00 300.00 SUBTOTAL of Receipts This Page (optional) ▶ 800.00		Mailing Address 209 Ramona Ave			
FEC ID number of contributing federal political committee. C 300.00 Name of Employer LAC & USC Medical Center Occupation Pathologist Aggregate Year-to-Date Primary General Other (specify) ▼ 300.00 800.00 SUBTOTAL of Receipts This Page (optional) 800.00 800.00		-		•	
federal political committee. Suppose Name of Employer Occupation LAC & USC Medical Center Pathologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 300.00 SUBTOTAL of Receipts This Page (optional) 800.00			CA	91024-2456	Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 SUBTOTAL of Receipts This Page (optional) 800.00			C		300.00
Primary General Other (specify) ▼ 300.00 SUBTOTAL of Receipts This Page (optional) 800.00					
Other (specify) ▼ 300.00 SUBTOTAL of Receipts This Page (optional) 800.00			Aggregate	e Year-to-Date 🔻	
			0.0	300.00	
	Γ	SUBTOTAL of Receipts This Page (optional))		800.00

9	SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 12/22
		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 an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists P	olitical Action Committee	
۲.	Full Name (Last, First, Middle Initial) C. Dean Pappas	Date of Receipt	
	Mailing Address Lawrence Mem Hos 170 Governors Ave	p/Path Dept	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.36470
	Medford	MA 02155-1643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Hallmark Health	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	550.00	
-	Full Name (Last, First, Middle Initial) C. Dean Pappas		Date of Receipt
	Mailing Address Lawrence Mem Hos 170 Governors Ave	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.36471
	Medford	MA 02155-1643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Hallmark Health	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	600.00	
-	Full Name (Last, First, Middle Initial) H Karl Proppe, Dr.		Date of Receipt
	Mailing Address 200 Corporate PI St	e 7	M M / D D / Y Y Y Y 02 23 2010
	City	State Zip Code	Transaction ID: SA11AI.36460
	Peabody	MA 01960-3840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Converge Diagnostic Servi- ces LLC	Occupation Pathologist]
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	850.00
┢		<u>, </u>	
L	TOTAL This Period (last page this line numl		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 13/22 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a	Detailed Summary Page and Statements may not be sold or used by any persor	13 14 15 16 17
or for commercial purposes, other than usin	ig the name and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Political Action Committee	
College of American Pathologists		
Full Name (Last, First, Middle Initial) F Thomas Ruhlen, Dr.		Date of Receipt
Mailing Address 14185 W. Desert (Cove Rd.	02 15 Y Y Y Y 02 15 2010
City	State Zip Code	Transaction ID: SA11AI.36515
Surprise	AZ 85379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Assoc Ltd	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Matthew Snyder, Dr.		Date of Receipt
Mailing Address WakeMed Hospita Pathology Dept.		
City Raleigh	State Zip Code NC 27610	Transaction ID: SA11AI.36529
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) A Mark Van Gorder, Dr.	1	Date of Receipt
Mailing Address 1451 S Indiana Av	/e	M M / D D / Y Y Y Y 02 18 2010
City	State Zip Code	Transaction ID: SA11AI.36539
Chicago	IL 60605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. James Hosp and Health Ctrs	Occupation Pathologist	
	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00
TOTAL This Period (last page this line nur	mber only)	11158.00

CHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER:		PAGE	14/2	22
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or	nly one)	_			_
	Detailed Summary Page	X 21b	22 28a	23 28b	24 28c	25 29	Ц
y Information copied from such Reports and Statem	ents may not be sold or use					-	
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) Sun Trust Bank			Transaction Date of Dis			6583	
Mailing Address P.O. Box 85024			02 ^M /	^D 0 1	/ Y	2010) Y
City Richmond	State Zip Code VA 23285		Amount of	Each Dist	oursemei	nt this F	Perio
Purpose of Disbursement Amex Bank Charges			_			15.89	
Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify) ▼	אַני ן	-				
State: District:							
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction Date of Dis	sbursemer	nt		
Mailing Address P.O. Box 85024			02	^D 0 3	/ Y	źołc)
City Richmond	State Zip Code VA 23285		Amount of	Each Dist	oursemei	nt this F	Perio
Purpose of Disbursement Suntrust ACH Charges						98.27	
Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify) ▼		_				
State: District: Full Name (Last, First, Middle Initial)						0505	
Sun Trust Bank			Transaction Date of Dis	sbursemer	nt		N/
Mailing Address P.O. Box 85024			02	^D 19		2010) '
City Richmond	State Zip Code VA 23285		Amount of	Each Dist	oursemei		-
Purpose of Disbursement Suntrust Amex Charges] L	· · ·		3.29	
Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify) ▼						
State: District:							
						17.45	
UBTOTAL of Disbursements This Page (optional)		🕨				1/47	

		CHEDULE B (FEC Form 3				hedule(s)		R LII		UMBI	ER:			PA	GE	15/2	2
	11	EMIZED DISBURSEMENT	5		n categor I Summa	y of the ary Page	X	21b 27	Ē	22 28a		23 28b		24 28c	П	25 29	26 30b
		y Information copied from such Reports a for commercial purposes, other than using															
		NAME OF COMMITTEE (In Full) College of American Pathologists	Political /	Action C	ommitte	ee											
Α.		Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024								Date	of D	isburs	-	B21B ent		586 0 1 0	Y
		City Richmond	-	State VA	Zip C 2328					Amo	unt o	of Eacl	ו Dis	burser			eriod
		Purpose of Disbursement Suntrust Acct Analysis Fee								L					į	50.50	
		Candidate Name					ateg Typ										
		Office Sought: House Senate President	Disburser	ment For: Primary Other (sp		General											
		State: District:															

	SUBTOTAL of Disbursements This Page (optional)	•	50.50
	TOTAL This Period (last page this line number only)	►	267.95
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

		B (FEC Form 32	-		arate schedule(s)		-		LINE NUMBER: PAGE 16 / 22 ck only one)										
ITE	EMIZED DIS	SBURSEMENT	S		category of the Summary Page			21b 27	22 28	L	Х	23 28b	F	24 28	; [25 29	-	26	
		ed from such Reports ar poses, other than using																	
	NAME OF COM					001						0.101		5001	. 501		-		
1 \		erican Pathologists F	Political A	ction Co	ommittee														
		First, Middle Initial) HE FUND FOR A GF	REATER	AMERIC	CA				Da	te o	f Di	sburs	ser						
Ī	Mailing Address	499 S. CAPITOL	ST. S.W	. #414					0			D	2 5	5	Y	²0ỉ	0	Y	
	City WASHINGTON	N		tate)C	Zip Code 20003				Am	nour	nt of	Eac	h C	Disbur	seme	ent this	s Pe	eriod	
Ī	Purpose of Disbu	rsement					0								5	000.0	00		
Ī	Candidate Name						ateg Typ	jory/ e											
	Office Sought:	Senate President		nent For: Primary Other (spe	2010 X General ecify) ▼														
	State:	District:																	
	Full Name (Last, I BADGERPAC	First, Middle Initial)							Da	te o	f Di	sburs	ser						
Ī	Mailing Address	1831 Bay Street,	SE						0	2		D	2 !	5	Y	²0ỉ	0	Y	
	City Washington			tate)C	Zip Code 20003				Am	nour	nt of	Eac	h C	Disbur				eriod	
Ī	Purpose of Disbu	rsement													5	000.0	00		
(Candidate Name						ateg Typ	jory/ e											
(Office Sought:	House Senate President		nent For: Primary Other (spe	2010 X General ecify) ▼														
	State:	District:																	
		First, Middle Initial) R CONGRESS										sburs	ser		3.36	566			
Ī	Mailing Address	P.O. Box 261060							0 ^M	2	1 /	D	2 !	D /	Y	²o ì	0	Y	
	City Los Angeles			tate CA	Zip Code 90026				Am	nour	nt of	Eac	h C	Disbur	seme	ent this	s Pe	eriod	
-	Purpose of Disbu	rsement													4	000.	00		
Ī	Candidate Name						ateg Typ	jory/ e											
	Office Sought:	Senate President		nent For: Primary Other (spe	2010 X General ecify) ▼														
	State: CA	District: 31																	
su	IBTOTAL of Disb	oursements This Page (o	optional)					►						•	14(000.0	D Q		
то	TAL This Period	(last page this line num	ber only)					►											
L	NOOC																_		

		B (FEC Form 3X)					R LINE	NUMBE	R:			PAGE 17/22				
11		SBURSEMENTS		egory of the mmary Page			21b 27	22 28a	X	23 28b	F	24 28c		25 29	26	
		ed from such Reports and S rposes, other than using the													3	
<u>,</u>	NAME OF COM			or any pointour									00111			
$ \rangle$		erican Pathologists Poli	tical Action Com	mittee												
<u> </u>	· · ·	First, Middle Initial) ECTION COMMITTEE I	NC					Trans Date				SB23 nent	.365	567		
	Mailing Address	175 SOUTH WEST SUITE 650	TEMPLE					0 ^M 2	М	/ D	2	^D /	Y 2	źoło) Y	
	City SALT LAKE C	ITY		Zip Code 84101				Amou	unt o	f Eac	ch [Disburs	emer	nt this I	Period	
	Purpose of Disbu	ursement				v		L.					20	00.00)	
	Candidate Name					atego Type	-									
	Office Sought: State: UT	House Dis X Senate President District: 00	bursement For: X Primary Other (specif	2010 General y) ▼												
	Full Name (Last,	First, Middle Initial) ECTION COMMITTEE I	NC					Date	of D	isbur	ser					
	Mailing Address	175 SOUTH WEST SUITE 650	TEMPLE					0 ^M 2	М	/ D	2	5	Y Z	2010) `	
	City SALT LAKE C			Zip Code 84101				Amou	unt o	f Eac	ch D	Disburs	emer	nt this I	Period	
	Purpose of Disbu	ursement				Ū.		L.					10	00.00)	
	Candidate Name					atego Type										
	Office Sought:	House Dis X Senate President	bursement For: Primary Other (specif	2010 X General v) ▼												
	State: UT	District: 00		·· ·												
		First, Middle Initial) DLITICAL ACTION CO	MITTEE					Date		isbur	ser		.365	569		
	Mailing Address	236 Massachusetts Suite 508	Ave., NE					0 ^M 2	М	/ D	2	5	Y Z	źoło) ^Y	
	City Washington	-		Zip Code 20002				Amou	unt o	f Eac	ch [Disburs				
	Purpose of Disbu	ursement				v		L.					50	00.00)	
	Candidate Name					atego Type										
	Office Sought:	Senate President	bursement For: Primary Other (specif	2010 X General y) ▼												
Г	State:	District:							-		-					
5	SUBTOTAL of Dist	oursements This Page (opti	onal)				•						80	00.00)	
1	OTAL This Period	d (last page this line number	only)				►									
	CANIOOC								~ ~					vo /=		

	CHEDULE B (FEC Form 3X	Use separate schedule(s	use separate schedule(s)					OR LINE NUMBER: PAGE 18 / 22									
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	F	24 28	<u> </u>		25 29	26			
	ny Information copied from such Reports and for commercial purposes, other than using t																
	NAME OF COMMITTEE (In Full)																
$\left \right\rangle$	College of American Pathologists Po	plitical Action Committee															
<u> </u>	Full Name (Last, First, Middle Initial) Democratic Congressional Campaig	ın Committee				Trans Date				-	3.36	657 ⁻	1				
	Mailing Address 430 South Capital	Street, SE				0 2	М	/ D	2 !	5	Y	ž0	ľ0	Y			
	City Washington	State Zip Code DC 20003				Amou	int o	fEac	h [Disbur			-	eriod			
	Purpose of Disbursement			v							15	5000	0.00				
	Candidate Name		С	ateg Typ	gory/ be												
	Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼															
	State: District: Full Name (Last, First, Middle Initial)																
	DEMOCRATIC SENATORIAL CAMI	PAIGN COMMITTEE				Trans Date		isburs	ser	nent	3.36			V			
	Mailing Address 120 MARYLAND A	AVENUE NE				0 2			2 !	5		20	ľ0				
	City WASHINGTON	State Zip Code DC 20002				Amou	int o	fEac	h [Disbur				eriod			
	Purpose of Disbursement			Ū		L.					15	5000	0.00				
	Candidate Name		C	ateç Typ	gory/ be												
	Senate President	Disbursement For: 2010 Primary X General Other (specify) ▼															
	State: District: Full Name (Last, First, Middle Initial)									0.00							
	FRIENDS OF DAN MAFFEI					Trans Date		isburs	ser	nent	3.36			Y			
	Mailing Address PO Box 74					0 2			2 !	5		20	ľ0	<u> </u>			
	City Syracuse	State Zip Code NY 13214				Amou	int o	fEac	h [Disbur				eriod			
	Purpose of Disbursement					L.					2	2000	0.00				
	Candidate Name		С	ateg Typ	gory/ be												
	Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼															
_	State: NY District: 25																
s	UBTOTAL of Disbursements This Page (or	otional)			►						32	000	0.00				
T	OTAL This Period (last page this line numb	er only)			►												
		. .				-							-				

		B (FEC Form	-	Use sep	arate schedule(s)			OR L			R:				PA	GE	19 /	22
IT	EMIZED DI	SBURSEMEN	TS	for each Detailed	category of the Summary Page		F	211 27	ŕ	22 28a	X	1	3 8b		24 28c		25 29	\square
		ed from such Reports poses, other than usi MITTEE (In Full)																3
/	College of Ame	erican Pathologists	s Political	Action Co	ommittee													
	,	First, Middle Initial) JOHN BARRASSC)							Trans Date		-	ourse	eme	SB23. ent			Y
	Mailing Address	406 Virginia Av	renue							02		, 	2	5		2	0 ľ ()
	City Alexandria			State VA	Zip Code 22302					Amou	unt c	of E	lach	Dis	sburse	men	t this I	Period
	Purpose of Disbu	rsement					-		1	L.						40	00.00)
	Candidate Name							egory/ ype										
	Office Sought: State: WY	House X Senate President District: 00	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼	<u></u>												
	Full Name (Last,	First, Middle Initial) JOHN BARROW	1							Tran Date					SB23. ent	365	75	
	Mailing Address	PO Box 8166								[™] 2	М	/	^D 2	^D 5	/ Y	ž	0 ľ ()
	City Savannah			State GA	Zip Code 31412					Amou	unt c	of E	Each	Dis	sburse	men	t this I	Period
	Purpose of Disbu	rsement					-		1	L.						15	00.00)
	Candidate Name							egory/ ype										
	Office Sought: State: GA	X House Senate President District: 12		ment For: Primary Other (spe	2010 General ecify) ▼	<u> </u>												
	Full Name (Last,	First, Middle Initial) JOHN BARROW	ļ							Tran s Date					SB23. ent	365	76	
	Mailing Address	PO Box 8166								0 ^M 2	М	/	^D 2	5	/ Y	ž	0 ľ () ^Y
	City Savannah			State GA	Zip Code 31412					Amou	unt c	of E	Each	Dis	sburse		-	
	Purpose of Disbu	rsement							1	L.						10	00.00)
	Candidate Name							egory/ ype										
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼	<u> </u>												
s	State: GA	District: 12	e (optional) .					<u> </u>	▶							65	00.00)
Т	OTAL This Period	l (last page this line n	umber only)						•									
36	6AN026									FE	C S	Sch	edul	еB	(For	m 3)	(Re	vised

	B (FEC Form S DISBURSEMEN	Use separate scried	the (check on	NUMBER: PAGE 20 / 22 ly one) 22 X 23 24 25 23 28a 28b 28c 29 3
			or used by any person	for the purpose of soliciting contributions olicit contributions from such committee
\	MMITTEE (In Full) merican Pathologists	Political Action Committee		
•	st, First, Middle Initial) S FOR ISAKSON			Transaction ID: SB23.36561 Date of Disbursement
Mailing Addres	SS POST OFFICE	BOX 250116		
City ATLANTA		State Zip Code GA 30325	•	Amount of Each Disbursement this Period
Purpose of Dis	sbursement			1000.00
Candidate Na	ne		Category/ Type	
Office Sought	X Senate President	Disbursement For: 2010 X Primary Ger Other (specify) ▼) neral	
State: GA Full Name (La	District: 00 st, First, Middle Initial)			Transaction ID: SB23.36562
	S FOR ISAKSON			Date of Disbursement
Mailing Addres	POST OFFICE	BOX 250116		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 2 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ 0 \\ 1 \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \\ 5 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y $
City ATLANTA		State Zip Code GA 30325		Amount of Each Disbursement this Period
Purpose of Dis	sbursement			1500.00
Candidate Na	ne		Category/ Type	
Office Sought	X Senate President	Disbursement For: 2010 Primary X Ger Other (specify))	
State: GA	District: 00			
	st, First, Middle Initial) I FOR CONGRESS			Transaction ID: SB23.36577 Date of Disbursement
Mailing Addres	PO Box 636			
City Annandale		State Zip Code VA 22003		Amount of Each Disbursement this Period
Purpose of Dis	sbursement			5000.00
Candidate Na	ne		Category/ Type	
Office Sought	X House Senate President	Disbursement For: 2010 Primary X Ger Other (specify) ▼)	
State: UT	District: 02			
		(optional)		7500.00

SCHEDULE B (FEC Form 3X		ate schedule(s) (check of				OR LINE NUMBER: neck only one)							PAGE 21 / 22					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		ļ	21b	_	22 28a	X	23 28b	, [24 28c	F	25 29	\square				
Any Information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any politic													3				
College of American Pathologists Po	inical Action Committee																	
Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGR	ESS					Trans Date		isbu	rse	men	-			Y				
Mailing Address PO Box 2334						02		L	2	5		2	0 ľ ()				
City Denton	State Zip Code TX 76202					Amou	int o	fEa	ch I	Disb	urse	-	t this					
Purpose of Disbursement						L.						25	00.00)				
Candidate Name		C		egory/ /pe														
Office Sought: X House D Senate President State: TX District: 26	isbursement For: 2010 X Primary General Other (specify) ▼																	
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS						Trans						365	78					
Mailing Address PO BOX 3176						Date 0 [™] 2	of D ™		2°2		t / Y	ž	0 1 () ^Y				
<u>.</u>																		
City LONG BRANCH	State Zip Code NJ 07740					Amou	int o	fEa	ch I	Disb	urse	0	t this					
Purpose of Disbursement			0	v		L.	0					25	00.00)				
Candidate Name		C		egory/ /pe														
Office Sought: X House D Senate President State: NJ District: 06	isbursement For: 2010 X Primary General Other (specify) ▼	1																
Full Name (Last, First, Middle Initial)						Trans	acti	on I	D:	SE	323.	365	79					
PETE STARK RE-ELECTION COM	NITTEE					Date M	of D ™			-	t / Y	Ý	Y	Y				
Mailing Address PO BOX 8331						0 2		Ľ	2	6	Ľ	2	0 Ì ()				
City FREMONT	State Zip Code CA 94537					Amou	int o	fEa	ch I	Disb	urse		t this					
Purpose of Disbursement		Γ				L.						15	00.00)				
Candidate Name				egory/ /pe														
Office Sought: X House D Senate President State: CA District: 13	isbursement For: 2010 X Primary General Other (specify) ▼	1																
SUBTOTAL of Disbursements This Page (op	tional)			.)	 ►							65	00.00)				
TOTAL This Period (last page this line numb					-													
EGAN026	5 Only)				•	FF	C S	cher	dule	e B (For	m 3)	(Re	viser				

SCHEDULE B (FEC Form 3X)		FOR LIN	FOR LINE NUMBER: PAGE 22/22							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or	ily one)							
	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3							
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam		by any person	for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
College of American Pathologists Political	Action Committee									
Full Name (Last, First, Middle Initial) Christopher Sherin			Transaction ID: SB23.36582 Date of Disbursement							
Mailing Address 1350 I St NW Ste 590										
City Washington	State Zip Code DC 20005-3305		Amount of Each Disbursement this Period							
Purpose of Disbursement In Kind Contribution to Friends of Dan Maffei			190.78							
Candidate Name FRIENDS OF DAN MAFFEI		Category/ Type								
Senate President X	ement For: 2010 Primary General Other (specify) ▼									
State: NY District: 25 Other Full Name (Last, First, Middle Initial)										
The Freedon Project			Transaction ID: SB23.36580 Date of Disbursement							
Mailing Address 509 7TH Street, NW 3rd Floor										
City Washington	StateZip CodeDC20004		Amount of Each Disbursement this Period							
Purpose of Disbursement			5000.00							
Candidate Name		Category/ Type								
Office Sought: House Disburst Senate President State: District:	ement For: 2010 Primary X General Other (specify)									
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.36581							
TUESDAY GROUP POLITICAL ACTION	COMMITTEE		Date of Disbursement 0^{2}							
Mailing Address PO BOX 40385										
City WASHINGTON	State Zip Code DC 20016		Amount of Each Disbursement this Period							
Purpose of Disbursement			5000.00							
Candidate Name		Category/ Type								
Office Sought: House Disburst Senate President State: District:	ement For: 2010 Primary X General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)			10190.78							
TOTAL This Period (last page this line number only)			84690.78							
E6AN026			FEC Schedule B (Form 3X) (Revised							