12/15/2009 16:02

Image# 29935557471

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Us	e Only	
	0005 1	
AMENDED (A)	ZIPCOD	DE A
Aug 20 (M8) Sep 20 (M9)	X	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Oct 20 (M10)	Н	Jan 31 (YE)
neral (12G) ecial (12G)		Runoff (12R)
	in the State of	
noff (30R)		Special (30S)
	in the State of	
2 0 0 9 plete.		
12 15		2009

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
L		gists Political Action Committee
L		
AD	DRESS (number and street)	1350 I Street, NW
	Check if different than previously reported. (ACC)	Suite 590 Washington DC 20005 -
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ♠ STATE ♠ ZIPCODE ♠
	C00274944	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Yunderly Report(Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) (d) 30-Day Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Runoff (30R) Special (30S)
5.	Covering Period 1 1	01 2009 through 11 30 2009
Typ	nature of Treasurer Electrol TE: Submission of false, error	Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Date 1 2 1 5 2 0 0 9 Decous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
FF	Office Use Only	FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE

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OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

Rep	port Covering the Period: From:	01 2009	To: M M M 30 Y Y Y Y Y Y Y Y
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		84806.66
(1	b) Cash on Hand at Begining of Reporting Period	327298.17	
(c) Total Receipts (from Line 19)	22847.50	617806.00
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	350145.67	702612.66
7. T	Total Disbursements (from Line 31)	1146.72	353613.71
R	Cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	348998.95	348998.95
th	Debts and Obligations owed TO ne committee (Itemize all on schedule C and/or Schedule D)	0.00	
th	Debts and Obligations owed BY ne committee (Itemize all on schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 25

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

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01

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^Y 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)	17171.00	482521.50
	(ii) Unitemized	5676.50	129534.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22847.50	612056.00
(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)	22847.50	612056.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received	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	5750.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers 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
(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))	22847.50	617806.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	22847.50	617806.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1146.72	12183.93
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	1146.72	12183.93
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	341179.78
Independent Expenditure	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	250.00
Than Political Committees	0.00	230.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	250.00
Other Disbursements	0.00	0.00
. 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 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))	1146.72	353613.71
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1146.72	353613.71

DETAILED SUMMARY PAGE

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	22847.50	612056.00
1.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22847.50	611806.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1146.72	12183.93
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	1146.72	12183.93

FE6AN026

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X
or f	rinformation copied from such Reports and Sor 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 o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) R Susan Baker, Dr. Mailing Address Department of Patholo 1100 NW 95th St City	ogy State	Zip Code	Date of Receipt 1 1 1 9 2 0 0 9 Transaction ID: SA11AI.35790
·	Miami FEC ID number of contributing lederal political committee.	FL C	33150-2038	Amount of Each Receipt this Period 250.00
	Name of Employer North Shore Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
3.	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr. Mailing Address 9815 N 107th St	<u> </u>		Date of Receipt 1 1 1 1 6 2 0 0 9
	City Scottsdale FEC ID number of contributing	State AZ	Zip Code 85258-6090	Transaction ID: SA11AI.35865 Amount of Each Receipt this Period
•	Name of Employer Clin-Path Associates, P.C. Receipt For:	Occupation Patholog		208.00
	Primary General Other (specify) ▼	99 99	624.00	
. .	Full Name (Last, First, Middle Initial) John-Paul Bouffard Mailing Address Path Depart 3rd FIr 99 Beauvoir Ave	•		Date of Receipt 1 1 1 9 2 0 0 9
	City Summit FEC ID number of contributing ederal political committee.	State NJ	Zip Code 07901-3533	Transaction ID: SA11AI.35797 Amount of Each Receipt this Period 500.00
	Name of Employer Overlook Hosp	Occupation Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SL	BTOTAL of Receipts This Page (optional)			958.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) College of American Pathologist	s and Statements may not be sold or used by any pers sing the name and address of any political committee to ts Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D Barrett Brantley, Dr. Mailing Address 2000 Church St City Nashville FEC ID number of contributing federal political committee. Name of Employer Baptist Hosp Receipt For: Primary General Other (specify)	State Zip Code TN 37236-0001 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 1 1
Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr. Mailing Address Dept of Path 1 SHIRCLIFF W City Jacksonville FEC ID number of contributing federal political committee. Name of Employer St Vincent's Med Ctr Receipt For: Primary General Other (specify)	AY. State Zip Code FL 32204 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 1 1 0 9 2 0 0 9 Transaction ID: SA11AI.35827 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) A Barbara Crothers, Col Mailing Address Building#2 Rm 4 6900 Georgia Av City Washington FEC ID number of contributing federal political committee. Name of Employer Walter Reed Army 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 (opti	ional)	600.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (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 Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr. Mailing Address Department of Pathol 1919 E Thomas Rd	ogy/Laborato	ory	Date of Receipt 1 1 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35804
	Phoenix	AZ	85016-7710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Phoenix Children's Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) E. Randy Eckert Mailing Address 13322 Shore Vista Dr			Date of Receipt 1 1 1 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35788
	Austin	TX	78732-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Austin Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) David Howard Epstein, Dr. Mailing Address Department of Pathology One Hoag Dr PO Box 6100			Date of Receipt 1 1 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35752
	Newport Beach	CA	92658-6100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Hoag Memorial Hosp	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
Ī	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and 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 o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr. Mailing Address Apt 8 D 215 E 95th St City New York FEC ID number of contributing federal political committee. Name of Employer Mt Sinai Schl of Med Receipt For: Primary General Other (specify)	State NY C Occupatio 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
— В.	Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr. Mailing Address Dept of Path/Lab 4500 13th St City Gulfport FEC ID number of contributing federal political committee. Name of Employer Memorial Hosp @ Gulfport Receipt For: Primary General Other (specify)	State MS C Occupation Patholog Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) R. Stephen Gray, Dr. Mailing Address 75 Bald Hill Rd City Wilton FEC ID number of contributing federal political committee. Name of Employer Greenwich Hosp Receipt For: Primary General Other (specify)	State CT C Occupatio 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
s	UBTOTAL of Receipts This Page (optional) .	ı)	1300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and Store commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Political Control of the Patho	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) M. David Grossman, Dr. Mailing Address Department of Patholo 44201 Dequindre City	ogy	Zip Code	Date of Receipt M
	Troy FEC ID number of contributing federal political committee.	C	48085	Amount of Each Receipt this Period 200.00
	Name of Employer William Beaumont Hosp Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
 B.	Full Name (Last, First, Middle Initial) Rafael David Guillen, Dr. Mailing Address 3301 C St Ste 200E			Date of Receipt 1 1 2 8 2 0 0 9
	City Sacramento FEC ID number of contributing federal political committee.	State CA	Zip Code 95816-3363	Transaction ID: SA11AI.35739 Amount of Each Receipt this Period 100.00
	Name of Employer Diagn Path Med Grp Inc Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
	Full Name (Last, First, Middle Initial) T Clarke Harding, Dr. Mailing Address Dept of Path 305 Park Creek Dr			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 Clovis FEC ID number of contributing federal political committee.	State CA	Zip Code 93611-4426	Transaction ID: SA11AI.35801 Amount of Each Receipt this Period 250.00
	Name of Employer Pathology Associates	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional) .			550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X
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	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr. Mailing Address The Pathology Cente 8303 Dodge St City	r State	Zip Code	Date of Receipt 1 1 1 6 2 0 0 9 Transaction ID: SA11AI.35773
Omaha FEC ID number of contributing federal political committee.	NE C	68114	Amount of Each Receipt this Period 350.00
Name of Employer Methodist Hospital Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) A. Dana Hill, Dr. Mailing Address Chief of Path 111 Michigan Ave NV City Washington	V State DC	Zip Code 20010	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 Children's National Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		250.00
Full Name (Last, First, Middle Initial) D Robert Hoffman, Dr. Mailing Address 472 Summit Oaks Dr			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Nashville FEC ID number of contributing federal political committee.	State TN	Zip Code 37221-1316	Transaction ID: SA11AI.35851 Amount of Each Receipt this Period 500.00
Name of Employer Vanderbilt Univ Med Ctr Receipt For: Primary Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X 11a
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 persele name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G. Megha Joshi, Dr. Mailing Address 2 Dana Ave City Winchester FEC ID number of contributing federal political committee. Name of Employer Lawrence General Hosp Receipt For: Primary General Other (specify)	State Zip Code MA 01890-1010 C Occupation Pathologist Aggregate Year-to-Date 342.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) C. Lynn Koenemann, Dr. Mailing Address 902 5th Ave E City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer Aladermpath Receipt For: Primary General Other (specify)	State Zip Code AL 35401-2003 C Occupation Pathologist Aggregate Year-to-Date 300.00	Date of Receipt M M M J D D J Z D O 9 Transaction ID: SA11AI.35700 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) S. Jonathan Krauss, Dr. Mailing Address 3005 Vassar Dr City Augusta FEC ID number of contributing federal political committee. Name of Employer Unaffiliated Receipt For: Primary General Other (specify)	State Zip Code GA 30909 C Occupation Pathologist Aggregate Year-to-Date 275.00	Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	413.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any pers he name and address 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) H. William Lanehart, Dr.		Date of Receipt
Mailing Address 99 Vine Avenue City	State Zip Code	1 1 0 6 2 0 0 9 Transaction ID: SA11AI.35709
Clifton Forge	VA 24422-9626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Alleghany Reg Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Edwin Leschhorn		Date of Receipt
Mailing Address Dept of Path One Riverview Plz	7'- 0-4	11 18 2009
City Red Bank	State Zip Code NJ 07701	Transaction ID: SA11AI.35814
FEC ID number of contributing federal political committee.	NJ 07701	Amount of Each Receipt this Period
Name of Employer Riverview Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr.		Date of Receipt
Mailing Address 1031 Queens Road	West	M M / D D / Y Y Y Y Y Y 1 1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35723
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carolinas Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	······	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 14 / 25 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) R Stephen Lyle, Dr.		Date of Receipt
Mailing Address 156 Walnut St City	State Zip Code	1 1 3 0 2 0 0 9 Transaction ID: SA11AI.35836
Wellesley	MA 02481-3335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer UMass Mem Hith Care	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) E Charles Mangum, Dr. Mailing Address PO Box 1709		Date of Receipt
North Texas Patholo		11 16 2009
City <u>Rowlett</u>	State Zip Code TX 75030-1709	Transaction ID: SA11AI.35792
FEC ID number of contributing federal political committee.	C 75050-1709	Amount of Each Receipt this Period 500.00
Name of Employer North Texas Path Labs	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Andrew Steven McCormick, Dr.		Date of Receipt
Mailing Address 310 E 14th St		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.35784
New York FEC ID number of contributing	NY 10003-4297	Amount of Each Receipt this Period 250.00
Name of Employer New York Eye & Ear Infirmary	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personant the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C Ronald McGlennen, Dr. Mailing Address 7550 Market Place I	Dr	Date of Receipt 1 1 1 9 2 0 0 9
City Eden Prairie FEC ID number of contributing	State Zip Code MN 55344	Transaction ID: SA11AI.35695 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Van Allen Keith Nance, Dr. Mailing Address Department of Path 4420 Lake Boone To City Raleigh FEC ID number of contributing federal political committee.		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 Rex Healthcare Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr. Mailing Address 1004 1st ST N SUITE 200 City ALABASTER FEC ID number of contributing	State Zip Code AL 35007-8796	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rame of Employer Cytology & Pathology Services Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)	1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (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 personal statements may not be sold or used by any personal he 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) D Eva Patalas, Dr. Mailing Address Dept of Pathology 1493 Cambridge St City Cambridge FEC ID number of contributing federal political committee. Name of Employer Cambridge Health Alliance	State Zip Code MA 02139-1099 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
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
James Steven Peckham, Dr. Mailing Address 680 E Basse Rd Apt City San Antonio FEC ID number of contributing federal political committee. Name of Employer Wilford Hall Med Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 78209-8335 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Abraham Philip Mailing Address Department of Pathor 10500 Montgomery I City Cincinnati FEC ID number of contributing		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 Other (specify)	Occupation Pathologist Aggregate Year-to-Date 700.00	
SUBTOTAL of Receipts This Page (optional)		550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/25 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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 F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Assunta Monica Recine, Dr.			Date of Receipt
Mailing Address Dept of Path 4300 Alton Rd			11 03 7 9 9
City Miami Beach	State FL	Zip Code 33140-2800	Transaction ID: SA11Al.35779
FEC ID number of contributing federal political committee.	C	33140-2000	Amount of Each Receipt this Period 500.00
Name of Employer Mt Sinai Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H. Michael Reilly, Dr.	I		Date of Receipt
Mailing Address Department of Path 223 N. Van Dien Av			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ridgewood	State NJ	Zip Code	Transaction ID: SA11AI.35847
FEC ID number of contributing federal political committee.	C	07450-2736	Amount of Each Receipt this Period
Name of Employer Valley Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) J Gary Roloson, Dr.			Date of Receipt
Mailing Address Department of Path 1305 W Jefferson S	nology St Ste 140		1 1 0 3 Y Y Y Y Y Y
City Waxahachie	State TX	Zip Code 75165-2255	Transaction ID: SA11AI.35718
FEC ID number of contributing federal political committee.	C	73163-2233	Amount of Each Receipt this Period 100.00
Name of Employer Baylor Univ Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	l		700.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (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 NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	College of American Pathologists Poli	tical Action (Committee	
Δ.	Full Name (Last, First, Middle Initial) H Thomas Rynalski, Dr.			Date of Receipt
	Mailing Address Dept of Path 4351 Tamiami Trl N			11 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.35781
	Naples	FL	34103-3106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Naples Pathology Assoc	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) Catherine Marcia Shattuck, Dr. Mailing Address 416 Connable Ave	1		Date of Receipt
	Walling Addices 410 Contrable Ave			11 25 2009
	City	State	Zip Code	Transaction ID: SA11AI.35794
	Petoskey	MI	49770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Northern Pathology Associ- ates	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
С. С.	Full Name (Last, First, Middle Initial) Charles Eric Sheffer, Dr.	1		Date of Receipt
	Mailing Address 9707 4th Ave Apt 4N			11
	City	State	Zip Code	Transaction ID: SA11AI.35869
	Brooklyn	NY	11209-8118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer unaffiliated	Occupation Patholog		
	Receipt For:	,	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
	SUBTOTAL of Receipts This Page (optional)	1		1050.00
Ī	TOTAL This Period (last page this line number	only)		

		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perso lress of any political committee to	
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action C	Committee	
Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.			Date of Receipt
Mailing Address Department of Patho 6701 N. Charles St.			11 06 7 2009
City	State	Zip Code	Transaction ID: SA11AI.35744
<u>Baltimore</u>	MD	21204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologic		
Receipt For:	_ '	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Jeffrey Paul Sims, Dr.			Date of Receipt
Mailing Address 620 Skyline Dr			1 1 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.35757
<u>Jackson</u>	TN	38301-3923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer unaffiliated	Occupation Pathologic		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) W John Skinner, Dr.			Date of Receipt
Mailing Address Dept of Path 300 Main St			11 29 7 4 9
City	State	Zip Code	Transaction ID: SA11AI.35724
Lewiston	ME	04240-7027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Central Maine Med Ctr	Occupation Pathologic		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1
			800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 25 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) C. Vincent Smith, Dr.			Date of Receipt
Mailing Address Department of Patho 4420 Lake Boone Tra	ail		11 1 12 2009
City	State	Zip Code	Transaction ID: SA11AI.35812
Raleigh	NC	27607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Rex Healthcare Hosp	Occupatio Patholog		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) E Joe Snodgrass, Dr.	1		Date of Receipt
Mailing Address 2609 North Van Bure	en		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.35742
<u>Enid</u>	OK	73703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Enid Pathology Consultants	Occupatio Patholog		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Bridges Julie Steele, Dr.			Date of Receipt
Mailing Address Dept. of Pathology, 2 10666 Torrey Pines F			11 19 2009
City	State	Zip Code	Transaction ID: SA11AI.35815
<u>La Jolla</u>	CA	92037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Scripps Clinic Medical La- boratory	Occupatio Patholog		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 25 (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 to NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to oblitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G John Steigerwald, Dr. Mailing Address 11911 Bunday Dr City Jerome FEC ID number of contributing federal political committee. Name of Employer Hillsdale Community Health Cen Receipt For:	State Zip Code MI 49249-9758 C Occupation Pathologist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
A. John Stuckey, Dr. Mailing Address 47 Westelm Cir City San Antonio FEC ID number of contributing federal political committee. Name of Employer Southwest Texas Methodist Hosp Receipt For: Primary Other (specify)	State Zip Code TX 78230-2641 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M 19
Full Name (Last, First, Middle Initial) R. John Svirbely, Dr. Mailing Address Clinical Laboratory 110 N. Poplar Street City Oxford FEC ID number of contributing federal political committee. Name of Employer McCullough-Hyde Mem Hosp Receipt For: Primary General Other (specify)	State Zip Code OH 45056 C Occupation Pathologist Aggregate Year-to-Date 250.00	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)		1350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 25 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g 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	Political Action (Committee	
Full Name (Last, First, Middle Initial) G A Constantine Theoharis, Dr.			Date of Receipt
Mailing Address 849 Jennifers Dr			11 03 2009
City Guilford	State CT	Zip Code 06437-1376	Transaction ID: SA11AI.35863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Yale Univ School of Med	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	 '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marie Denise Tritz, Dr.			Date of Receipt
Mailing Address Laboratory 100 St Marys Med	Plaza		1 1 0 4 2 0 0 9
City Jefferson City	State MO	Zip Code	Transaction ID: SA11AI.35828
FEC ID number of contributing federal political committee.	C	65101	Amount of Each Receipt this Period 100.00
Name of Employer St. Mary's Health Center	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Luke Wibowo			Date of Receipt
Mailing Address Department of Patl 1 Wyoming Street	hology		1 1 0 6 Y Y Y Y Y
City Dayton	State OH	Zip Code 45409	Transaction ID: SA11AI.35776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10100	250.00
Name of Employer Miami Valley Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		600.00

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PAGE 23 / 25 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) 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) H William Yong, Dr. Date of Receipt Dept of Path (Neuropath) Mailing Address 19 2009 1.1 Rm: Semel 18-126 City State Zip Code Transaction ID: SA11AI.35835 Los Angeles CA 90095-3075 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer UCLA Ctr for Health Scien-Occupation Pathologist ces Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Hector Zepeda Date of Receipt Mailing Address Main Lab 19 2009 10301 Gateway Blvd W City State Zip Code Transaction ID: SA11AI.35738 El Paso TX 79925-7701 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Del Sol Med Ctr Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General

250.00

SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)	•	17171.00

Other (specify)

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:		PAGE 24 / 25	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
TI LIMIZED DIODOTTOEMENTO	Detailed Summary Page	X 21b	22 23	24 25 26	
And Information and Otate		27	28a 28b	28c 29 30b	
Any Information copied from such Reports and Stater 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) Sun Trust Bank			Transaction ID: SB21B.35871 Date of Disbursement		
Mailing Address P.O. Box 85024			11 0 3	2009	
City Richmond	State Zip Code VA 23285		Amount of Each D	isbursement this Period	
Purpose of Disbursement	20200			968.57	
Bank Service Charges					
Candidate Name		Category/ Type			
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: Date of Disbursem		
Mailing Address P.O. Box 85024			11 20	2009	
City Richmond	State Zip Code VA 23285		Amount of Each D	isbursement this Period	
Purpose of Disbursement Bank Service Charges	Γ			21.94	
Candidate Name	(Category/ Type			
Senate President	ement For: Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: Date of Disbursem	ent	
Mailing Address P.O. Box 85024			11 20	2009	
City Richmond	State Zip Code VA 23285		Amount of Each D	isbursement this Period	
Purpose of Disbursement	Г	-		62.50	
Bank Service Charges Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)	1 300			
State: District:					
SUBTOTAL of Disbursements This Page (optional)		<u></u>		1053.01	

TOTAL This Period (last page this line number only)

State:

A.

SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 25 / 25 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 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.35874 Sun Trust Bank Date of Disbursement 23 **1**[™]1 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 93.71 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify)

		00.71
SUBTOTAL of Disbursements This Page (optional)	>	93.71
TOTAL This Period (last page this line number only)	•	1146.72