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 TYPE OR PRINT		ample:If typing er the lines	, type			
College of America	n Pathologists	Political Action Con	nmittee					
ADDRESS (number and	street)	1350 I Street, NW						
Check if differ than previousl reported. (AC	ent L	Washington					20005	-
2. FEC IDENTIFICAT		R ₩ _	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00274944			3. IS THIS REPORT		NEW N) OR	X AI (A	MENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	the: Election on		12C) 0 2 2	Sep Oct	(12S) in the State	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	Electronicall	Dr. Renee R. Ellert	my knowledge proek nee R. Ellerbro	ek	D:	ate 01	12	2011
NOTE : Submission of f				abject the pers			FEC FOF (Rev. 12/20	RM 3X

Image# 11990042489

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 23

١	Write or Type Committee Name College of American Pathologists Political A	ction Committee	
ſ	Report Covering the Period: From:	D D 0 1 2 0 1 0	To:
_	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		387407.60
	(b) Cash on Hand at Begining of Reporting Period	517795.47	
	(c) Total Receipts (from Line 19)	30950.00	479653.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	548745.47	867060.60
7.	Total Disbursements (from Line 31)	22515.00	340830.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	526230.47	526230.47
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	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# 11990042490

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering	g the Period: From:	01 2010	To:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individua	(other than loans) From: als/Persons Other		
	litical Committees ized (use Schedule A)	27800.00	387736.00
()	emized	3150.00	91917.00
	FAL (add s 11(a)(i) and (ii) ▶	30950.00	479653.00
	Party Committees	0.00	0.00
(such as	bitical Committees PACs) Intributions (add Lines	0.00	0.00
	,(b) and (c)) (Carry b Line 33, page 5) ▶	30950.00	479653.00
	om Affiliated/Other ttees	0.00	0.00
3. All Loans Red	ceived	0.00	0.00
	nents Received perating Expenditures	0.00	0.00
	bates, etc.) to Line 37, page 5) ontributions Made	0.00	0.00
to Federal ca	ndidates and Other mittees	0.00	0.00
 Other Federa (Dividends, Ir 	I Receipts hterest, etc.)	0.00	0.00
	m Non-Federal and Levin Funds		
(a) Non-Fede (from Sc	ral Account hedule H3)	0.00	0.00
(b) Levin Fun	ds (from Schedule H5)	0.00	0.00
(c) Total Tran	sfer (add 18(a) and 18(b)).	0.00	0.00
-	s (add Lines 11(d), 5, 16, 17, and 18(c))	30950.00	479653.00
. Total Federal (subtract Line	Receipts 18(c) from Line 19)	30950.00	479653.00

FE6AN026

Image# 11990042491

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	
II. DISBURSEMENTS COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:	Calendar Year-IO-Date
(a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00	0.00
(i) Federal Share	0.00
(ii) Non-Federal Share 0.00	0.00
(b) Other Federal Operating	1620.25
Expenditures	1639.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ 15.00	1639.35
22. Transfers to Affiliated/Other Party	
Committees	0.00
3. Contributions to Federal Candidates/Committees	000700.00
Federal Candidates/Committees	338780.68
4. Independent Expenditure 0.00	0.00
5. Coordinated Expenditures Made by Party	
Committees (2 U.S.C. 441a(d)) 0.00	0.00
6. Loan Repayments Made 0.00	0.00
27. Loans Made	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 	
Than Political Committees	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	0.00
(add Lines 28(a), (b), and (c)) >	0.00
29. Other Disbursements 0.00	410.10
0. 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
(ii) "Levin" Share	0.00
(b) Federal Election Activity Paid Entirely	0.00
With Federal Funds	0.00
(c) Total Federal Election Activity (add 0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	
31. Total Disbursements (add Lines 21(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 22515.00	340830.13
32. Total Federal Disbursements	
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31) 22515.00	340830.13

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DETAILED SUMMARY PAGE

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

5 / 23

	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)	30950.00	479653.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	30950.00	479653.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.00	1639.35
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	1639.35

FE6AN026

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 23 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and Si 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
1	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) E Evan Baker, Dr.			Date of Receipt
	Mailing Address Dept of Path 815 Freeport Rd			M M / D D / Y Y Y Y 10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39143
	Pittsburgh	PA	15215-3301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPMC-St. Margaret	Occupatio Patholog		
	Receipt For:	, I – – – – – – – – – – – – – – – – – –	e Year-to-Date 🔻	-1
	Primary General	, iggi ogut		1
	Other (specify) v	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr.			Date of Receipt
	Mailing Address Dept of Path 855 N Westhaven Dr			M M / D D / Y Y Y Y 10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.39146
	<u>Oshkosh</u>	WI	54904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Aurora Med Ctr of Oshkosh	Occupatio		
	Inc Receipt For:	Patholog		_
	Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	
с.	Full Name (Last, First, Middle Initial) Wray Alfred Campbell, Dr.	1		Date of Receipt
	Mailing Address Dept of Path 101 E Wood St			M M / D D / Y Y Y Y 10 05 2010
	City	State	Zip Code	Transaction ID: SA11AI.39148
	<u>Spartanburg</u>	SC	29303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Spartanburg Regional Med Ctr	Occupatio Patholog		
	Receipt For:	_ _	e Year-to-Date 🔻	1
	Primary General Other (specify) ▼		1500.00]
		I		1500.00
	SUBTOTAL of Receipts This Page (optional)		•••••	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7/23
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) G. Alvaro Candel, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 200 Berteau Avenue			M M / D D / Y Y Y Y 10 / 08 2010
	City	State	Zip Code	Transaction ID: SA11AI.39149
	<u>Elmhurst</u>		60126-2966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Elmhurst Memorial Hosp	Occupatio Patholog		_
	Receipt For:	_ _	e Year-to-Date V	_
	Primary General		1000.00	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.			Date of Receipt
	Mailing Address 4733 Andrew Jackson	Pkwy Ste G	à1	M M / D D / Y Y Y Y 10 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.39150
	<u>Hermitage</u>	TN	37076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pathologists Laboratory,	Occupatio		
	PC	Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	1500.00	
с.	Full Name (Last, First, Middle Initial) L Timothy Cole, Dr.			Date of Receipt
	Mailing Address Dept of Path 421 S 28th Ave Ste 310	0		M M / D D / Y Y Y Y 10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39156
	Hattiesburg	MS	39401-7208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hattiesburg Clinic, PA	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
	SUBTOTAL of Receipts This Page (optional)	I		2000.00
	TOTAL This Period (last page this line number of	only)		

				FOR LINE NUMBER: PAGE 8 / 23
	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
	Any information copied from such Reports and S or for commercial purposes, other than using the			
Þ			.,	
	College of American Pathologists Polit	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) M James Crawford, Dr.	Date of Receipt		
	Mailing Address Dept of Path and Lab I 10 Nevada Drive	Med		10 ^{D D} / Y Y Y Y 10 ^D 2010
	City	State	Zip Code	Transaction ID: SA11AI.39158
	Lake Success	NY	11042-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer North Shore LIJ Core Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	2500.00]
- B.	Full Name (Last, First, Middle Initial) H David Cresson, Dr.			Date of Receipt
	Mailing Address 1914 Thomson Dr			M M / D D / Y Y Y Y 10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39160
	Lynchburg	VA	24501-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pathology Consultants of <u>Central VA</u>	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- C.	Full Name (Last, First, Middle Initial) W Abby Davis, Dr.			Date of Receipt
	Mailing Address 1001 S George St			M M / D D / Y Y Y Y 10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39164
	York	PA	17403-3676	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:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)	0 0	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			3000.00
F	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 23 (check only one)
l	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a $11b$ 11c 12
		Detailed Summary Fage	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions oslicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Sandra Ewaskow		Date of Receipt
	Mailing Address 1280 116th Ave NE St	e 100	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.39170
	Bellevue	WA 98004-3803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Eastside Pathology Inc,	Occupation Pathologist	_
	PS Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General		
	Other (specify)	1000.00	
в.	Full Name (Last, First, Middle Initial) T. Noel Florendo, Dr.		Date of Receipt
	Mailing Address 1211 Union Ave Ste 30	00	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.39172
	Memphis	TN 38104-6655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Duckworth Pathology Group	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00]
- C.	Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.	I	Date of Receipt
	Mailing Address Department of Patholo 1800 East Lakeshore I	gy Drive	M M / D D / Y Y Y Y 10 05 2010
	City	State Zip Code	Transaction ID: SA11AI.39173
	Decatur	IL 62521-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Mary's Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I	1750.00
ł	TOTAL This Period (last page this line number		
L		• /	

				FOR LINE NUMBER: PAGE 10/23
	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	tatements ma name and ad	ay not be sold or used by any perso Idress 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 Polit	tical Action	Committee	
A.	Full Name (Last, First, Middle Initial) E Jack Garon, Dr.			Date of Receipt
	Mailing Address Dept of Path 1500 S Calif Ave			M M / D D / Y Y Y Y 10 05 2010
	City	State	Zip Code	Transaction ID: SA11AI.39174
	Chicago	IL	60608-1797	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mt Sinai Hosp Med Ctr	Occupatio		_
	-	Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date V	-
	Other (specify) \bigtriangledown		500.00	
_	·			-
D	Full Name (Last, First, Middle Initial)			Date of Respiret
В.	Don Humphrey Germaniuk, Dr. Mailing Address 2931 Youngstown Rd S	SE		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.39175
	Warren	OH	44484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Trumbull Memorial Hosp	Occupation Patholog		
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General	Ayyreyan		1
	Other (specify)	0 0	250.00	
- с.	Full Name (Last, First, Middle Initial) Paul Christopher Golembeski, Dr.			Date of Receipt
0.	Mailing Address 1255 W Washington S	St		M M / D D / Y Y Y Y
				10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39178
	Tempe	AZ	85281-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sonora Quest Laboratories	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)			1
	SUBTOTAL of Receipts This Page (optional)			900.00
ľ	TOTAL This Period (last page this line number	only)		
L	· · · -		,	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) Inc
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	13 14 15 16 1 ⁻¹ for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	<u> </u>	
Full Name (Last, First, Middle Initial) R. Richard Gomez, Dr.		Date of Receipt
Mailing Address Department of Pat 1500 SW 10th St	hology	M M / D D / Y Y Y Y 10 08 2010
City	State Zip Code	Transaction ID: SA11AI.39179
Topeka FEC ID number of contributing federal political committee.	KS 66604	Amount of Each Receipt this Period 500.00
Name of Employer Stormont-Vail Reg Health	Occupation Pathologist	
<u>Ctr</u> Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A Patricia Gregg, Dr.		Date of Receipt
Mailing Address Dept of Path 1601 Watson Blvd		10 ^{''} 05 ^{''} 2010
City Warner Robins	State Zip Code GA 31093-3431	Transaction ID: SA11AI.39182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Southeastern Pathology As- sociates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) S. Thomas Haas, Dr.		Date of Receipt
Mailing Address Department of Pat 1000 Mineral Poin	thology t Ave	M M / D D / Y Y Y Y 10 05 2010
City Janesville	State Zip Code WI 53548	Transaction ID: SA11AI.39183
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00
TOTAL This Period (last page this line nur	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/23 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Forbes John Hamilton, Dr.	Date of Receipt		
	Mailing Address Department of Patholog 4440 West 95th Street	gу		10 ^{/ D D} / Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.39184
	Oak Lawn FEC ID number of contributing federal political committee.	C	60453	Amount of Each Receipt this Period
	Name of Employer Advocate Christ Medical Center	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
В.	Full Name (Last, First, Middle Initial) M Michelle Hebert, Dr.			Date of Receipt
	Mailing Address 500 Medical Center Blv Ste 360A			10 ^{//} 05 [/] 2010
	City Conroe	State TX	Zip Code 77304	Transaction ID: SA11AI.39187 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Baylor Pathology Laborato- <u>ry</u> Receipt For:	Occupation Patholog	jist	
	Primary General Other (specify) ▼		e Year-to-Date 350.00]
C.	Full Name (Last, First, Middle Initial) Carl Andrew Hoot, Dr.			Date of Receipt
	Mailing Address 3501 S Soncy Rd			10 ^{//} 13 [/] 2010
	City	State	Zip Code	Transaction ID: SA11AI.39190
	Amarillo FEC ID number of contributing federal political committee.	TX C	79119-6407	Amount of Each Receipt this Period 250.00
	Name of Employer Amarillo Pathology Group LLP	Occupatio		
	Receipt For: Primary General Other (specify) ▼	~	e Year-to-Date ▼ 250.00	1
[00		
	SUBTOTAL of Receipts This Page (optional)		······	850.00
	TOTAL This Period (last page this line number of	only)		

~				FOR LINE NUMBER: PAGE 13/23						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/23 (check only one)						
ſ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
A C	Any information copied from such Reports and S r for commercial purposes, other than using the	statements ma	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.						
Ν	NAME OF COMMITTEE (In Full)									
	angle College of American Pathologists Polit									
A.	Full Name (Last, First, Middle Initial) S Bharati Jhaveri, Dr.			Date of Receipt						
	Mailing Address 1312 Woods Farm Ln			M M / D D / Y Y Y Y 10 / 05 / 2010						
	City	State	Zip Code	Transaction ID: SA11AI.39191						
	Springfield	IL	62704-6431	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer unaffiliated	Occupatio Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General		250.00	1						
_	Other (specify)	0 0	230.00							
з. —	Full Name (Last, First, Middle Initial) M. Darlene Lee, Dr.			Date of Receipt						
	Mailing Address 1200 N Beaver			M M / D D / Y Y Y Y Y 10 / 05 / 2010						
	City	State	Zip Code	Transaction ID: SA11AI.39195						
	Flagstaff	AZ	86001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		2000.00						
	Name of Employer Flagstaff Med Ctr	Occupatio Patholog		_						
	Receipt For:	, I ~ ~ ~	e Year-to-Date 🔻							
	Primary General Other (specify) ▼		2000.00]						
	Full Name (Last, First, Middle Initial) A. Joe Lewis, Dr.			Date of Receipt						
	Mailing Address Lab 600 Elizabeth St			M M / D D / Y Y Y Y 10 05 2010						
	City	State	Zip Code	Transaction ID: SA11AI.39197						
	Corpus Christi	ТХ	78404	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Christus Spohn Hosp	Occupatio Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼		1000.00]						
	SUBTOTAL of Receipts This Page (optional)			3250.00						
Ľ										
	TOTAL This Period (last page this line number	only)								

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 14 / 23 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions						
		he name and address of any political committee to							
	NAME OF COMMITTEE (In Full)								
	College of American Pathologists Po	litical Action Committee							
A.	Full Name (Last, First, Middle Initial) J. Michael Mitchell, Dr.	Date of Receipt							
	Mailing Address 89 Puritan Rd		10 ^{//} ^D 05 [/] ^Y YYY 10 ⁰ 05 [/] 2010						
	City	State Zip Code	Transaction ID: SA11AI.39198						
	Newton	MA 02468-1705	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1000.00						
	Name of Employer UMass Mem Hith Care	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date V	-						
	Primary General Other (specify)	1000.00							
– В.	Full Name (Last, First, Middle Initial) S. Thomas Namiki, Dr.		Date of Receipt						
	Mailing Address Department of Patho 1301 Punchbowl St	ogy	M M / D D / Y Y Y Y Y 10 04 2010						
	City	State Zip Code	Transaction ID: SA11AI.39201						
	Honolulu	HI 96813	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		300.00						
	Name of Employer The Queens Med Ctr	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date							
	Primary General Other (specify) ▼	300.00							
– c.	Full Name (Last, First, Middle Initial) G. John Newby, Dr.	1	Date of Receipt						
	Mailing Address Dept of Pathology 11110 Medical Camp		M M / D D / Y Y Y Y 10 05 2010						
	City	State Zip Code	Transaction ID: SA11AI.39202						
	Hagerstown	MD 21742-6727	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	2500.00						
	Name of Employer Washington County Health System	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify) ▼	2500.00							
Γ	SUBTOTAL of Receipts This Page (optional)	·	3800.00						
F	TOTAL This Period (last page this line number	·							

S	CHEDULE A (FEC Form 3X)		to o o lo o du l - (-)	FOR LINE NUMBER: PAGE 15/23
	TEMIZED RECEIPTS		te schedule(s) tegory of the	(check only one)
			immary Page	X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or e name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
	angle College of American Pathologists Pol	itical Action Committee		
×.	Full Name (Last, First, Middle Initial) M Patricia Novak, Dr.	Date of Receipt		
	Mailing Address 7417 Fen Ridge			10 ^{//} 05 [/] 2010
	City	State Zip Code		Transaction ID: SA11AI.39203
	Clarkston	MI 48348-43	866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer William Beaumont Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date	▼]
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) James Ogburn	I		Date of Receipt
	Mailing Address 134 Rosedale Dr			10 ^{//} 13 [/] 2010
	City	State Zip Code		Transaction ID: SA11AI.39204
	Athens	TX 75751-36	625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Eastern Texas Path Labs	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date	▼	
	Other (specify)		500.00	
. —	Full Name (Last, First, Middle Initial) D John Olson, Dr.	1		Date of Receipt
	Mailing Address Dept of Pathology 7703 Floyd Curl Dr			10 ^{//} 08 [/] 2010
	City	State Zip Code		Transaction ID: SA11AI.39205
	San Antonio	TX 78229-39	000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UTHSC at San Antonio	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1750.00
F	OUDICIAL OF NECEPTS THIS FAYE (UPLICITAL).		••••••	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) I1a X 11a 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action Co	ommittee	
۴ A.	Full Name (Last, First, Middle Initial) C James Quigley, Dr.			Date of Receipt
	Mailing Address 2750 Clay Edwards Dr Ste 420	r		10 ^{//} 13 [/] 2010
	City	State	Zip Code	Transaction ID: SA11AI.39207
	North Kansas City	MS	64116-3258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MAWD Pathology Group PA	Occupation Pathologis	t	
	Receipt For: Primary General	Aggregate Y	lear-to-Date ▼	_
	Other (specify) ▼	0 0 0	500.00	
- 3.	Full Name (Last, First, Middle Initial) Anthony John Riccio, Dr.	1		Date of Receipt
	Mailing Address 17 Lansing St			10 ^{//} 05 [/] 2010
	City	State	Zip Code	Transaction ID: SA11AI.39211
	Auburn	NY	13021-1943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Auburn Memorial Hospital	Occupation Pathologis	t	
	Receipt For: Primary General	Aggregate Y	Year-to-Date ▼	_
	Other (specify)	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr.	1		Date of Receipt
	Mailing Address Department of Patholo DUMC-3712	ogy		10 ^{//} 05 [/] 2010
	City Durham	State NC	Zip Code 27710-0001	Transaction ID: SA11AI.39212
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 250.00
	Name of Employer Duke Univ Med Ctr	Occupation Pathologis	t	
	Receipt For:	1 I	rear-to-Date 🔻	1
	Primary General Other (specify) ▼	0 0 0	1500.00]
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	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/23						
	ITEMIZED RECEIPTS		for each category of the	(check only one)						
			Detailed Summary Page							
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)									
	College of American Pathologists Polition	ical Action	Committee							
Α.	Full Name (Last, First, Middle Initial) G Denise Ross, Dr.	Date of Receipt								
	Mailing Address 1404 Blue Heron Rd			M M / D D / Y Y Y Y 10 / 13 / 2010						
	City	State	Zip Code	Transaction ID: SA11AI.39213						
	Virginia Beach	VA	23454	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			500.00						
	Name of Employer Sentara Virginia Beach Ho-	Occupatio Patholog		-						
	sp Receipt For:	-	e Year-to-Date V	_						
	Primary General		500.00	1						
	Other (specify) ▼									
в.	Full Name (Last, First, Middle Initial) G Wilson Russell, Dr.			Date of Receipt						
	Mailing Address Dept of Path 3333 Silas Creek Pkwy			M M / D D / Y Y Y Y 10 13 2010						
	City	State	Zip Code	Transaction ID: SA11AI.39214						
	Winston Salem	NC	27103-7103	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		600.00						
	Name of Employer Forsyth Med Ctr	Occupatio Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Other (specify) ▼		600.00]						
с.	Full Name (Last, First, Middle Initial) M John Salmon, Dr.			Date of Receipt						
0.	Mailing Address 144 Beacon Hill Pl			1 0 0 5 2 0 1 0						
	City	State	Zip Code	Transaction ID: SA11AI.39215						
	Lynchburg	VA	24503-4128	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Pathology Consultants of Central VA	Occupatio Patholog		-						
	Central VA Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼		600.00]						
	SUBTOTAL of Receipts This Page (optional)			1600.00						
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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 23					
			for each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
Г				13 14 15 16 17					
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may r name and addre	not be sold or used by any person ass of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	College of American Pathologists Polit	tical Action Co	ommittee						
∠ 4.	Full Name (Last, First, Middle Initial) O David Scamurra, Dr.	Date of Receipt							
••	Mailing Address 2950 Elmwood Ave			10 05 2010					
	City	State	Zip Code	Transaction ID: SA11AI.39216					
	Kenmore	NY	14217	Amount of Each Receipt this Period					
			14217	Amount of Each Receipt this Fehou					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer	Occupation		-					
	Name of Employer X-Cell Labs of Western New York Inc	Pathologis	t						
	Receipt For:	, I	ear-to-Date ▼	_					
	Primary General	riggrogato i		1					
	Other (specify)		500.00						
		1 0 0 0		1					
_	Full Name (Last, First, Middle Initial)								
3.	W Ross Simpson, Dr.			Date of Receipt					
	Mailing Address Lab 6500 Excelsior Blvd			M M / D D / Y Y Y Y 10 / 08 2010					
	City	State	Zip Code	Transaction ID: SA11AI.39220					
	Saint Louis Park	MN	55426-4702	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer	Occupation							
	Park Nicollet Héalth Svcs	Pathologis	t						
	Receipt For:	Aggregate Y	'ear-to-Date 🔻						
	Primary General			1					
	Other (specify)	0 0 0	500.00						
-).	Full Name (Last, First, Middle Initial) James Matthew Snyder, Dr.	1		Date of Receipt					
	Mailing Address Pathology Dept								
	3000 New Bern Ave			10 05 2010					
	City	State	Zip Code	Transaction ID: SA11AI.39223					
	Raleigh	NC	27610-1231	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer	Occupation		-					
	Raleigh Pathológy Lab Ass- oc PA	Pathologis	t						
	Receipt For:	Aggregate Y	ear-to-Date 🔻						
	Primary General		2000.00	1					
	Other (specify) 🔻		2000.00	1					
Γ		1		2000.00					
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 23 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	tical Action	Committee	
	Full Name (Last, First, Middle Initial)			
Α.	E Maureen Trotter, Dr.	Date of Receipt		
	Mailing Address 11 Cypress Point St			10 ^M 13 ^Y 4010
	City	State	Zip Code	Transaction ID: SA11AI.39224
	Abilene	TX	79606-5130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Clinical Pathology Associ-	Occupatio Patholog		
	ates Receipt For:	1 ¹ ~ ~	e Year-to-Date V	
	Primary General Other (specify) ▼		550.00]
- B.	Full Name (Last, First, Middle Initial) H Gail Walker, Dr.			Date of Receipt
	Mailing Address 1354 Drakie Ct			M M / D D / Y Y Y Y 10 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.39226
	Lilburn	GA	30047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emory Eastside Med Ctr	Occupatio Patholog		
	Receipt For:	1 I	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
- C.	Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 500 Chipeta Way			M M / D D / Y Y Y Y 10 05 2010
	City Salt Lake City	State UT	Zip Code	Transaction ID: SA11AI.39230
	FEC ID number of contributing		84108-4108	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer ARUP Clinical Laboratories	Occupatio Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		1250.00
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c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 20/23					
		Use separate schedule(s) for each category of the	(check only one)					
I		Detailed Summary Page	X 11a 11b 11c 12					
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	College of American Pathologists Polit	ical Action Committee						
A.	Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr.		Date of Receipt					
	Mailing Address 1911 1st Ave SE		10 ^M / ^D 05 ^J / ^Y 2010 ^Y					
	City	State Zip Code	Transaction ID: SA11AI.39233					
	Cedar Rapids	IA 52403	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	1000.00					
	Name of Employer Weland Clinical Lab PC	Occupation Pathologist						
	Receipt For:	Aggregate Year-to-Date ▼	1					
	Primary General	1000.00						
-	Other (specify) 🔻							
	Full Name (Last, First, Middle Initial)		Date of Respire					
В.	Andrew John Wright, Dr. Mailing Address 1001 S George St		Date of Receipt					
	City	State Zip Code	Transaction ID: SA11AI.39235					
	York	PA 17403-3676	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	300.00					
	Name of Employer York Hosp	Occupation	1					
		Pathologist	-1					
	Receipt For: Primary General	Aggregate Year-to-Date 🔻						
	Other (specify)	300.00						
- с.	Full Name (Last, First, Middle Initial) Changgao Yang		Date of Receipt					
	Mailing Address 3020 Old Ranch Pkwy	Ste 300	M M / D D / Y					
	City	State Zip Code	Transaction ID: SA11AI.39237					
	Seal Beach	CA 90740-2751	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	1000.00					
	Name of Employer Sterling Pathology Med Co- rp	Occupation Pathologist						
	Receipt For:	Aggregate Year-to-Date						
	Primary General Other (specify)	1000.00						
Γ	SUBTOTAL of Receipts This Page (optional)	l	2300.00					
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	TOTAL This Period (last page this line number	only)	27800.00					

	SCHEDULE B (FEC Form 3X)		Use sep	arate sche	dule(s)			E NUMBER: PAGE 21 / 23									
	IT	TEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			X	21b 27	П	22 28a		23 28b	П	24 28c		25 29	26 30b
		y Information copied from such Reports a or commercial purposes, other than using															
	$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	Political A	Action Co	ommittee												
Α.		Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024								Trans Date of 1 0	of Di	sburse	-	B21B nt / Y		250 0 1 0	Y
		City Richmond	-	State √A	Zip Cod 23285					Amou	nt of	Each	Dis	bursen			eriod
		Purpose of Disbursement MONERIS ACH FEE								<u> </u>					1	15.00	
		Candidate Name					Cateo Typ										
		Office Sought: House Senate President		nent For: Primary Other (spe		eneral											
		State: District:															

	SUBTOTAL of Disbursements This Page (optional)	•	15.00
	TOTAL This Period (last page this line number only)	►	15.00
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ITEMIZED DISBURSEMENTS Idre each category of the Dealed Summary Page Image: Control of the section of the sectin of the section of the section of the sect	SCHEDULE B (FEC Form 3X)	Use separate schedule	s)		R LINE	E NUMBER: PAGE 22 / 23								
of for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee NAME CF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) EVE OF THE TIGER POLITICAL ACTION COMMITTEE; THE Mailing Address #304 City State: Difficience Difficience Office Sought: House State: Diffice Sought: Persident Disbursement Category: Type Office Sought: President Disbursement For: 2010 State: Disbursement Category: Type Office Sought: Persident Disbursement For: 2010 State: Disbursement For: 2010 Category: Y Y 2 0 1 0' State: Disbursement For: State: Disbursement For:		Detailed Summary Page		Ì	21b 27	22 28a	X	28b		28	-	29		
NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE Mailing Address 2501 WISCONSON AVE, NW #304 10 ° 0 ° 1 ′ 2 0 1 0′ Gly #304 WASHINGTON DC Quidate Name Disbursement Cardidate Name Disbursement for: Office Sought: House District: Disbursement for: State: District: Bowie Motor (specify) ▼ Mailing Address 2010 Northview Drive State: District: District: 0ther (specify) ▼ Rull Name (Last, First, Middle Initial) Motor of Each Disbursement his Pe Mailing Address 201 Northview Drive State: District: 05 Full Name (Last, First, Middle Initial) Disbursement For: 2010 Cardidate Name Disbursement For: 2010 Cardidate Name Disbursement For: 2010 Gly Senate President State: Disbursement For:														
Full Name (Last, First, Middle Initial) Transaction ID: SB23.39242 EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE It 0 M / 0 T / 2 0 T 0 / 2 / 2 0 T 0 / 2 / 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE The Date of Disbursement Mailing Address 2501 WISCONSON AVE, NW #304 #304 City State Zip Code WASHINGTON DC 20007 Purpose of Disbursement Category Candidate Name Category Office Sought: House Benate President Other (specify) Transaction ID: SE23.39246 Date of Disbursement For: 2010 Category Transaction ID: SE23.39246 Disbursement For: 2010 State: Disbursement For: City State Mailing Address 4201 Northwiew Drive Suite 307 Xiate City State Purpose of Disbursement Category Type Office Sought: Yeididate Name Category City State Disbursement For: 2010 Candidate Name Category City State: Disbursement For: City State: Disbursement For:		al Action Committee												
#304 State Zip Code Amount of Each Disbursement this Pe City Mailing Address 2010 Amount of Each Disbursement this Pe Chice Sought: House Disbursement For: 2010 Chice Sought: House Disbursement For: 2010 Chice Sought: House Disbursement For: 2010 State: District Other (specify) ▼ Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive State: Disbursement Zip Code Bowie MD 20716 Purpose of Disbursement Category/ City Senate Disbursement For: Purpose of Disbursement Category/ Candidate Name Category/ Office Sought: X House President Disbursement For: 2010 City Senate President President Disbursement For: 2010 Giber (specify) ▼ State: 0Disbursement Transaction ID: State: Disbursement For: 2010 City Senate </td <td colspan="7"></td> <td colspan="7"></td>														
WASHINGTON DC 20007 Purpose of Disbursement		Æ, NW					М	/ D	0	^D 7	Y	²0ỉ	0 ^Y	
Candidate Name Category/ Type Office Sought: House Senate Disbursement For: 2010 Full Name (Last, First, Middle Initial) Other (specify) ▼ Mailing Address 4201 Northview Drive Suite 307 State Zip Code Bowie MD 20716 Purpose of Disbursement Senate Disbursement For: Category/ Type State Zip Code Bowie MD 20716 Purpose of Disbursement Senate Disbursement For: Category/ Type Senate Disbursement For: 2010 Office Sought: House Disbursement For: 2010 State: District: 05 Amount of Each Disbursement this Pe Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: SB23.39247 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Pe Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PACMC PAC Transaction ID: SB23.39247 Mailing Address P.O. BOX 10134 Category/ Type Mount of Each Disbursement this Pe Offi						Amou	int of	fEac	h [Disbur				
Office Sought: House Disbursement For: 2010 State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Transaction ID: SE23.39246 Mailing Address 4201 Northview Drive State Zip Code Suite 307 MD 20716 Amount of Each Disbursement this Pe Purpose of Disbursement Category/ Type State Disbursement for: 2010 Cardidate Name District: Disbursement For: 2010 Amount of Each Disbursement this Pe Full Name (Last, First, Middle Initial) District: Disbursement For: 2010 Category/ Type Full Name (Last, First, Middle Initial) District: District: State Zip Code Mailing Address P.O. BOX 10134 Transaction ID: SE23.39247 Category/ Type Other (specify) ▼ Amount of Each Disbursement this Pe Mailing Address P.O. BOX 10134 Transaction ID: SE23.39247 Category/ Type Office Sought: House Disbursement For: 2010 Category/ Type Category/ Type Other (specify) ▼ Amount of Each Dis	Purpose of Disbursement					L.					2	500.0	0	
Senate Primary General Other (specify) Other (specify) Transaction ID: SB23.39246 District: Full Name (Last, First, Middle Initial) Transaction ID: SB23.39246 Mailing Address 4201 Northview Drive Image: Construction of the second of the s	Candidate Name													
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City State Zip Code Bowie MD 20716 Purpose of Disbursement Category/ Type Office Sought: X House Disbursement For: State: MD District: 05 Full Name (Last, First, Middle Initial) Other (specify) MAJORITY COMMITTEE PACMC PAC Mailing Address P.O. BOX 10134 City State Purpose of Disbursement Category/ Type Office Sought: X House President State State: MD District: 05 Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PACMC PAC Mailing Address P.O. BOX 10134 City State Zip Code BAKERSFIELD CA 93389 Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: State: Disbursement For: 2010 Office Sought: House Disbursement For: 2010 <td>Senate President</td> <td>Primary X Genera</td> <td></td>	Senate President	Primary X Genera												
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FEC Schedule B (Form 3X) (Revised 02/2003)

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	College of American Pathologists	Political Action Cor	mmittee		
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Α.	MARY'S PAC				Date of Disbursement
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