FEC FORM 3X	AN	PORT O ID DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
College of America								
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previousl reported. (AC	ent L	/ashington					20005	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00274944		]	3. IS THIS REPORT		NEW N) <b>OR</b>	AMI (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) 31 Report(YE) Iid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elec Report for	the:		12C)	Sep 2	0 (M9) 0 (M10) 2G) 2G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>[</u> Ele <u>ctronically</u>	Dr. Renee R. Ellerb / Filed by Dr. Re	my knowledge proek nee R. Ellerbro	ek	D	ate 02		2 0 0 9 .C 437g.
Office Use Only							FEC FORM (Rev. 12/200	

FE6AN026

# SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

١		or Type Committee Name Illege of American Path	ologists F	Political A	ction Com	nittee			
F	Repor	t Covering the Period:	From:	0 1	0 <sup>0</sup> 01	Y Y W Y 2009	То:	<sup>D</sup> <sup>D</sup> 31	Y Y Y Y 2009
						COLUMN A This Period	Cale	COLUMN endar Year-to	
6.	(a)	Cash on Hand January 1 Ž	00ý <sup>v</sup>	Y				80	766.96
	(b)	Cash on Hand at Begining of Reporting Per	iod			80766.96			
	(c)	Total Receipts (from Line	19)			33945.00		33	945.00
	(d)	Subtotal (add lines 6(b) ar	nd						
		6(c) for Column A and Lin 6(a) and 6(c) for Column I				114711.96		114	711.96
7.	Tota	al Disbursements (from Line	e 31)			5489.71		5	489.71
8.	Rep	h on Hand at Close of porting Period ptract Line 7 from Line 6(d);	)			109222.25		109	222.25
9.	the	ots and Obligations owed committee (Itemize all on ledule C and/or Schedule D	<b>TO</b> )			0.00	]		
10.	the	ots and Obligations owed committee (Itemize all on ledule C and/or Schedule D	BY			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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)	Page 3		
Write or Type Committee Name College of American Pathologists Political	Action Committee		
Report Covering the Period: From:		To:	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<ul> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ul>			
Than Political Committees (i) Itemized (use Schedule A)	26350.00	26350.00	
(ii) Unitemized	7595.00	7595.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) <b>P</b>	33945.00	33945.00	
(b) Political Party Committees	0.00	0.00	
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	33945.00	33945.00	
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	
13. All Loans Received	0.00	0.00	
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	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))	33945.00	33945.00	
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33945.00	33945.00	

## **DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal</li> </ul> </li> </ol>		
(a) Shaled Federal/NorFederal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	389.71	389.71
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii) and (b))</li> </ul>	389.71	389.71
22. Transfers to Affiliated/Other Party		
Committees 23. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	5000.00	5000.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</li> </ol>	0.00	0.00
· · · · ·	0.00	0.00
6. Loan Repayments Made		0.00
<ol> <li>Loans Made</li> <li>Refunds of Contributions To:</li> </ol>	0.00	0.00
(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
9. Other Disbursements	100.00	100.00
0. 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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5489.71	5489.71
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5489.71	5489.71
	J403./ I	5409.71

## DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	1	Page 4
	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)	33945.00	33945.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	33945.00	33945.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	389.71	389.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	389.71	389.71

FE6AN026

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 23 (check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	ay not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action	Committee	
		nical Action		
۹.	Full Name (Last, First, Middle Initial) L. Charles Abbott, Dr.			Date of Receipt
	Mailing Address Dept of Path & Clin La 725 North St	abs		M M / D D / Y Y Y Y 01 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.32397
	Pittsfield	MA	01201-4124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Berkshire Health Systems	Occupation Patholog		
	Receipt For:	`	e Year-to-Date 🔻	1
	Primary     General       Other (specify) ▼	0 0	250.00	]
- 3.	Full Name (Last, First, Middle Initial) R. James Baldwin, Dr.			Date of Receipt
	Mailing Address 2200 W Petty Rd			M M / D D / Y Y Y Y 01 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.32401
		IN	47304-3036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PA Labs LLC	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	500.00	]
-	Full Name (Last, First, Middle Initial) N William Ball, Dr.			Date of Receipt
	Mailing Address 2915 Missouri Ave			M M / D D / Y Y Y Y 01 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.32402
	Shreveport	LA	71109-4327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer The Delta Pathology Group LLC	Occupation Patholog		
	Receipt For:	`	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼		250.00	]
Γ	SUBTOTAL of Receipts This Page (optional).	1		1000.00
			•	
L	TOTAL This Period (last page this line numbe	r only)		

EDULE A (FEC Form 3X) IZED RECEIPTS formation copied from such Reports and State commercial purposes, other than using the r ME OF COMMITTEE (In Full) Illege of American Pathologists Politice I Name (Last, First, Middle Initial) Susan Bator, Dr. Illing Address 555 N. Duke St PO Box 3555 / Incaster C ID number of contributing eral political committee. The of Employer The caster General Hosp Deipt For: Primary General Other (specify) ♥ I Name (Last, First, Middle Initial) ames Bauer, Dr. Illing Address 290 Big Run Road	Use separate schedule(s)         for each category of the         Detailed Summary Page         atements may not be sold or used by any person         name and address of any political committee to see         cal Action Committee         State       Zip Code         PA       17604-3555         C         Occupation         Pathologist         Aggregate Year-to-Date         250.00	FOR LINE NUMBER:       PAGE 7 / 23         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       Date of Receipt       0         Date of Receipt       0       0       7       Y       Y       Y         Transaction ID:       SA11AI.32405       Amount of Each Receipt this Period       250.00       250.00         Date of Receipt       0       250.00       250.00       250.00       10
formation copied from such Reports and Sta commercial purposes, other than using the r ME OF COMMITTEE (In Full) Illege of American Pathologists Polition I Name (Last, First, Middle Initial) Susan Bator, Dr. Illing Address 555 N. Duke St PO Box 3555 / ncaster C ID number of contributing eral political committee. me of Employer toaster General Hosp ceipt For: Primary General Other (specify) ▼	Detailed Summary Page         atements may not be sold or used by any person         name and address of any political committee to s         cal Action Committee         State       Zip Code         PA       17604-3555         C         Occupation         Pathologist         Aggregate Year-to-Date	X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       Date of Receipt       0         0       1       0       0       7       2       0       9         Transaction ID: SA11AI.32405         Amount of Each Receipt this Period       250.00
commercial purposes, other than using the r         ME OF COMMITTEE (In Full)         Illege of American Pathologists Polition         IName (Last, First, Middle Initial)         Susan Bator, Dr.         Illing Address       555 N. Duke St         PO Box 3555         /         ncaster         C ID number of contributing eral political committee.         me of Employer noaster General Hosp         ceipt For:         Primary         General         Other (specify)         I Name (Last, First, Middle Initial) ames Bauer, Dr.	atements may not be sold or used by any person name and address of any political committee to s cal Action Committee State Zip Code PA 17604-3555 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 0 1 / 0 8 / 2 0 0 9 Transaction ID: SA11AI.32405 Amount of Each Receipt this Period
commercial purposes, other than using the r         ME OF COMMITTEE (In Full)         Illege of American Pathologists Polition         IName (Last, First, Middle Initial)         Susan Bator, Dr.         Illing Address       555 N. Duke St         PO Box 3555         /         ncaster         C ID number of contributing eral political committee.         me of Employer noaster General Hosp         ceipt For:         Primary         General         Other (specify)         I Name (Last, First, Middle Initial) ames Bauer, Dr.	ame and address of any political committee to s cal Action Committee  State Zip Code PA 17604-3555  C  Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt 0 1 0 8 2 0 0 9 Transaction ID: SA11AI.32405 Amount of Each Receipt this Period 250.00
Illege of American Pathologists Polition I Name (Last, First, Middle Initial) Susan Bator, Dr. Illing Address 555 N. Duke St PO Box 3555 / ncaster C ID number of contributing eral political committee. me of Employer ncaster General Hosp ceipt For: Primary General Other (specify) ▼	State     Zip Code       PA     17604-3555       C       Occupation       Pathologist       Aggregate Year-to-Date	M       M       /       D       0       Y
I Name (Last, First, Middle Initial) Susan Bator, Dr. Iling Address 555 N. Duke St PO Box 3555 / ncaster C ID number of contributing eral political committee. me of Employer caster General Hosp ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	State     Zip Code       PA     17604-3555       C       Occupation       Pathologist       Aggregate Year-to-Date	M       M       /       D       0       Y
Susan Bator, Dr. ling Address 555 N. Duke St PO Box 3555 / ncaster C ID number of contributing eral political committee. me of Employer caster General Hosp ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	PA       17604-3555         C	M       M       /       D       0       Y
PO Box 3555 / ncaster C ID number of contributing eral political committee. me of Employer ncaster General Hosp ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	PA       17604-3555         C	0 1     0 8     2 0 0 9       Transaction ID: SA11AI.32405       Amount of Each Receipt this Period       250.00
ncaster         C ID number of contributing eral political committee.         me of Employer ncaster General Hosp         ceipt For:         Primary       General         Other (specify) ▼         I Name (Last, First, Middle Initial) ames Bauer, Dr.	PA       17604-3555         C	Amount of Each Receipt this Period 250.00
C ID number of contributing eral political committee. me of Employer neaster General Hosp ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	C Occupation Pathologist Aggregate Year-to-Date ▼	250.00
eral political committee. me of Employer caster General Hosp ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	Occupation Pathologist Aggregate Year-to-Date	
ceipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.		Date of Receipt
Other (specify) ▼ I Name (Last, First, Middle Initial) ames Bauer, Dr.	250.00	Date of Receipt
I Name (Last, First, Middle Initial) ames Bauer, Dr.		Date of Receipt
ames Bauer, Dr.		Date of Receipt
iling Address 290 Big Run Road		
PO Box 23207		0 1 / 2 0 / Y Y Y Y 2 0 0 9
		Transaction ID: SA11AI.32406
	KY 40523-3207	Amount of Each Receipt this Period
	C	250.00
hology & Cytology Labs	Occupation Pathologist	
	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		Date of Receipt
		M         M         /         D         D         /         Y
	State Zip Code	Transaction ID: SA11AI.32409
lahoma City	OK 73190	Amount of Each Receipt this Period
	<b>C</b>	250.00
ne of Employer iv of Oklahoma	Occupation Pathologist	1
	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
OTAL of Receipts This Page (antional)		750.00
VIAL OF RECEIPTS THIS FAGE (Optional)		
	y xington C ID number of contributing leral political committee. me of Employer thology & Cytology Labs ceipt For: Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) e Gregory Blakey, Dr. illing Address Dept of Path BMSB 451 PO Box 26901 y klahoma City C ID number of contributing leral political committee. me of Employer iv of Oklahoma ceipt For: Primary General Other (specify) ▼	y State Zip Code kxington KY 40523-3207 C ID number of contributing leral political committee. me of Employer thology & Cytology Labs C Primary General Other (specify) ▼ II Name (Last, First, Middle Initial) e Gregory Blakey, Dr. illing Address Dept of Path BMSB 451 PO Box 26901 y State Zip Code KY 40523-3207 Occupation Pathologist State Zip Code C C C C C C C C C C C C C

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 8 / 23         (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	statements ma	y not be sold or used by any pers 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	
A.	Full Name (Last, First, Middle Initial) L. Robert Breckenridge, Dr.			Date of Receipt
	Mailing Address 2750 Clay Edwards Dr	r Ste 420		0 1 0 D 7 Y Y Y Y 0 1 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.32411
	North Kansas City	MO	64116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer MAWD Pathology Group Inc	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) $\bigtriangledown$	0 0	2500.00	
- В.	Full Name (Last, First, Middle Initial) C. Neil Caliman, Dr.			Date of Receipt
	Mailing Address 2508 S Cedar St			0 1 / D D / Y Y Y Y 0 1 2 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.32416
	Lansing	MI	48910-3138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CAP Lab-PLC	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date  1000.00	]
- C.	Full Name (Last, First, Middle Initial) D. Hernani Cualing, Dr.			Date of Receipt
	Mailing Address Department of Patholo 12902 USF Magnolia	Dr Rm 2071		M M / D D / Y Y Y Y Y 01 20 2009
	City _Tampa	State FL	Zip Code 33612-9416	Transaction ID: SA11AI.32428 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer H Lee Moffitt Cancer Ctr	Occupatio Patholog		—
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			3750.00
ľ	TOTAL This Period (last page this line number			

Ċ	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 9/23
	TEMIZED RECEIPTS	Use separate sched for each category of	ule(s) (check only one)
	I EMIZED RECEIPIS	Detailed Summary F	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Poli	ical Action Committee	
۹.	Full Name (Last, First, Middle Initial) James Matthew Curran, Dr.		Date of Receipt
	Mailing Address 184 E Litchfield Rd		M M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State Zip Code	Transaction ID: SA11AI.32429
	Litchfield	CT 06759-3000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Bristol Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	35	0.00
	Full Name (Last, First, Middle Initial) H. Phillip Deos, Dr.	<u> </u>	Date of Receipt
	Mailing Address 2625 Coffee Road		M M / D D / Y Y Y Y 01 / 10 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32432
	Modesto	CA 95355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Yosemite Pathology Med Grp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	50	0.00
;.	Full Name (Last, First, Middle Initial) C Robin Eckert, Dr.	1	Date of Receipt
	Mailing Address Dept of Path 2825 E Barnett Rd		M M / D D / Y Y Y Y 01 / 22 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32435
	Medford	OR 97504-8332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Vista Pathology P.C.	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	25	0.00
Γ	SUBTOTAL of Receipts This Page (optional)	1	1100.00
$\vdash$	COLICE OF HOUSE THIS I AGE (OPTIONAL)		
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 10 / 23         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persone and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
Z A.	Full Name (Last, First, Middle Initial) Pauline Sandra Ewaskow, Dr.		Date of Receipt
	Mailing Address 1280 116th Ave NE St	te 100	M M / D D / Y Y Y Y 01 20 2009
	City	State Zip Code	Transaction ID: SA11AI.32437
	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	
	PS Receipt For:	Pathologist Aggregate Year-to-Date ▼	-1
	Primary General Other (specify) ▼	1000.00	
– B.	Full Name (Last, First, Middle Initial) C. Richard Friedberg, Dr.	1	Date of Receipt
	Mailing Address Chairman, Dept of Pai 759 Chestnut St		0 1 / 2 8 / Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.32440
	Springfield FEC ID number of contributing federal political committee.	MA 01199	Amount of Each Receipt this Period 1000.00
	Name of Employer Baystate Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
– c.	Full Name (Last, First, Middle Initial) Jane Laura Gardner, Dr.	I	Date of Receipt
	Mailing Address 417 Edgar Road		0 1 1 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.32442
	Webster Groves	MO 63119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer St. Louis Univ HSC	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	3000.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11/23 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may n the name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
College of American Pathologists P	olitical Action Co	mmittee	
Full Name (Last, First, Middle Initial) D Richard Griswold, Dr.			Date of Receipt
Mailing Address 3063 Plantation Cir	E		M         M         /         D         D         /         Y
City	State	Zip Code	Transaction ID: SA11AI.32448
Tupelo	MS	38804-9754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer North Mississippi Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Y	ear-to-Date 🔻	
Other (specify)		500.00	]
Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.			Date of Receipt
Mailing Address 13351 Rosehawk D	r		0 1 0 5 Y Y Y Y Y 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.32450
Morningview	KY	41063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Kings Daughters Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Y	ear-to-Date 🔻	
Other (specify) ▼		500.00	]
Full Name (Last, First, Middle Initial) H Ronald Hearne, Dr.			Date of Receipt
Mailing Address Department of Path 4920 NE Stallings D	ology )r		M M / D D / Y Y Y Y 01 05 2009
City	State	Zip Code	Transaction ID: SA11AI.32452
Nacogdoches	ТХ	75965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nacogdoches Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Y	ear-to-Date 🔻	
Primary     General       Other (specify) ▼		500.00	]
SUBTOTAL of Receipts This Page (optional			1500.00
TOTAL This Period (last page this line numb	,		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 23 (check only one)
П	EMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee	
∠ ۹.	Full Name (Last, First, Middle Initial) S Gregory Henderson, Dr.		Date of Receipt
	Mailing Address Department of Patholo 2520 Cherry Avenue	ду	M M / D D / Y Y Y Y 01 / 30 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32453
	Bremerton	WA 98310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer PAKC/DSL	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
 3.	Full Name (Last, First, Middle Initial) L. Robert Hunter, Dr.		Date of Receipt
	Mailing Address Department of Patholo 6431 Fannin		M M / D D / Y Y Y Y 01 / 13 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32460
	Houston	TX 77030-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Univ of TX-Houston Med Sc- hool	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	250.00	
 ).	Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr.	I	Date of Receipt
	Mailing Address Dept of Path 1364 Clifton Rd NE, St		M M M / D D / Y Y Y Y Y 01 / 27 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32463
	Atlanta	GA 30322-1064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Emory Univ Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary   General     Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00
	<b>FOTAL</b> This Period (last page this line number		

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/23					
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and ad	Ay not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	College of American Pathologists Po	litical Action	Committee						
٨.	Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr.			Date of Receipt					
	Mailing Address 1031 Queens Road V	Vest		M M / D D / Y Y Y Y 01 12 2009					
	City	State	Zip Code	Transaction ID: SA11AI.32474					
	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 Patholog							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary     General       Other (specify) ▼	0 0	1000.00	]					
 :.	Full Name (Last, First, Middle Initial) H Martin Matthews, Dr.			Date of Receipt					
	Mailing Address 420 W Magnetic St			M M / D D / Y Y Y Y 01 09 2009					
	City	State	Zip Code	Transaction ID: SA11AI.32480					
	Marquette	MI	49855-2711	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Marquette Gen Hosp	Occupation Patholog							
	Receipt For:	`	e Year-to-Date 🔻						
	Primary     General       Other (specify) ▼	0 0	250.00	]					
-	Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.			Date of Receipt					
	Mailing Address Dept of Path 3200 Providence Dr			M         M         /         D         D         /         Y					
	City	State	Zip Code	Transaction ID: SA11AI.32482					
	Anchorage	AK	99508-4615	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		2500.00					
	Name of Employer Providence Alaska Med Ctr	Occupation Patholog							
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_					
	Other (specify)		2500.00						
Γ	SUBTOTAL of Receipts This Page (optional)			3750.00					
┢			•						
	TOTAL This Period (last page this line number	er oniy)							

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14 / 23           (check only one)         X           X         11a         11b         11c         12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person ne 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 Po		
⊻ ۹.	Full Name (Last, First, Middle Initial) Gerald Minkowitz		Date of Receipt
	Mailing Address 904 49th St		M M / D D / Y Y Y Y 01 26 2009
	City	State Zip Code	Transaction ID: SA11AI.32483
	Brooklyn	NY 11219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Minkowitz Consultant Path- ology	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
-	Full Name (Last, First, Middle Initial) Luis Ricardo Munoz, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 8100 Chancellor Dr S	Ste 130	M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y         Y <thy< td=""></thy<>
	City	State Zip Code	Transaction ID: SA11AI.32488
	Orlando FEC ID number of contributing federal political committee.	FL 32809-7664	Amount of Each Receipt this Period
	Name of Employer AmeriPath	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial) Irene Lauren O Brien, Dr.		Date of Receipt
	Mailing Address Path Clin Lab 100 W California Blve	d	M M / D D / Y Y Y Y 01 16 2009
	City	State Zip Code	Transaction ID: SA11AI.32489
	Pasadena	CA 91105-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Huntington Mem Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1500.00
$\vdash$	UNITED IN TECEIPIS THIS FAGE (UPLICITAL)	•	
	TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 15 / 23 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 18 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\$
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	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Joe Salinas, Dr.		Date of Receipt
Mailing Address Department of Pat 763 Johnsonburg	hology Rd	M M / D D / Y Y Y Y 01 22 2009
City	State Zip Code	Transaction ID: SA11AI.32499
St Marys FEC ID number of contributing federal political committee.	PA 15857-3498	Amount of Each Receipt this Period 250.00
Name of Employer Elk Reg Hith Ctr	Occupation	
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	-
Full Name (Last, First, Middle Initial) Lawrence Wm. Selby, Dr.		Date of Receipt
Mailing Address Harris Regional He Pathology Departr	nent	0 1 / D D / Y Y Y Y 0 1 0 / 2 0 0 9
City SvIva	State Zip Code NC 28779-2722	Transaction ID: SA11AI.32503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mountain Pathology Servic- es	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Gregory Skarulis, Dr.		Date of Receipt
Mailing Address Dept. of Pathology 206 Second Street		M         M         /         D         D         /         Y
City Bradenton	State Zip Code FL 34208	Transaction ID: SA11AI.32506
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Manatee Memorial Hosp	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	ial)	1000.00
TOTAL This Period (last page this line nur	nber only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 / 23 (check only one)
l	ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Politic	tical Action Committee	
A.	Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr.		Date of Receipt
	Mailing Address 24410 Oaklawn Planta	ation Rd	M M / D D / Y Y Y Y 01 02 2009
	City	State Zip Code	Transaction ID: SA11AI.32507
	Pass Christian	MS 39571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Garden Park Medical Center	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	1000.00	1
	Other (specify)		1
В.	Full Name (Last, First, Middle Initial) R. David Soike, Dr.		Date of Receipt
	Mailing Address Department of Patholo 400 State of Franklin F		M M / D D / Y Y Y Y 01 22 2009
	City	State Zip Code	Transaction ID: SA11AI.32508
	Johnson City	TN 37604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Johnson City Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	]
- C.	Full Name (Last, First, Middle Initial) O. V. Speights, Dr.	I	Date of Receipt
	Mailing Address Department of Patholo 2401 S. 31st Street	ду	0 1 0 4 Y Y Y Y 0 1 0 4 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.32510
	Temple	TX 76508-6508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Scott and White Memorial	Occupation Pathologist	
	Hosp Receipt For:	Aggregate Year-to-Date V	$\neg$
	Primary     General       Other (specify)     ▼	500.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		1750.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the	FOR LINE NUMBER: PAGE 17/23 (check only one) X 11a 11b 11c 12					
Г			ummary Page	13 14 15 16 17					
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to							
	College of American Pathologists Poli	ical Action Committee							
۸.	Full Name (Last, First, Middle Initial) M. Susan Strate, Dr.			Date of Receipt					
	Mailing Address 2627 San Simeon			M M / D D / Y Y Y Y 01 05 2009					
	City	State Zip Code	9	Transaction ID: SA11AI.32514					
	Wichita Falls	TX 76308		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Kell West Regional Hosp	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date	▼	1					
	Primary General		1000.00						
	Other (specify)								
-	Full Name (Last, First, Middle Initial) G Michael Venrick, Dr.			Date of Receipt					
	Mailing Address 6116 E Warren Ave			M M / D D / Y Y Y Y 01 20 2009					
	City	State Zip Code	•	Transaction ID: SA11AI.32519					
	Denver	CO 80222-57	703	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer UniPath, LLC	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date	▼						
	Primary     General       Other (specify) ▼		250.00						
-	Full Name (Last, First, Middle Initial) K. Gary Walker, Dr.			Date of Receipt					
-	Mailing Address Department of Patholo 350 Hospital Dr	ду		0 1 2 0 2 0 0 9					
	City	State Zip Code		Transaction ID: SA11AI.32522					
	Macon	GA 31217-38	838	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Coliseum Medical Center	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date	▼	]					
	Primary     General       Other (specify) ▼		250.00						
Γ	SUBTOTAL of Receipts This Page (optional)		<b>N</b>	1500.00					
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	TOTAL This Period (last page this line number	only)	····· ►						

:	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 23 (check only one)						
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page							
Г			13 14 15 16 17						
	Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any perso for commercial purposes, other than using the name and address of any political committee to							
	College of American Pathologists Politic	tical Action Committee							
Α.	Full Name (Last, First, Middle Initial) Layne Stephen Walter, Dr.		Date of Receipt						
	Mailing Address 801 Clarksville Ste C		M M / D D / Y Y Y Y 0 1 22 2009						
	City	State Zip Code	Transaction ID: SA11AI.32523						
	Paris	TX 75460	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	2500.00						
	Name of Employer Red River Valley Path Lab	Occupation Pathologist	_						
	Receipt For:	Aggregate Year-to-Date ▼	-						
	Primary General	2500.00							
	Other (specify)								
- В.	Full Name (Last, First, Middle Initial) V. Sarah Webb, Dr.		Date of Receipt						
	Mailing Address Department of Patholo 1600 Hospital Parkway	y y	M M / D D / Y Y Y Y 01 05 2009						
	City	State Zip Code	Transaction ID: SA11AI.32525						
	Bedford	TX 76022	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	250.00						
	Name of Employer Harris Methodist HEB	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date ▼	_						
	Primary     General       Other (specify) ▼	250.00							
- C.	Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.	1	Date of Receipt						
	Mailing Address Dept of Pathology 2915 Missouri Ave		M M / D D / Y Y Y Y 01 12 2009						
	City	State Zip Code	Transaction ID: SA11AI.32528						
	Shreveport	LA 71109	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1000.00						
	Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist							
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary     General       Other (specify) ▼	1000.00							
ſ	SUBTOTAL of Receipts This Page (optional)	۱ 	3750.00						
ŀ		<b>·</b>							
	<b>TOTAL</b> This Period (last page this line number	Oriiy)							

		FOR LINE NUMBER: PAGE 19 / 23
SCHEDULE A (FEC Form 3)		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Robert Wessels, Dr.		Date of Receipt
Mailing Address 710 Fm 1960 Rd V	Ν	M M / D D / Y Y Y Y Y 0 1 29 2009
City	State Zip Code	Transaction ID: SA11AI.32529
Houston	TX 77090-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	500.00
Name of Employer Houston Northwest Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) F Rebecca Yorke, Dr.	•	Date of Receipt
Mailing Address 2504 Elmen		M M / D D / Y Y Y Y 01 11 2009
City	State Zip Code	Transaction ID: SA11AI.32531
Houston	TX 77019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	250.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Stephen Yurco		Date of Receipt
Mailing Address Dept of Pathology 9200 Wall St		M M / D D / Y Y Y Y 01 20 2009
City	State Zip Code	Transaction ID: SA11AI.32532
Austin	TX 78754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clinical Pathology Assoc	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date V	]
Primary     General       Other (specify) ▼	500.00	
	-0	1250.00
SUBICIAL OF RECEIPTS THIS Page (option	al)	
TOTAL This Period (last page this line nur	nber only)	26350.00

Use separate schedule(s) for each category of the Detailed Summary Page         Any Information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes, other than using the name and address of any political or for commercial purposes of Disbursement Bank Service Charges         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         State:       District:       Full Name (Last, First, Middle Initial)         Sun Trust Bank       Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA	Category/	22         23         24         25         2           28a         28b         28c         29         2           for the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of any political of NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: House Disbursement For: Senate Primary General Office Sought: District: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State: District: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024	by any person committee to so	for the purpose of soliciting contributions olicit contributions from such committee Transaction ID: SB21B.32539 Date of Disbursement 0 1 ' 0 6 ' 2 0 0 9 Amount of Each Disbursement this Period
College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges		Date of Disbursement         0         1         0
Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Image: Candidate Name         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Primary       General         President       Other (specify)       ▼         State:       District:       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Sun Trust Bank       Mailing Address       P.O. Box 85024         City       State       Zip Code       VA       23285         Purpose of Disbursement       VA       23285       Purpose of Disbursement		Date of Disbursement         0         1         0
City     State     Zip Code       Richmond     VA     23285       Purpose of Disbursement     Bank Service Charges		Amount of Each Disbursement this Period
Richmond       VA       23285         Purpose of Disbursement Bank Service Charges       Bank Service Charges       Image: Candidate Name         Candidate Name       Disbursement For:       Senate         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Image: Context of the second se		
Bank Service Charges         Candidate Name         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       VA       23285		216.28
Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Sun Trust Bank       Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       VA       23285		
Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Sun Trust Bank       Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       VA       23285	Туре	-
Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement		
City     State     Zip Code       Richmond     VA     23285       Purpose of Disbursement     VA     23285		Transaction ID: SB21B.32540 Date of Disbursement
Richmond         VA         23285           Purpose of Disbursement		
		Amount of Each Disbursement this Period
Candidate Name	October	62.50
Office Sought: House Disbursement For:	Category/ Type	_
State: District: Senate Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB21B.32541 Date of Disbursement
Mailing Address P.O. Box 85024		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left( \begin{array}{c} D \\ 2 \\ 4 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City State Zip Code Richmond VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name		46.40
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	Category/ Type	-
State: District: SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	······ <b>•</b>	325.18

FEC Schedule B ( Form 3X) (Revised 02/2003)

		CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT		for each	n categoi	chedule(s) ry of the ary Page		R LIN eck or 21b 27			R:	23 28b		PA 24 28c	GE	21 / 2 25 29	23	26 30b
		y Information copied from such Reports a for commercial purposes, other than using																
	$\geq$	NAME OF COMMITTEE (In Full) College of American Pathologists	Political A	Action C	ommitt	ee												
Α.		Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024							_	-		isburs	-	B21B nt / Y		542 0 0 9	Y	
		City Richmond	-	State VA	Zip C 232					Amou	unt o	f Each	ו Dis	burser	nent		_	bd
		Purpose of Disbursement Bank Service Charges								L.						2.90	)	
		Candidate Name					atego Type	-										
		Office Sought: House Senate President		nent For: Primary Other (sp	Decify)	General												
		State: District:																

	SUBTOTAL of Disbursements This Page (optional)	►	2.90
	TOTAL This Period (last page this line number only)	►	328.08
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

			Use separate schedule(s) FOR LIN (check o					PAGE 22/23									
	IT	EMIZED DISBURSEMENT			ategory of the Summary Page		Ì	21b 27		22 28a	<i>,</i> ,	23 28b	$\square$	24 28c		25 29	26 30b
		y Information copied from such Reports a for commercial purposes, other than using															
	$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Ac	tion Cor	nmittee												
Α.		Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRE Mailing Address 5429 Madison Av								Date c		sburse	-	B23.3 nt / Y		35 0 ð 9	Y
		City Sacramento	Sta CA		Zip Code 95841					Amoui	nt of	Each	Dis	bursen			
		Purpose of Disbursement													50	00.00	
		Candidate Name					itego Type	-									
		Office Sought: X House Senate President		nt For: rimary ther (spec	2010 General cify) ▼												
		State: CA District: 01															

	SUBTOTAL of Disbursements This Page (optional)	•	5000.00
	TOTAL This Period (last page this line number only)	►	5000.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

		CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	·	for each	arate schedule(s) category of the Summary Page	)		R LINE leck onl 21b 27			R:	23 28b		PA 24 28c	GE	23 / 2 25 29		26 30b
		y Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee																
	$\geq$	NAME OF COMMITTEE (In Full)     College of American Pathologists Political Action Committee																
Α.		Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE							Transaction ID: SB29.32536 Date of Disbursement									
		City None	St IL	ate	Zip Code 60093					Amou	nt o	f Eacł	ו Dis	burser				1
		Purpose of Disbursement Move Money to Soft Dollars Candidate Name					tog	on/		L.						00.00		
		Office Sought: House	Disbursem	opt For:			ateg Type	-										
		Senate President	F	Primary Other (spe	General													
		State: District:																

	SUBTOTAL of Disbursements This Page (optional)	•	100.00
	TOTAL This Period (last page this line number only)	►	100.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)