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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 07 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)

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

D D [®]D 06 0 1 2009 0.6 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 80766.96 January 1 (b) Cash on Hand at 128973.48 Begining of Reporting Period 36966.50 314845.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 165939.98 395611.96 6(a) and 6(c) for Column B) 82448.45 312120.43 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 83491.53 83491.53 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 43

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

D D 0 1

^Y 2009

To:

м м 0 6 ^D 3 0

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	27120.00	224248.00
	(ii) Unitemized	9846.50	85097.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	36966.50	309345.00
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36966.50	309345.00
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	5500.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
((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
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	36966.50	314845.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	36966.50	314845.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1000 45	0.405.05
	Expenditures	1398.45	6465.65
	(c) Total Operating Expenditures	1000.45	CACE CE
	(add 21(a)(i), (a)(ii) and (b))	1398.45	6465.65
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	74500.00	282679.78
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_		0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other	0.00	250.00
	Than Political Committees	0.00	250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	6550.00	22725.00
_			
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
	(i) i euerai oriare		
	(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	2.22	
	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))	82448.45	312120.43
	_		
	Total Federal Disbursements		
2.	Total i ederal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	82448.45	312120.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 43

	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)	36966.50	309345.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	36966.50	309095.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1398.45	6465.65
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1398.45	6465.65

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e 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 Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) H. Herbert Anderson, Dr. Mailing Address 115 Grouse Lane			Date of Receipt
	City	State	Zip Code	0 6 0 9 2 0 0 9 Transaction ID: SA11AI.34379
	Sewickley	PA	15143	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: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Paul Bannister			Date of Receipt
	Mailing Address 6339 Riverview Ln			06 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.34208
	Dallas	TX	75248-2841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baylor Med Ctr @ Garland	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Leon Errol Berman, Dr.	<u> </u>		Date of Receipt
	Mailing Address 94 Old Short Hills Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.34329
	Livingston FEC ID number of contributing federal political committee.	C	07039-5672	Amount of Each Receipt this Period 500.00
	Name of Employer St Barnabas Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
<u> </u>	d Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.		Date of Receipt
Mailing Address 1255 W Washington		06 16 2009
City Tempe	State Zip Code AZ 85281-1210	Transaction ID: SA11AI.34327
FEC ID number of contributing federal political committee.	C 65261-1210	Amount of Each Receipt this Period 208.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Paul J. Biggs, MD		Date of Receipt
Mailing Address 5008 Grand Rock Ro	06 25 2009	
City	State Zip Code	Transaction ID: SA11AI.34206
Mountain Brook	AL 35223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BMC Pathology	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) M David Borel, Dr.		Date of Receipt
Mailing Address 5650 SW 29th St		06 / 09 / 2009
City	State Zip Code	Transaction ID: SA11AI.34309
Topeka	KS 66614-2443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pathology Services PA	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUPTOTAL of Possints This Page (entianal)		1458.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43 (check only one) X 11a 11b 11c 12 15 16 11
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persing the name and address of any political committee to a Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott David Brink, Dr.		Date of Receipt
Mailing Address Department of Pa	vd	06 09 2009
City <u>St Louis</u>	State Zip Code MO 63104-1003	Transaction ID: SA11AI.34328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SSM Cardinal Glennon Children's Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J Jeffrey Bulson, Dr. Mailing Address 6800 Pebble Bea	ch Ln	Date of Receipt 0 6 0 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.34340
Seminole	FL 33777-4505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Surgical Pathology Labora- tories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Andres Candela		Date of Receipt
Mailing Address 1717 North E St	Ste 227	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34343
Pensacola FEC ID number of contributing federal political committee.	FL 32901	Amount of Each Receipt this Period 250.00
Name of Employer The Pathology Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (onti-	onal)	2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) College of American Pathologi	rts and Statements may not be sold or used by any persusing the name and address of any political committee to sts Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Desiree Carlson, Dr. Mailing Address Chief of Pathol 680 Centre Stre City		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Brockton FEC ID number of contributing federal political committee.	MA 02302-3395	Amount of Each Receipt this Period 1000.00
Name of Employer Brockton Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) B. Lawrence Carr, Dr. Mailing Address PO Box 213	'	Date of Receipt 0 6 0 9 2 0 0 9
City Ross FEC ID number of contributing federal political committee.	State Zip Code CA 94957-0213 C	Transaction ID: SA11AI.34383 Amount of Each Receipt this Period 250.00
Name of Employer unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alexander Castiello Mailing Address Lab 100 North Cres City	t Dr State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Springfield FEC ID number of contributing federal political committee.	TN 37172	Amount of Each Receipt this Period 500.00
Name of Employer NorthCrest Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (or	tional)	1750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Sitiodi Action Committee	
Full Name (Last, First, Middle Initial) K Samuel Caughron, Dr.		Date of Receipt
Mailing Address 1605 Cobble Creek	06 24 7 2009	
City	State Zip Code	Transaction ID: SA11AI.34378
Billings	MT 59106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yellowstone Pathology Ins- titute Inc	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Philip Chen, Dr.	1	Date of Receipt
Mailing Address 6490 Hazeltine Nation	onal Dr Ste 170	0 6 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.34228
Orlando	FL 32822-5155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cognoscenti Health Inst	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. Gregory Collins, Dr.	_ I	Date of Receipt
Mailing Address Department of Patho One Genesys Parkw		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34245
Grand Blanc	MI 48439-3699	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Genesys Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) College of American Pathologist	and Statements may not be sold or used by any persing the name and address of any political committee is Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Timothy Collins, Dr. Mailing Address Dept of Path 142 W 5th St City Cookeville FEC ID number of contributing federal political committee.	State Zip Code TN 38501-1760	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Cookeville Pathology Laboratory Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) D. Dilipkumar Dharkar, Dr. Mailing Address 11 E Pleasant A		Date of Receipt O 6 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sandwich FEC ID number of contributing federal political committee.	State Zip Code IL 60548-1100 C	Transaction ID: SA11AI.34369 Amount of Each Receipt this Period 250.00
Name of Employer Valley West Community Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F Paul Edmonson, Dr. Mailing Address 200 NW 143rd S	t	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle FEC ID number of contributing	State Zip Code WA 98177-3935	Transaction ID: SA11AI.34221 Amount of Each Receipt this Period
federal political committee. Name of Employer Northwest Pathology Services, Inc.	Occupation Pathologist	2000.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (opti	nal)	2550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poles	Statements may not be sold or used by any personal ename and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Arlene Eisenberg, Dr. Mailing Address 1074 S La Luna Ave City Ojai	State Zip Code CA 93023-3516	Date of Receipt 0 6 0 9 2 0 0 9 Transaction ID: SA11AI.34229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Community Pathology Laboratory Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) T Brendan Fitzpatrick, Dr. Mailing Address Dept of Path 1600 Haddon Ave City Camden FEC ID number of contributing federal political committee. Name of Employer Our Lady of Lourdes Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NJ 08103-3101 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.34306 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) G Kenneth Flanagan, Dr. Mailing Address Dept of Pathology 1000 Willow Creek Re City Prescott FEC ID number of contributing federal political committee. Name of Employer Yavapai Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code AZ 86301-1645 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one) X
Any information copied from su or for commercial purposes, otl	ner than using the 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 o solicit contributions from such committee.
College of American Pa	thologists Political Action	Committee	
Full Name (Last, First, Midd A. Elizabeth Mary Fowkes, Dr.			Date of Receipt
Mailing Address 524 E 2 City	Oth St Apt 1G State	Zip Code	0 6 1 6 2 0 0 9 Transaction ID: SA11AI.34294
New York	NY	10009	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		50.00
Name of Employer NYU Med Ctr	Occupation Pathology		
Receipt For: Primary Ger Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd S. James Heath, Dr. Mailing Address 1 Prosp			Date of Receipt
O:1.	Ctata	Zin Ondo	06 19 2009
City Nashua	State NH	Zip Code 03060-3900	Transaction ID: SA11AI.34297 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		1 1 1 1 1	250.00
Name of Employer Nashua Pathology Associat es	Occupation Patholog		
Receipt For: Primary Ger Other (specify) ▼	00 0	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd L. Alden Hostetter, Dr.	lle Initial)		Date of Receipt
	nent of Pathology ntrell Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.34319
Harrisonburg FEC ID number of contribut federal political committee.	ing VA	22801	Amount of Each Receipt this Period 250.00
Name of Employer Rockingham Memorial Hos	Occupation Pathology		
Receipt For: Primary Ger Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		550.00
	e this line number only)	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	Political Action (Committee	
Full Name (Last, First, Middle Initial) Loyd James Humphreys, Dr.			Date of Receipt
	Mailing Address 107 Rio Sedona Way		
City Helotes	State TX	Zip Code 78023-4492	Transaction ID: SA11AI.34201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7000 4702	250.00
Name of Employer Ameripath South Texas	Occupation Patholog		
Receipt For: Primary General Other (specify)	_ '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F Keith Izban, Dr.			Date of Receipt
Mailing Address 200 Berteau Ave			0 6 1 1 1 2 0 0 9
City State Zip Code Elmhurst IL 60126-2966			Transaction ID: SA11AI.34239
FEC ID number of contributing federal political committee.	C	00120-2900	Amount of Each Receipt this Period 500.00
Name of Employer Elmhurst Mem Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' `	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) P Wayne Jessee, Dr.			Date of Receipt
Mailing Address PO Box 80			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.34212
Verona FEC ID number of contributing federal political committee.	C	24482-0080	Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Pathologists	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' `	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 43 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Police	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) O. Dervila Jonas, Dr. Mailing Address 418 Mosby Dr. S.W. City Leesburg FEC ID number of contributing federal political committee. Name of Employer Inova Loudoun Hosp Receipt For:	State VA C Occupatio Patholog		Date of Receipt M M M O D D O 2009 Transaction ID: SA11AI.34262 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) L Jon Keller, Dr.	Aggregate	500.00	Date of Receipt
Mailing Address Dept of Path 199 Reedsdale Rd City Milton FEC ID number of contributing federal political committee. Name of Employer Milton Hosp Receipt For: Primary General Other (specify) ▼	State MA C Occupation Patholog Aggregate		Transaction ID: SA11AI.34292 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) R Paul Kirchgraber, Dr. Mailing Address 6325 Lawrence Dr City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Covance Central Lab Svcs, Inc. Receipt For: Primary General Other (specify)	State IN C Occupation Patholog Aggregate		Date of Receipt M M M D D D D D D D D D D D D D D D D
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Vladimirov Petio Kotov, Dr.			Date of Receipt
Mailing Address Dept of Path 500 Campus Dr			06 05 7 2009
City Hancock	State MI	Zip Code 49930	Transaction ID: SA11AI.34313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	49900	250.00
Name of Employer Portage View Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Shannon Kratzer			Date of Receipt
Mailing Address 2323 Matador Cir			06 24 7 2009
City Austin	State TX	Zip Code	Transaction ID: SA11AI.34226
FEC ID number of contributing federal political committee.	C	78746	Amount of Each Receipt this Period 500.00
Name of Employer Clinical Pathology Assoc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Ragini Lakhia, Dr.	<u> </u>		Date of Receipt
Mailing Address 1140 Business Ctr	Dr 370		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.34293
Houston FEC ID number of contributing federal political committee.	C	77043-2737	Amount of Each Receipt this Period 500.00
Name of Employer Applied Diagnostics, Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.10		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any personante name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D. Craig Lariscy, Dr. Mailing Address 1354 Lakeland Hills City Lakeland FEC ID number of contributing federal political committee. Name of Employer Lakeland Regional Med Ctr Receipt For: Primary General	State Zip Code FL 33805 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 6
Full Name (Last, First, Middle Initial) T. John Latham, Dr. Mailing Address 122 Parkins Lake Ro City Greenville FEC ID number of contributing federal political committee. Name of Employer Bon Secours Sf Francis HI-	State Zip Code SC 29607 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
th Sys Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Antonio Manuel Leal, Dr. Mailing Address Department of Pathe 131 SW 15th St City Ocala FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 0 9 2 0 0 9 Transaction ID: SA11AI.34295 Amount of Each Receipt this Period 250.00
Name of Employer Munroe Regional Med Ctr Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	Occupation Pathologist Aggregate Year-to-Date 250.00	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any pers the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G.B. Debra Leonard, Dr. Mailing Address Weill Cornell Med C 525 E 68th St		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York FEC ID number of contributing federal political committee.	State Zip Code NY 10021	Transaction ID: SA11AI.34300 Amount of Each Receipt this Period 500.00
Name of Employer New York Presbyterian Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) F. Edward Loeb, Dr. Mailing Address Laboratory 1200 Pleasant City Des Moines FEC ID number of contributing	State Zip Code IA 50309	Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer lowa Methodist Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) M. Jerome Loew, Dr. Mailing Address Department of Path 1750 W Harrison St	ology	Date of Receipt 0 6 0 9 2 0 0 9
City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60612	Transaction ID: SA11AI.34320 Amount of Each Receipt this Period 250.00
Name of Employer Rush University Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Police	Statements may not be sold or used by any personal ename and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Owen Michael Lovell, Dr. Mailing Address Path Dept 7700 Floyd Curl Dr City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78229-3902 C	Date of Receipt M M O O O O O O O O O O Transaction ID: SA11AI.34290 Amount of Each Receipt this Period 250.00
Name of Employer Methodist Hospital Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) S John McCullough, Dr. Mailing Address PO Box 31629 City Clarksville	State Zip Code TN 37040-0028	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Gateway Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr. Mailing Address Dept of Pathology 315 S Manning Blvd City Albany FEC ID number of contributing federal political committee. Name of Employer St Peter's Hosp	State Zip Code NY 12208-1707 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number	·	2500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	foi	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be ing the name and address	pe sold or used by any perso 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 Pathologist	s Political Action Comr	mittee	
Full Name (Last, First, Middle Initial) P. William Newman, Dr.			Date of Receipt
Mailing Address 4625 Taft Park			06 24 2009
City Metairie		Zip Code 70002	Transaction ID: SA11AI.34282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer LSU Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) E. Lucien Nochomovitz, Dr.			Date of Receipt
Mailing Address Path 300 Community	Dr		06 09 7 2009
City Manhasset		Zip Code	Transaction ID: SA11AI.34301
FEC ID number of contributing federal political committee.	C	11030	Amount of Each Receipt this Period 500.00
Name of Employer North Shore Univ Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E. Robert Petras, Dr.			Date of Receipt
Mailing Address 7730 First PI Ste A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oakwood Village		Zip Code 44146	Transaction ID: SA11AI.34198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	141140	300.00
Name of Employer AmeriPath	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (opti	nal)		1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate scher for each category o Detailed Summary	f the Crieck only one)
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr. Mailing Address Dept of Path		Date of Receipt
70 Med Ctr Cir Ste City Fishersville FEC ID number of contributing federal political committee.	State Zip Code VA 22939-2273	Transaction ID: SA11AI.34213 Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Pathologists Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) Mazhar Rishi Mailing Address 701 N Clayton St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilmington FEC ID number of contributing federal political committee.	State Zip Code DE 19805	Transaction ID: SA11AI.34331 Amount of Each Receipt this Period 250.00
Name of Employer St. Francis Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼	50.00
Full Name (Last, First, Middle Initial) J Gary Roloson, Dr. Mailing Address Department of Path 1305 W Jefferson S	nology	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Waxahachie FEC ID number of contributing	State Zip Code TX 75165-2255	Transaction ID: SA11AI.34209 Amount of Each Receipt this Period 300.00
federal political committee. Name of Employer Baylor Univ Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
SUBTOTAL of Receipts This Page (optional	J)	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (Committee	
Full Name (Last, First, Middle Initial) A. David Sadler, Dr.			Date of Receipt
Mailing Address Dept of Path 5301 E Huron Rive	er Dr PO Box 30		06 / 09 / 19 2009
City	State MI	Zip Code	Transaction ID: SA11AI.34333
Ann Arbor FEC ID number of contributing federal political committee.	C	48106	Amount of Each Receipt this Period 312.00
Name of Employer St Joseph Mercy Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	 '	Year-to-Date ▼ 312.00	
Full Name (Last, First, Middle Initial) J. Edward Shumski, Dr.	L		Date of Receipt
Mailing Address 1103 Halstead Bay	ou Drive		06 19 2009
City	State MS	Zip Code	Transaction ID: SA11AI.34210
Ocean Springs FEC ID number of contributing federal political committee.	C	39564	Amount of Each Receipt this Period 250.00
Name of Employer Biloxi Reg Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.			Date of Receipt
Mailing Address 1514 Jefferson Hw	у		M M / D D / Y Y Y Y Y O O O O O
City	State	Zip Code	Transaction ID: SA11AI.34304
New Orleans FEC ID number of contributing federal political committee.	C	70121-2483	Amount of Each Receipt this Period 1000.00
Name of Employer Ochsner Clinic Foundation	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option			1562.00

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists Po	he name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
College of American Fathologists Fi	Silical Action Committee	
Full Name (Last, First, Middle Initial) H. William Talbot, Dr. Mailing Address 1400 Lakeshore Dr.		Date of Receipt
		06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34303
Anniston	AL 36207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Northeast Alabama Reg Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) U. Dino Vallera, Dr.		Date of Receipt
Mailing Address 143 Lakeland Drive		06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34256
Palos Park	IL 60464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hinsdale Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E. Stephen Vernon, Dr.		Date of Receipt
Mailing Address JMH East Tower Rn 1611 NW 12th Ave		0 6 0 3 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34264
<u>Miami</u>	FL 33136-1005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Univ of Miami-School of Med	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	300.00	
CURTOTAL of Pagainte This Paga (antional		1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	mical Action Committee	1
Full Name (Last, First, Middle Initial) M. Arthur Vogel, Dr.		Date of Receipt
Mailing Address 6825 216th Street SV Suite E	V	06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34236
Lynnwood	WA 98036-7379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cytolab Pathology Svcs, Inc PS	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) H Arthur Williams, Dr.	1	Date of Receipt
Mailing Address 1115 N Bundy Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34322
Los Angeles	CA 90049-1512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer San Gabriel Valley Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M. Dorothy Willis, Dr.		Date of Receipt
Mailing Address 533 College St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34196
Bellaire	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Alliance Path Consultants	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 43	
		for each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	College of American Pathologists Politic	cal Action (Committee	
	Full Name (Last, First, Middle Initial) J. Michael Wilson			Date of Receipt
	Mailing Address Dept of Path 5900 Byron Center Ave S	SW		06 24 2009
	City	State	Zip Code	Transaction ID: SA11Al.34291
	Wyoming	MI	49519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Metro Health Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	27120.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 26 / 43
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	☐ 22 ☐ 23 ☐	24 25 26
	Detailed Suffilliary Fage	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: S	
Sun Trust Bank			Date of Disbursemer	nt
Mailing Address P.O. Box 85024			0 6 0 2	2009
	State Zip Code VA 23285		Amount of Each Disk	oursement this Period
Purpose of Disbursement				55.91
Bank Service Charges Amex Candidate Name		Optomory		
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: S	B21B.34452
Sun Trust Bank			Date of Disbursemer	
Mailing Address P.O. Box 85024			$0^{M} 6^{M}$ / $0^{M} 4^{M}$	2009
City	State Zip Code		Amount of Each Disk	oursement this Period
	VA 23285			996 41
Purpose of Disbursement Bank Service Charges Moneris ACH				886.41
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	,,		
State: District:				
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: S Date of Disbursemen	
Mailing Address P.O. Box 85024			$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$	Ý 2009°
City	State Zip Code		Amount of Each Disk	oursement this Period
	VA 23285		7 III Gaint G. Edon Die	
Purpose of Disbursement Bank Services Charges Amex				176.40
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	ı ype		
Senate	Primary General			
President District:	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				1118.72

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s			NE NUMBE only one)	in.	LP	AGE 2	7 / 43
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	23 28b	24 280		9
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam								
\	NAME OF COMMITTEE (In Full)	o and address or any pointed			0001.00			-	
\rangle	College of American Pathologists Political	Action Committee							
	Full Name (Last, First, Middle Initial)					saction IE	_	B.3445	54
	Sun Trust Bank				M	of Disburs	D /	YY	ý 9 [°]
	Mailing Address P.O. Box 85024				0 6		13	20	0.9
	City Richmond	State Zip Code VA 23285			Amou	unt of Eac	h Disburs	ement th	nis Perio
	Purpose of Disbursement	VA 20200			- [113	.78
	Bank Services Charges Amex		╽Ĺ						
	Candidate Name			egory/ ype					
		ement For:	1						
	Senate President	Primary General Other (specify) ▼							
	State: District:	Carior (opeony)							
	Full Name (Last, First, Middle Initial)				Trans	saction IE): SB21	B.3445	55
	Sun Trust Bank					of Disburs		V V	V V
	Mailing Address P.O. Box 85024				0 6	M / D	15	Ž 0	0 9 Y
	City Richmond	State Zip Code VA 23285			Amou	unt of Eac	h Disburs	ement th	is Perio
	Purpose of Disbursement Bank Services Charges Amex							7	.88
	Candidate Name			egory/ ype					
	Office Sought: House Disburse	ement For:	<u>'</u>	уре					
	Senate	Primary General							
	State: President District:	Other (specify)							
	Full Name (Last, First, Middle Initial) Sun Trust Bank					saction IE		B.3445	56
	Suil Hust Balik				M	of Disburs		YY	Y Y
	Mailing Address P.O. Box 85024				0 6		18	20	0 9 °
	City Richmond	State Zip Code VA 23285			Amou	unt of Eac	h Disburs	ement th	nis Perio
	Purpose of Disbursement							74	.50
	Bank Service Charges Account Analysis Candidate Name			egory/ ype					
	Senate	ement For: Primary General	•						
	State: President State:	Other (specify) ▼							
							• • •	196	40

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C.

SCHEDULE B (FEC Form 3X)	Use separate s			FOR L		NUMBE	R:		PA	GE	28 /	43
ITEMIZED DISBURSEMENTS	for each catego Detailed Summ		16	X 21 27	b Ľ	22 28a	П	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												5
NAME OF COMMITTEE (In Full)												
College of American Pathologists Political	Action Commit	tee										
Full Name (Last, First, Middle Initial) Sun Trust Bank								ion ID:	SB21E	3.34	457	
Mailing Address P.O. Box 85024						0 ^M 6	М	[/] 2	2 0 / Y	ž	0 0 5) Y
City Richmond	State Zip 0 VA 232	Code 285				Amo	unt o	f Each	Disburse	men	t this I	Period
Purpose of Disbursement Bank Service Charges Amex					7						4.87	7
Candidate Name				egory/ ype	7							
Senate President	ement For: Primary Other (specify)	General										
State: District:												
Full Name (Last, First, Middle Initial) Sun Trust Bank						Date	of D	isburse				
Mailing Address P.O. Box 85024						0 ^M 6	М	[/] 2	2 D / Y	ž	0 ŏ s)
City Richmond	State Zip 0 VA 232	Code 285				Amou	unt o	f Each	Disburse	men		
Purpose of Disbursement Bank Services Charges Amex			Ů		7	L.				_	3.15	5
Candidate Name				egory/ ype								
Senate President	ement For: Primary Other (specify)	General										
State: District: Full Name (Last, First, Middle Initial)									0001			
Sun Trust Bank								isburs				V
Mailing Address P.O. Box 85024						0 6		້ _ ້2	9 / Y	2	o ŏ s	9 '
City Richmond	State Zip (VA 232	Code 285				Amou	unt o	f Each	Disburse		-	
Purpose of Disbursement Bank Services Charges Amex										-	37.80)
Candidate Name		l		egory/	-							
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SUBTOTAL of Disbursements This Page (optional)					<u> </u>						45.82	2

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SUBTOTAL of Disbursements This Page (optional)	•	37.75
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City State Zip Code Savannah GA 31412 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2010 Senate President Other (specify) Other (specify)	Full Name (Last, First, Middle Initia	,		Date of Disbursement
Savannah Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: Senate President Other (specify) Other (specify)	Mailing Address PO Box 816	66		
Candidate Name Category/ Type Office Sought:				Amount of Each Disbursement this Period
Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)	Purpose of Disbursement			1000.00
Senate X Primary General President Other (specify) ▼	Candidate Name			
	Office Sought: X House			
		Other (specify)		

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NAME	E OF COMMITTEE (In Full) ege of American Patholog				
	Name (Last, First, Middle Initial ENDS OF JOHN BOEHNE				Transaction ID: SB23.34422 Date of Disbursement
Mailin	ng Address 7908-I Cinci	nnati Dayton Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & O & O \end{smallmatrix} \end{bmatrix} \ \ Y$
City West	t Chester	State OH	Zip Code 45069		Amount of Each Disbursement this Period
	ose of Disbursement				5000.00
	idate Name	Diah.waaaaat Faw		Category/ Type	
	e Sought: X House Senate President	Disbursement For: X Primary Other (s	: 2010 General		
	: OH District: 08 Name (Last, First, Middle Initial ENDS OF JOHN TANNEF	•			Transaction ID: SB23.34423 Date of Disbursement
	ng Address P. O. Box 19				0 6 2 4 2 0 0 9
City Unio	n City	State TN	Zip Code 38281		Amount of Each Disbursement this Perio
Purpo	ose of Disbursement				1500.00
Cand	lidate Name			Category/	
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Office	e Sought: X House Senate President	Disbursement For: X Primary Other (s		Туре	
Office State:	Senate President	X Primary Other (s	General	Туре	Transaction ID: SB23.34424 Date of Disbursement
Office State: Full N	Senate President : TN District: 08 Name (Last, First, Middle Initial	X Primary Other (s	General	Туре	
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or for commercial purposes, other than				
NAME OF COMMITTEE (In Full)				
College of American Patholog	jists Political Action Co	mmittee		
Full Name (Last, First, Middle Initia	l)			Transaction ID: SB23.34425
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Mailing Address PO Box 239	140			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & O & O \end{smallmatrix} \end{bmatrix} $
City	State	Zip Code		Amount of Each Disbursement this Period
Santa Barbara	CA	93121		1000.00
Purpose of Disbursement				1000.00
Candidate Name			Category/ Type	
Office Sought: X House	Disbursement For:	2010		
Senate President	X Primary Other (spe	General		
State: CA District: 23	Other (spe	city) 🔻		
Full Name (Last, First, Middle Initia	l)			Transaction ID: SB23.34447
FRIENDS OF SCHUMER				Date of Disbursement
Mailing Address 509 MADIS	ON AVE SUITE 1902			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & G & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Y & Z & O & Y & Y \end{bmatrix}$
City NEW YORK	State NY	Zip Code 10022		Amount of Each Disbursement this Period
Purpose of Disbursement		10022	•	1000.00
Candidate Name			Category/	
Office Cought: House	Disbursement For:	2010	Туре	
Office Sought: House X Senate	X Primary	General		
President	Other (spe	ecify)		
State: NY District: 00	n.			
Full Name (Last, First, Middle Initia GILLIBRAND FOR SENATE	1)			Transaction ID: SB23.34427 Date of Disbursement
Mailing Address 1415 NORT SUITE 477	H TAFT STREET			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$
3011L 4//		Zip Code		Amount of Each Disbursement this Period
City ARLINGTON	State VA	22201		
City				2500.00
City ARLINGTON Purpose of Disbursement				2500.00
City ARLINGTON			Category/ Type	2500.00
City ARLINGTON Purpose of Disbursement	VA Disbursement For:			2500.00
City ARLINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate	Disbursement For:	2010 2010 General		2500.00
City ARLINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President	VA Disbursement For:	2010 2010 General		2500.00
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check onl	NUMBER: PAGE 36 / 43
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE			Transaction ID: SB23.34428 Date of Disbursement
	Mailing Address PO BOX 1000			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & 2 & 4 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	City DES MOINES	State Zip Code IA 50304		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Candidate Name		Category/ Type	
	X Senate >	ement For: 2010 Primary General Other (specify)		
	State: IA District: 00 Full Name (Last, First, Middle Initial)			
	GRASSLEY COMMITTEE			Transaction ID: SB23.34429 Date of Disbursement
	Mailing Address PO BOX 1000			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ 0 & G & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & d \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City DES MOINES	State Zip Code IA 50304		Amount of Each Disbursement this Perio
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	Candidate Name		Category/ Type	
	X Senate President	ement For: 2010 Primary X General Other (specify)		
	State: IA District: 00 Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC			Transaction ID: SB23.34430 Date of Disbursement
	Mailing Address 175 SOUTH WEST TEN	MPLE SUITE 650		M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SALT LAKE CITY	State Zip Code UT 84101		Amount of Each Disbursement this Perio
	Purpose of Disbursement		•	2500.00
	Candidate Name		Category/ Type	
	9 🗎	ement For: 2012 Primary General Other (specify)		
	otate. O i District.			

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
<u>/</u>	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS			Transaction ID: SB23.34431 Date of Disbursement
	Mailing Address 2015 Wallace Rd.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & O & P \end{smallmatrix} \end{bmatrix}$
	City Atlanta	State Zip Code GA 30331		Amount of Each Disbursement this Period
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	Candidate Name	,	Category/ Type	
	Senate President	ement For: 2010 Primary General Other (specify)		
	State: GA District: 05 Full Name (Last, First, Middle Initial) JOHN SHADEGG FOR CONGRESS			Transaction ID: SB23.34432 Date of Disbursement
	Mailing Address P.O. Box 45444			$\begin{bmatrix}\begin{smallmatrix}M\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\24\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}D\\24\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$
	City Phoenix	State Zip Code AZ 85064		Amount of Each Disbursement this Period
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	Candidate Name	,	Category/ Type	
		ement For: 2010 Primary General Other (specify)	71	
	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS			Transaction ID: SB23.34433 Date of Disbursement
	Mailing Address P.O. BOX 636			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & Z & A \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
	City ANNANDALE	State Zip Code VA 22003		Amount of Each Disbursement this Period
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) College of American Pathologists Political			
<u>/</u>	Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (L	INC PAC)		Transaction ID: SB23.34407 Date of Disbursement
	Mailing Address 227 Massachusetts Ave Suite 101			06
	WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name		Category/ Type	
	Senate President	ment For: 2009 Primary X General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
	MARY BONO COMMITTEE			Transaction ID: SB23.34435 Date of Disbursement
	Mailing Address P.O. Box 3370			$ \begin{array}{c c} & M & M \\ \hline 0 & 6 & M \end{array} $
	City Palm Springs	State Zip Code CA 92263		Amount of Each Disbursement this Period
	Purpose of Disbursement			3500.00
	Candidate Name		Category/ Type	
		ment For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE			Transaction ID: SB23.34437 Date of Disbursement
	Mailing Address 10 G STREE NE SUITE 470			$\begin{array}{c c} & & & \\ & & \\ & & \\ \end{array} \begin{array}{c} & & \\ & \\ \end{array} \begin{array}{c} & \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} & \\ \end{array} $
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 Full Name (Last, First, Middle Initial) OUR FUTURE POLITICAL ACTION COMI	MITTEE		Transaction ID: SB23.34438 Date of Disbursement					
Mailing Address 1155 21ST STREET NW	SUITE 300		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} G \end{bmatrix} $					
	State Zip Code DC 20036		Amount of Each Disbursement this Period					
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Mailing Address 430 South Capitol Street 1st Floor	, SE		$\begin{bmatrix}\begin{smallmatrix}M\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\24\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2009\end{smallmatrix}\end{bmatrix}^Y$					
City Washingtin	State Zip Code DC 20003		Amount of Each Disbursement this Period					
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Candidate Name		Category/ Type						
Office Sought: House Disburse Senate President State: District:	ment For: 2009 Primary X General Other (specify)							
Full Name (Last, First, Middle Initial) Pomeroy For Congress			Transaction ID: SB23.34440 Date of Disbursement					
Mailing Address P.O. Box 75214			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & A \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$					
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period					
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nan									
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<u></u>	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS				Date of	Disburs	D /		1 0 0 9 Y	Y
	Mailing Address P.O. Box 425				0 6		U	2 (109	
	City Roswell	State Zip Code GA 30077			Amoun	t of Each	Disburs			riod
	Purpose of Disbursement							250	0.00	_
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	Mailing Address P.O. Box 425				0 6	1	0 /	' <u>2</u> () 0 0 9 °	
	City Roswell	State Zip Code GA 30077			Amoun	t of Each	Disburs	ement	this Pe	rioc
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	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS CO	MMITTEE			Date of	Disburs				_
	Mailing Address 76 MAGNOLIA TERRAG	DE .			06	J / D 2	24	ž	o ŏ o ĭ	
	City SPRINGFIELD	State Zip Code MA 01108			Amoun	t of Each	Disburs	ement	this Pe	rioc
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) College of American Pathologists Political	e and address of any politica										
	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS Mailing Address P.O. BOX 5130					Date		sburs			34442 Ž 0 Ŏ	9 ^Y
	City EVANSTON Purpose of Disbursement	State Zip Code IL 60204				Amou	int o	f Each	n Disb	-	nent this	
	Candidate Name			ateg Typ			•					
		ement For: 2010 Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS Mailing Address 2501 Wisconsin Avenue	, NW #304				Date		on ID sburs			34403 Ž 0 Ŏ	9 ^Y
	City Washington Purpose of Disbursement	State Zip Code DC 20007				Amou	int o	f Each	n Disb		nent this	
		ement For: 2010 Primary General Other (specify)		ateg Typ	-							
	State: NC District: 09 Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS					Date	of Di	sburs	emen		34446	
	Mailing Address 700 12th Street, NW					0 ^M 6	М	^D 2	2 4	/ L	žoŏ	9 1
	City Pttsburgh	State Zip Code PA 15234				Amou	int o	f Each	n Disb		nent this	
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NAME OF COMMITTE	E (In Full)														
College of Americar	n Pathologists Political	Action Con	nmittee												
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WYDEN FOR SENA	ATE					l	Date o	f Dis	sburse	mer	nt				
Mailing Address P.	O. Box 3498						0 6	И /	^D 2	^D 4	/ Y	ž	o ŏ 9	Y	
City		State	Zip Code			,	Amour	nt of	Each	Disl	ourser	nent	this P	erio	d
PORTLAND		OR	97208									100	20.00		
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ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29
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NAME OF COMMITTEE (In Full) College of American Pathologists Politica		
Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION	FU	Transaction ID: SB29.34399 Date of Disbursement
Mailing Address NONE		0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City None	State Zip Code IL 60093	Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer Hard \$s to Soft \$s Candidate Name		5700.00
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Senate President	Primary General Other (specify)	
State: District: Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION	FU	Transaction ID: SB29.34404 Date of Disbursement
Mailing Address NONE		06
City None	State Zip Code IL 60093	Amount of Each Disbursement this Perio
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