FEC FORM 3X	AN	EPORT O ND DISBU Other Than Ar	JRSEME	INTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		nple:If typing the lines	, type			
College of Americar	Pathologists I	Political Action Com						
ADDRESS (number and s	treet)	350 I Street, NW						
Check if differe than previously reported. (ACC	nt L	Guite 590			· · · ·		20005	
2. FEC IDENTIFICAT		• •	CITY 🛋		s		ZIPCO	
C00274944			3. IS THIS REPORT		NEW N) OR	X AN (A)	/IENDED)	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 Mi Report(No Year Only	rts: Report(Q1) 5 Report(Q2) 5 Report(Q3) 1 Report(YE) d-Year in-election) (MY)	(b) Monthly Report Due On: (c) 12-Day PRE -Elect Report for (d) 30-Day Post -Elec Report for	ion the:		12C)	Sep	12G) in the State	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Terminatio (TER)			Election on				in the State	of
5. Covering Period	07	01 200	9	through	07	31	2009	
I certify that I have exami Type or Print Name of Tr Signature of Treasurer		Dr. Renee R. Ellerb				nd complete.	19	2009
NOTE : Submission of fa	Ilse, erroneous	s, or incomplete info	rmation may sub	ject the perso	on signing this	Report to the	penalties of 2 U.	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

Image# 29935488531

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 36

١	Write or Type Committee Name College of American Pathologists Political A	Action Committee	
ſ	Report Covering the Period: From:	0 1 Y Y Y Y 0 1 2 0 0 9	To:
_	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		84806.66
	(b) Cash on Hand at Begining of Reporting Period	111206.23	
	(c) Total Receipts (from Line 19)	52849.00	367944.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	164055.23	452750.66
7.	Total Disbursements (from Line 31)	1816.18	290511.61
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162239.05	162239.05
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image# 29935488532

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

F	Report Covering the Period: From:		To:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	39737.00	263985.00
	(ii) Unitemized	13112.00	98209.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	52849.00	362194.00
	(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)	52849.00	362194.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	5750.00
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))	52849.00	367944.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	52849.00	367944.00

Image# 29935488533

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A	COLUMN B
1. Operating Expenditures:	Total This Period	Calendar Year-to-Date
 (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share 	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	816.18	6581.83
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	816.18	6581.83
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	1000.00	283679.78
 Independent Expenditure (use Schedule E) 	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 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	0.00	0.00
 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,	1816.18	290511.61
23, 24, 25, 26, 27, 28(d), 29 and 30(c))		230311.01
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	1816.18	290511.61

FE6AN026

DETAILED SUMMARY PAGE

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

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	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)	52849.00	362194.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	52849.00	361944.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	816.18	6581.83
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	816.18	6581.83

FE6AN026

		ſ			
SCHE	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB (check only one)	ER: PAGE 6/36
ITEM	IZED RECEIPTS		for each category of the		o ☐ 11c ☐ 12
			Detailed Summary Page		
Any info or for co	ormation copied from such Reports and Sta ommercial purposes, other than using the n	atements may	not be sold or used by any perso lress of any political committee to	n for the purpose of s	soliciting contributions
	IE OF COMMITTEE (In Full)				
Coll	ege of American Pathologists Politic	cal Action C	Committee		
L . <u>E Ma</u>	Name (Last, First, Middle Initial) ary Adams, Dr.			Date of Receip	t
Maili	ng Address 1255 W Washington St			07 ^M	1 1 / Y Y Y Y 2 0 0 9
City		State	Zip Code	Transaction ID	: SA11AI.34639
<u>Ten</u>	npe	AZ	85281-1210	Amount of Eac	h Receipt this Period
	ID number of contributing ral political committee.	C			500.00
Nam Clin-	e of Employer Path Associates, P.C.	Occupation Pathologi			
Rece	eipt For:		Year-to-Date V	1	
	Primary General	55 . 5			
	Other (specify)	0 0	500.00		
	Name (Last, First, Middle Initial) nari Addington, Dr.			Date of Receip	t
Maili	ng Address 416 Spring Mill Drive			07 D	30 / Y Y Y Y Y 30 2009
City		State	Zip Code	Transaction ID	: SA11AI.34761
Ker	rville	ТХ	78028	Amount of Eac	h Receipt this Period
	ID number of contributing ral political committee.	C			700.00
Nam Ame	e of Employer ripath South Texas	Occupation Pathologi			
Rece	eipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	800.00		
	Name (Last, First, Middle Initial) atthew Andres, Dr.			Date of Receip	t
	ng Address Lab 1111 Sixth Ave			 M/	D / Y Y Y Y 16 2009
City		State	Zip Code	Transaction ID	: SA11AI.34564
Des	Moines	IA	50314-2611		h Receipt this Period
	ID number of contributing ral political committee.	C			250.00
Nam Merc	e of Employer cy Med Ctr-Des Moines	Occupation Pathologi		1	
Rece	eipt For:	Aggregate	Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	250.00		
SUBT	DTAL of Receipts This Page (optional)		_		1450.00
				-	
ΤΟΤΑΙ	- This Period (last page this line number or	only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the	e name and add	lress of any political committee to	solicit contributions from such committee.
	College of American Pathologists Polit	tical Action C	Committee	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address Department of Patholo 25 North Winfield Road			07 30 Y Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.34497
	Winfield	IL	60190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Central DuPage Hosp	Occupation Pathologi		
	Receipt For:	1 I	Year-to-Date V	_
	Primary General			1
	Other (specify)	0 0	2300.00	
в.	Full Name (Last, First, Middle Initial) G. Ronald Bardawil, Dr.			Date of Receipt
	Mailing Address Department of Patholo 275 Sandwich Street	ogy		M M / D D / Y Y Y Y 07 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.34541
	Plymouth	MA	02360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Jordan Hosp	Occupation Pathologi		_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00]
C.	Full Name (Last, First, Middle Initial) Michelle Tammy Battaglia, Dr.	I		Date of Receipt
•	Mailing Address 1102 E Centennial Dr			M M / D D / Y Y Y Y 07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.34644
	Pittsburg	KS	66762-6643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer St John Med Ctr	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00]
	SUBTOTAL of Receipts This Page (optional)			2950.00
	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 8 / 36 (check only one)
I	EMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	itical Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.			Date of Receipt
	Mailing Address 1255 W Washington S	St		07 15 Y Y Y Y 099
	City	State	Zip Code	Transaction ID: SA11AI.34638
	Tempe	AZ	85281-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.00
	Name of Employer Clin-Path Associates, P.C.	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1040.00]
- B.	Full Name (Last, First, Middle Initial) K. James Billman, Dr.			Date of Receipt
	Mailing Address 1520 7th St 6th Floor			M M / D D / Y Y Y Y 07 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.34567
	Moline	IL	61265-2986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Metropolitan Medical Lab	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	750.00]
- C.	Full Name (Last, First, Middle Initial) O. Cathy Blight, Dr.	1		Date of Receipt
	Mailing Address Department of Patholo One Hurley Plaza	ogy		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.34531
	Flint	MI	48503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Hurley Med Ctr	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	750.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1708.00
ŀ	TOTAL This Period (last page this line number		•	
L	(F- 0	.,	-	

ę	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 / 36
		for each category of the	
•		Detailed Summary Pa	Arge 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 may not be sold or used by a ne name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Po	litical Action Committee	
∡ ۹.	Full Name (Last, First, Middle Initial) J. David Blomberg, Dr.		Date of Receipt
	Mailing Address 1314 South Ridge Ro	1	07 / 30 / Y Y Y Y 07 30 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.34478
	Duluth	MN 55804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Arrowhead Pathologists PA	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500	.00
- 3.	Full Name (Last, First, Middle Initial) M Robert Bradley, Dr.		Date of Receipt
	Mailing Address 1211 Union Ave Ste	300	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.34513
	Memphis	TN 38104-6655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Duckworth Pathology Group	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250	.00
-).	Full Name (Last, First, Middle Initial) E George Branam, Dr.		Date of Receipt
	Mailing Address ECIP PC 2401 W University Av	/e	07 / ^D D / <u>Y</u> Y Y Y 23 2009
	City	State Zip Code	Transaction ID: SA11AI.34598
	Muncie	IN 47303-3428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer PA Labs LLC	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1000	.00
Γ	SUBTOTAL of Receipts This Page (optional)	1	1750.00
F			
	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X)	lloo concrete cohodulo/-)	FOR LINE NUMBER: PAGE 10/36
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Hugo Jerry Broman, Dr.		Date of Receipt
	Mailing Address 1005 Byers Ave		07 / 30 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34501
	Chambersburg	PA 17201-3817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		365.00
	Name of Employer Chambersburg Hospital	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	365.00	
B.	Full Name (Last, First, Middle Initial) B. James Cash, Dr.		Date of Receipt
	Mailing Address Laboratory 2693 Forest Hills Rd		07 16 2009
	City	State Zip Code	Transaction ID: SA11AI.34516
	Wilson	NC 27893	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Eastern Carolina Patholog- v. Inc	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) James Steven Casner, Dr.	L	Date of Receipt
	Mailing Address Laboratory Deparment 3500 E Frank Phillips E	Blvd	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.34540
	Bartlesville	OK 74006-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Jane Phillips Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	_
	 Primary General Other (specify) ▼ 	400.00	
	SUBTOTAL of Receipts This Page (optional)		1015.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 36 (check only one)
[Any information copied from such Reports and S	tatements ma	Detailed Summary Page ay not be sold or used by any pers	13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			o solicit contributions from such committee.
	College of American Pathologists Polit	tical Action	Committee	- 1
Α.	Full Name (Last, First, Middle Initial) D. James Cason, Dr.			Date of Receipt
	Mailing Address 1255 W Washington S	St		M M / D / Y
	City	State	Zip Code	Transaction ID: SA11AI.34637
	Tempe FEC ID number of contributing federal political committee.	AZ	85281-1210	Amount of Each Receipt this Period 200.00
	Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 400.00	1
– В.	Full Name (Last, First, Middle Initial) Curtis Joseph Coleman, Mr.			Date of Receipt
	Mailing Address 151 Claiborne Dr			07 ¹ 07 ² 07 ² 009
	City	State	Zip Code	Transaction ID: SA11AI.34538
	Jackson FEC ID number of contributing federal political committee.	TN C	38305-9787	Amount of Each Receipt this Period
	Name of Employer Jackson-Madison Cnty Gen Hosp Receipt For:	Occupation Patholog		
	Primary General Other (specify) ▼		250.00]
- C.	Full Name (Last, First, Middle Initial) L Linda Cook, Dr.			Date of Receipt
	Mailing Address 28 Cedarwood Dr			07 / D D / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.34573
	Morgantown FEC ID number of contributing federal political committee.	WV C	26505-3629	Amount of Each Receipt this Period 250.00
	Name of Employer Monongalia General Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)			700.00
	TOTAL This Period (last page this line number	only)		

9	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 12/36
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
-		Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	College of American Pathologists Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) A Barbara Crothers, Col		Date of Receipt
	Mailing Address 6481 Topsails Ln		07 / 30 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34465
	Springfield	VA 22150-7837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer 44th Path Team	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	500.00	
_	Other (specify)		
в.	Full Name (Last, First, Middle Initial) C. Terrence Dolan		Date of Receipt
5.	Mailing Address Regional Medical Lab 1923 S Utica Ave		07 17 2009
	City	State Zip Code	Transaction ID: SA11AI.34646
	Tulsa	OK 74104-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer St John Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	400.00	
– C.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.		Date of Receipt
	Mailing Address Department Of Patholo 1501 Trousdale Dr	ду	M M / D D / Y Y Y Y 07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.34609
	Burlingame	CA 94010-4506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Peninsula Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	1150.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/36 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 1 ¹ on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli			
. Z	Full Name (Last, First, Middle Initial) B James Durham, Dr.	Date of Receipt		
	Mailing Address 2850 SW Fairmount E	M M / D D / Y Y Y Y 07 16 2009		
	City	State	Zip Code	Transaction ID: SA11AI.34619
	Portland	OR	97239-1435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Portland Med Ctr	Occupation Pathologis		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
-	Full Name (Last, First, Middle Initial) R. Renee Ellerbroek, Dr.			Date of Receipt
	Mailing Address Department of Pathology 1212 Pleasant Street			M M M / D D / Y Y Y Y Y 07 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.34536
	Des Moines FEC ID number of contributing		50309	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Iowa Pathology Assocs, PC	Occupation Pathologis		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1500.00]
-	Full Name (Last, First, Middle Initial) F. William Fitter, Dr.	-1		Date of Receipt
	Mailing Address Dept of Path 1923 S Utica Ave			M M M / D D / Y Y Y Y Y 07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.34648
		OK	74104-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer St John Med Ctr	Occupation Pathologis	st	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 400.00	1
Γ				2150.00
┝	SUBTOTAL of Receipts This Page (optional)		······	
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/36 (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 NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Lemmel Paul Gelven, Dr.		Date of Receipt
	Mailing Address 272 S Longwood Rd	07 / 17 / Y Y Y Y 099	
	City	State Zip Code	Transaction ID: SA11AI.34650
	Ponca City	OK 74604-5195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer St John Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
- В.	Full Name (Last, First, Middle Initial) Daniel John Gentry, Dr.	•	Date of Receipt
	Mailing Address 7423 N 118th Cir	07 / D D / Y Y Y Y 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	City	State Zip Code	Transaction ID: SA11AI.34710
	Omaha	NE 68142-1624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Univ of Nebraska Med Ctr	Occupation Pathologist	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) J. Joseph Goswitz, Dr.		Date of Receipt
	Mailing Address 311 Woodlawn Avenu	e	07 16 YYYYY 099
	City	State Zip Code	Transaction ID: SA11AI.34562
	St. Paul	MN 55105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	900.00
f	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 36 (check only one) 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions 11 11 12			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	solicit contributions from such committee.			
College of American Pathologists F	Political Action Committee				
Full Name (Last, First, Middle Initial) T. Clarke Harding, Dr.					
Mailing Address 2007 Greenbrier Dr	Mailing Address 2007 Greenbrier Drive				
City	State Zip Code	Transaction ID: SA11AI.34741			
Collinsville	IL 62234	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer unaffiliated	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) D. Brent Hartsell, Dr.		Date of Receipt			
Mailing Address 1923 S Utica Ave	07 17 Y Y Y Y 2009				
City	State Zip Code	Transaction ID: SA11AI.34651			
Tulsa	OK 74104	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer St John Med Ctr	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial) Devereux Henry Haskell, Dr.	1	Date of Receipt			
Mailing Address Lab Dept 1923 S Utica Ave		07 / 17 / Y Y Y Y 099			
City	State Zip Code	Transaction ID: SA11AI.34653			
Tulsa	OK 74104-6520	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		400.00			
Name of Employer St John Med Ctr	Occupation Pathologist				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (option:	al)	900.00			
	∠,₽				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/36 (check only one) 11c 12				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) College of American Pathologists Po	plitical Action Committee					
Full Name (Last, First, Middle Initial) W. William Hinchey, Dr.						
Mailing Address 601 Canterbury Hill	St	M M / D D / Y				
City	State Zip Code	Transaction ID: SA11AI.34760				
San Antonio FEC ID number of contributing federal political committee.	TX 78209-2817	Amount of Each Receipt this Period 500.00				
Name of Employer unaffiliated	Occupation Pathologist	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00					
Full Name (Last, First, Middle Initial) William Dan Hobohm, Dr. Mailing Address Dept of Path						
2601 E Roosevelt St City	State Zip Code	07 30 2009 Transaction ID: SA11AI.34553				
<u>Phoenix</u>	AZ 85008-4973	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Maricopa Integrated Health System	Occupation Pathologist	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00					
Full Name (Last, First, Middle Initial) C Stephanie Holt, Dr.		Date of Receipt				
Mailing Address Lab 1923 S Utica Ave		07 / D D / Y Y Y Y 07 17 2009				
City	State Zip Code OK 74104-6520	Transaction ID: SA11AI.34655				
Tulsa FEC ID number of contributing federal political committee.	OK 74104-6520	Amount of Each Receipt this Period 400.00				
Name of Employer St John Med Ctr	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 400.00					
SUBTOTAL of Receipts This Page (optional)	·	1150.00				
TOTAL This Period (last page this line numb	er only)					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one) X X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Committee						
Full Name (Last, First, Middle Initial) Wayne Bruce Hughes, Dr.							
Mailing Address PO Box 9010		M M / D D / Y					
City	State Zip Code	Transaction ID: SA11AI.34671					
Kokomo	IN 46904-9010	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		1000.00					
Name of Employer St. Joseph Hosp & Health	Occupation Pathologist						
<u>Ctr</u> Receipt For:	Aggregate Year-to-Date V	1					
Primary General Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial) E. Michael Jackson, Dr.		Date of Receipt					
Mailing Address Department of Path 551 Hillcountry Dr	07 / 16 / Y Y Y Y 099						
City	State Zip Code	Transaction ID: SA11AI.34610					
Kerrville FEC ID number of contributing federal political committee.	TX 78028-5329	Amount of Each Receipt this Period					
Name of Employer Peterson Regional Medical Ctr.	Occupation Pathologist	_					
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General Other (specify) ▼	700.00						
Full Name (Last, First, Middle Initial) H Robert Jessen, Dr.		Date of Receipt					
Mailing Address 3530 Fannin St		07 30 Y Y Y Y 099					
City	State Zip Code	Transaction ID: SA11AI.34511					
Beaumont	TX 77701-3805	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Diagnostic Pathology Asso- ciates LLP	Occupation Pathologist						
Receipt For:	Aggregate Year-to-Date V						
Primary General Other (specify) ▼	250.00						
		1750.00					
SUBTOTAL of Receipts This Page (optional	al)						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/36 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports a or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee							
Full Name (Last, First, Middle Initial) Revel Lawrence Johnson, Dr.	(, , ,							
Mailing Address 1923 S Utica Ave	07 / D D / Y Y Y Y 07 17 2009							
City	State Zip Code	Transaction ID: SA11AI.34656						
Tulsa	OK 74104	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer St John Med Ctr	Occupation Pathologist]						
Receipt For: Primary General	Aggregate Year-to-Date							
Other (specify)	400.00							
Full Name (Last, First, Middle Initial) S. Peter Johnson, Dr.		Date of Receipt						
	Mailing Address Clinical Laboratory 1600 South Andrews Avenue							
City	State Zip Code	Transaction ID: SA11AI.34494						
Ft Lauderdale FEC ID number of contributing federal political committee.	FL 33316	Amount of Each Receipt this Period 250.00						
Name of Employer Broward General Med Ctr	Occupation Pathologist	-						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	250.00							
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.		Date of Receipt						
Mailing Address Pathology & Clinic 725 North Street	al Labs	M M / D D / Y Y Y Y 07 / 30 / 2009						
City	State Zip Code	Transaction ID: SA11AI.34483						
Pittsfield FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00						
Name of Employer Berkshire Health Systems	Occupation							
Receipt For:	Pathologist Aggregate Year-to-Date V	-						
Primary General Other (specify) ▼	1000.00							
SURTOTAL of Receipts This Receiver	nal)	1650.00						
	mber only)							

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f E	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $19/36$ (check only one)Image: Check only one)Image: X mark11bImage: A mark11bImage
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	itical Action Com	nmittee	
A.	Full Name (Last, First, Middle Initial) Carl Randal Juengel, Dr.	Date of Receipt		
	Mailing Address Integris Southwest Me Dept Of Pathology	edical Center		07 / D D / Y Y Y Y 091 2009
	City	State	Zip Code	Transaction ID: SA11AI.34535
	Oklahoma City	OK	73109-3413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Integris Southwest Medical Center	Occupation Pathologist		
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General Other (specify) ▼	0 0 0	250.00]
— В.	Full Name (Last, First, Middle Initial) H Richard Kelty, Dr.			Date of Receipt
	Mailing Address 3664 Twin Lake Ridge			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.34687
	Westlake Village	CA	91361-3927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Los Robles Reg Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0 0	500.00	
– c.	Full Name (Last, First, Middle Initial) D Joseph Khoury, Dr.	1		Date of Receipt
	Mailing Address Dept of Path 4230 Burnham Ave			07 15 Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.34624
	Las Vegas	NV	89119-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Quest Diag	Occupation Pathologist		
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	•		800.00
F	TOTAL This Period (last page this line number		-	

ſ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 36 (check only one) 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	o solicit contributions from such committee.	
	College of American Pathologists F	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) L Walter Lamar, Dr.		Date of Receipt
	Mailing Address Dept of Path 1923 S Utica Ave		07 / 17 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34658
	Tulsa	OK 74104-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer St John Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	400.00	
– B.	Full Name (Last, First, Middle Initial) H. William Lanehart, Dr.		Date of Receipt
	Mailing Address 99 Vine Avenue		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.34470
	Clifton Forge	VA 24422-9626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Alleghany Reg Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Thomas William Leeburg, Dr.		Date of Receipt
0.	Mailing Address 8774 West R Avenu	Je	07 30 2009
	City Kalamazoo	State Zip Code MI 49009-9009	Transaction ID: SA11AI.34490
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Bronson Methodist Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ		-	900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 36 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee					
Full Name (Last, First, Middle Initial) A. R Stephen Lyle, Dr.						
Mailing Address 156 Walnut St		07 / D D / Y Y Y Y 02009				
City	State Zip Code	Transaction ID: SA11AI.34693				
Wellesley FEC ID number of contributing federal political committee.	MA 02481-3335	Amount of Each Receipt this Period 300.00				
Name of Employer UMass Mem Hith Care	Occupation Pathologist	-				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	_				
Full Name (Last, First, Middle Initial) 8. W. Alvin Martin, Dr.		Date of Receipt				
Mailing Address Cpa Laboratory 2307 Greene Wa	07 / D D / Y Y Y Y 2009					
City Louisville	State Zip Code KY 40220-4009	Transaction ID: SA11AI.34586 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Norton Healthcare	Occupation Pathologist	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Ray Mark Matthews, Dr.	I	Date of Receipt				
Mailing Address 25523 Painted Ro	Mailing Address 25523 Painted Rock					
City	State Zip Code	0 7 1 6 2 0 0 9 Transaction ID: SA11AI.34601				
San Antonio	TX 78255-9543	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		500.00				
Name of Employer Path Ref Lab	Occupation Pathologist					
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (option	nal)	1050.00				
TOTAL This Period (last page this line nu	Imber only)					

ſ	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/36 (check only one) 11a X 11a 11b 13 14 15 16
	Any information copied from such Reports and S or 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	tical Action	Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) D. John Milam, Dr.			Date of Receipt
	Mailing Address Dept of Path & Lab Me 6431 Fannin St	22	07 / D D / Y Y Y Y 02 2009	
	City	State	Zip Code	Transaction ID: SA11AI.34714
	Houston	TX	77030-1501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University of Texas-Houst- on Medical Sc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
- B.	Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani			Date of Receipt
	Mailing Address Dept Of Path Internal 800 E 28th St	Zip 11136		07 / D D / Y Y Y Y 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.34466
	Minneapolis	MN	55407-3723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Abbott Northwestern Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
– C.	Full Name (Last, First, Middle Initial) P Diosdado Non, Dr.	1		Date of Receipt
	Mailing Address 418 Cassville Rd			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.34588
	Jackson	NJ	08527-4720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ocean County Med Labs	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1750.00
┝	SUBICIAL OF NECERDIS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso	FOR LINE NUMBER:PAGE 23 / 36(check only one)11c12X11a11b11c121314151617on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit			o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) P. Steven Olson, Dr.			Date of Receipt
	Mailing Address 1000 E 21st Suite 4100			M M / D D / Y Y Y Y 07 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.34612
	Sioux Falls	SD	57105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Physicians Laboratory Ltd	Occupation Pathologis		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	250.00]
в.	Full Name (Last, First, Middle Initial) O James Palmer, Dr.	1		Date of Receipt
	Mailing Address Dept of Path 1923 S Utica Ave		7.0.1	07 / 17 2009
	City Tulsa	State OK	Zip Code	Transaction ID: SA11AI.34660
	FEC ID number of contributing federal political committee.	C	74104-6520	Amount of Each Receipt this Period 400.00
	Name of Employer St John Med Ctr	Occupation Pathologis		
	Receipt For:	Aggregate '	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00]
C.	Full Name (Last, First, Middle Initial) De Jesus Elpidio Pena, Dr.			Date of Receipt
	Mailing Address 120 E Main St Apt 141			07 / 30 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.34704
	Lexington	KY	40507-1348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Univ of Kentucky Hosp	Occupation pathologis	sts	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 300.00]
	SUBTOTAL of Receipts This Page (optional)	-		950.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		se separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 24 / 36 (check only one)		
		etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any perso or for commercial purposes, other than using the name and address of any political committee to				
NAME OF COMMITTEE (In Full)	iaal Aatian Oana				
College of American Pathologists Polit	ical Action Com	mittee			
Full Name (Last, First, Middle Initial) Abraham Philip			Date of Receipt		
Mailing Address Department of Patholo 10500 Montgomery Rd			M M / D D / Y Y Y Y 07 09 2009		
City		Zip Code	Transaction ID: SA11AI.34486		
Cincinnati	OH	45242-4402	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer Bethesda North Hosp	Occupation Pathologist				
Receipt For:	Aggregate Year	r-to-Date 🔻			
 Primary General Other (specify) ▼ 		400.00]		
Full Name (Last, First, Middle Initial) David Alan Pierce, Dr.	I		Date of Receipt		
Mailing Address 8201 West Broward Blvd			M M / D D / Y Y Y Y 07 16 2009		
City	State	Zip Code	Transaction ID: SA11AI.34727		
Plantation	<u> </u>	33324	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Westside Regional Med Ctr	Occupation Pathologist				
Receipt For:	Aggregate Year	r-to-Date 🔻			
Other (specify) ▼	0 0 0	250.00]		
Full Name (Last, First, Middle Initial) L. Robert Randell, Dr.	1		Date of Receipt		
Mailing Address Pathology Department 601 E Rollins St			M M / D D / Y Y Y Y Y O O O O		
City		Zip Code	Transaction ID: SA11AI.34519		
Orlando	<u>FL</u>	32803-1248	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		714.00		
Name of Employer Florida Hosp	Occupation pathologists				
Receipt For:	Aggregate Yea	r-to-Date 🔻			
PrimaryGeneralOther (specify) ▼	0 0 0	714.00]		
SUBTOTAL of Receipts This Page (optional)	I	b	1364.00		
TOTAL This Period (last page this line number of					

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 25 / 36 (check only one) 11c X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
		e name and address of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee	
A.	Full Name (Last, First, Middle Initial) D Dennis Reinke, Dr.		Date of Receipt
	Mailing Address 1209 Brook Ave		07 30 Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34605
	Wichita Falls	TX 76301-4308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Pathology Associates	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) Image: Content of the second	1000.00	
— В.	Full Name (Last, First, Middle Initial) M. Cliff Richmond, Dr.		Date of Receipt
	Mailing Address 9600 Datapoint Dr		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.34602
	San Antonio	TX 78229-2028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Path Ref Lab	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) v	500.00	
с. –	Full Name (Last, First, Middle Initial) Y Jae Ro, Dr.		Date of Receipt
	Mailing Address Dept of Path 6565 Fannin		07 / 23 / Y Y Y Y 2009
	City Houston	State Zip Code TX 77030	Transaction ID: SA11AI.34566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer The Methodist Hospital	Occupation Pathologists	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00]
Γ	SUBTOTAL of Receipts This Page (optional).	۱ 	1750.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any person name and address of any political committee to	FOR LINE NUMBER: PAGE 26 / 36 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 10 17
	College of American Pathologists Politi	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Rene Rone		Date of Receipt
	Mailing Address 21 Villa Verde		07 16 Y Y Y Y Y 2009
	City San Antonio	State Zip Code TX 78230-2756	Transaction ID: SA11AI.34763
	FEC ID number of contributing federal political committee.	TX 78230-2756	Amount of Each Receipt this Period
	Name of Employer unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Leonidas Vasiliki Saitas, Dr. Mailing Address 92 Eastview Ave		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.34716
	Mahwah	NJ 07430-1268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Urology Specialty Care, PA	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00]
С.	Full Name (Last, First, Middle Initial) A. Victor Saldivar, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 9600 Datapoint Dr		07 ^{//} ^{DDD} / <u>YYYY</u> 07 ^{//} 16 ^{//} 2009
	City <u>San Antonio</u>	State Zip Code TX 78229-2028	Transaction ID: SA11AI.34603
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Path Ref Lab	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)	•	2500.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 36 (check only one) 11c 12 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 e name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action C	committee	
A.	Full Name (Last, First, Middle Initial) R. William Schmalhorst, Dr.			Date of Receipt
	Mailing Address Physicians Automated 2801 H St	d Lab Inc		07 07 Y Y Y Y 2009
	City	State CA	Zip Code	Transaction ID: SA11AI.34611
	Bakersfield FEC ID number of contributing federal political committee.	C	93309	Amount of Each Receipt this Period 400.00
	Name of Employer Kern Pathology Med Group	Occupation Pathologis	st	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
в.	Full Name (Last, First, Middle Initial) Robin Beth Schwartz, Dr. Mailing Address 74 River Oaks Cir			Date of Receipt
	City	State	Zip Code	07 30 2009 Transaction ID: SA11AI.34523
	Baltimore	MD	21208-6355	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Greater Baltimore Med Ctr	Occupation Pathologis		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
- C.	Full Name (Last, First, Middle Initial) Miles Sheldon Schwartz, Dr.			Date of Receipt
-	Mailing Address 777 Rural Ave			M M / D D / Y Y Y Y 07 30 2009
	City Williamsport	State PA	Zip Code 17701-3109	Transaction ID: SA11AI.34682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Susquehanna Health System	Occupation Pathologis		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 28 / 36 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions remeitide realizitions from such committee
	NAME OF COMMITTEE (In Full) College of American Pathologists Po		
Α.	Full Name (Last, First, Middle Initial) Igor Shendrik Mailing Address Dept of Path		Date of Receipt
	1923 S Utica Ave		07 17 2009
	City Tulsa	State Zip Code OK 74104-6520	Transaction ID: SA11AI.34662
	FEC ID number of contributing federal political committee.	OK 74104-6520	Amount of Each Receipt this Period 400.00
	Name of Employer St John Med Ctr	Occupation pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 400.00]
В.	Full Name (Last, First, Middle Initial) B Flora Shoaf, Dr. Mailing Address 16 Rail St		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.34590
	New Orleans	LA 70124-4409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Ochsner Clinic Fndn	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00]
с.	Full Name (Last, First, Middle Initial) Howard Byron Simmons, Dr. Mailing Address PO Box 25036		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.34499
	Woodbury	MN 55125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Central Reg Pathology Lab	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)	·····	950.00
	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 36 (check only one)
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		Detailed Summary Page	
	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 perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Poli	tical Action Committee	
A.	Full Name (Last, First, Middle Initial) Sawyer Randall Smith, Dr.		Date of Receipt
	Mailing Address 1414 Bayvista		07 / 0 / Y Y Y Y 0 0 / 30 / 2009
	City	State Zip Code	Transaction ID: SA11AI.34642
	Brandon	MS 39047-8654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Dominic-Jackson Mem Ho- sp	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
– B.	Full Name (Last, First, Middle Initial) Rae Cindi Starkey, Dr.		Date of Receipt
	Mailing Address Lab 1923 S Utica Ave		07 17 2009
	City	State Zip Code	Transaction ID: SA11AI.34664
	Tulsa	OK 74104-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer St John Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
- C.	Full Name (Last, First, Middle Initial) C Robert Stern, Dr.	I	Date of Receipt
	Mailing Address ADC Lab 4th FI S Win 12221 N Mo Pac Expy	,	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.34482
	Austin	TX 78758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Austin Diagnostic Clinic	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	1150.00
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	TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 36 (check only one) (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	s and Statements may not be sold or used by any persor ing the name and address of any political committee to	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) College of American Pathologist	s Political Action Committee					
Full Name (Last, First, Middle Initial) Julian Ken Takekoshi, Dr.		Date of Receipt				
Mailing Address 1500 E Shermar	n Blve	07 / ^D 07 / ² 009				
City	State Zip Code	Transaction ID: SA11AI.34561				
Muskegon FEC ID number of contributing federal political committee.	MI 49444	Amount of Each Receipt this Period 400.00				
Name of Employer Mercy Health Partners	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) R. James Taylor, Dr. Mailing Address Department of P	athology	Date of Receipt				
1923 S Utica Av		07 17 2009				
Tulsa	OK 74104-6520	Transaction ID: SA11AI.34665 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer Pathology Laboratory Assoc	Occupation Pathologist	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name (Last, First, Middle Initial) J Michael Teaford, Dr.		Date of Receipt				
Mailing Address Dept of Path 10 Medical Park	Dr	07 16 2009				
City	State Zip Code	Transaction ID: SA11AI.34604				
Asheville FEC ID number of contributing federal political committee.	NC 28803	Amount of Each Receipt this Period 250.00				
Name of Employer Pathologists Med Lab PA	Occupation Pathologist	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (opti	onal)	1050.00				
TOTAL This Period (last page this line r	umber only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 31 / 36 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
	or for commercial purposes, other than using the	name and address of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee					
Α.	Full Name (Last, First, Middle Initial) W. George Thomas, Dr.		Date of Receipt				
	Mailing Address 7101 Jahnke Rd.	Mailing Address 7101 Jahnke Rd.					
	City	State Zip Code	Transaction ID: SA11AI.34502				
	Richmond FEC ID number of contributing federal political committee.	VA 23225	Amount of Each Receipt this Period				
	Name of Employer Chippenham/Johnston-Willis Med Ctr	Occupation Pathologist					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	7				
в.	Full Name (Last, First, Middle Initial) Donovan Patrick Walker, Dr.		Date of Receipt				
	Mailing Address 10810 Executive Ctr Du Ste 100		M M / D D / Y				
	City	State Zip Code AR 72211	Transaction ID: SA11AI.34580				
	Little Rock FEC ID number of contributing federal political committee.	AR 72211	Amount of Each Receipt this Period				
	Name of Employer Nephropathology Associates	Occupation Pathologist					
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 2500.00					
C.	Full Name (Last, First, Middle Initial) Anthony Paul Walker, Dr.		Date of Receipt				
	Mailing Address Dept of path 160 N Midland Ave		07 / 16 / Y Y Y Y 2009				
	City Nvack	State Zip Code NY 10960	Transaction ID: SA11AI.34587 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Nyack Hospital	Occupation Pathologist					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
	SUBTOTAL of Receipts This Page (optional)		3000.00				
	TOTAL This Period (last page this line number	only)					

		Use separate schedule(s) for each category of the Detailed Summary Page	
		e name and address of any political committee to	solicit contributions from such committee.
	College of American Pathologists Pol	itical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Sherry Margaret Wehner, Dr.		Date of Receipt
	Mailing Address 9600 Datapoint Dr		07 16 Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34607
	San Antonio	TX 78229-2028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Pathology Ref Anatomic Lab	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	500.00	
В.	Full Name (Last, First, Middle Initial) O. James White, Dr.		Date of Receipt
	Mailing Address 2001 Webber St		07 / 30 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.34631
	Sarasota FEC ID number of contributing federal political committee.	FL 34239	Amount of Each Receipt this Period 800.00
	Name of Employer Sarasota Pathology	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	800.00	
С.	Full Name (Last, First, Middle Initial) S. David Wilkinson, Dr.	1	Date of Receipt
	Mailing Address Department of Pathole PO Box 980662	-	07 / D D / Y Y Y Y 0 7 / 23 / 2009
	City Richmond	State Zip Code VA 23298-0662	Transaction ID: SA11AI.34720
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer VCU Health System	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	500.00	
	SUBTOTAL of Receipts This Page (optional) .	·	1800.00
	TOTAL This Period (last page this line number	·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each categ Detailed Sumr	ory of the	FOR LINE NUMBER: PAGE 33 / 36 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	y not be sold or us dress of any polition	ed by any person al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	College of American Pathologists Politic	cal Action (Committee		
•	Full Name (Last, First, Middle Initial)				Data of Dessist
Α.	Jin Zhang				Date of Receipt
	Mailing Address 26 Waters Edge Way			07 / 17 / Y Y Y Y 099	
	City	State	Zip Code		Transaction ID: SA11AI.34475
	San Antonio	ТХ	78248-1021		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		U	500.00
	Name of Employer Ameripath South Texas	Occupation Patholog			
	Receipt For: Primary General Other (specify) ▼	Aggregate	• Year-to-Date 🔻	500.00	

SUBTOTAL of Receipts This Page (optional)	►	500.00
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any political committee to solid contributions from such committee NAME GF 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 Purpose of Disbursement Bank Service Charges Cardidate Name Office Sought: House Purpose of Disbursement Bank Service Charges Category/ Type Office Sought: House Purpose of Disbursement Bank Service Charges Category/ Type Office Sought: House Purpose of Disbursement Bank Service Charges Category/ Candidate Name Disbursement For: President State: Disbursement For: Primary General Other (specify) Mailing Address P.O. Box 85024 City State City State Disbursement Sinate Disturs		for each category of the	١.	X	21b	22	\square				П		\square
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 Senate Category/ Type Office Sought: House Disbursement For: District: Senate Office Sought: House Disbursement For: District: Transaction ID: SB21B.34769 Sun Trust Bank Other (specify) ▼ Amount of Each Disbursement ID: State: Transaction ID: SB21B.34769 Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement ID: State: SB21B.34769 Out rust Bank Disbursement For: District: Amount of Each Disbursement ID: State: Y 2 0 0 9 Office Sought: House Disbursement Bank Service Charges Amount of Each Disbursement ID: State: Y 2 0 0 9 Office Sought: House Disbursement For: Disbursement Bank Service Charges Amount of Each Disbursement ID: State: Y 2 0 0 9 Office Sought: House Disbursement For: Disbursement For:				ny p	erson fo	or the pu		se of s		iting co		outions	
Sun Trust Bank Mailing Address P.O. Box 85024 Mailing Address P.O. Box 85024 Date of Disbursement Oily State Zip Code Richmond VA 23285 Purpose of Disbursement Bank Service Charges Gate of Disbursement this Period Candidate Name Disbursement For: Office Sought: Senate Britic: Disbursement For: Office Sought: Senate State: Disbursement For: Office Sought: Senate State: Disbursement For: Office Sought: Senate Sun Trust Bank Mailing Address P.O. Box 85024 Amount of Each Disbursement for: Mailing Address P.O. Box 85024 Amount of Each Disbursement for: Office Sought: Bank Service Charges Gate of Disbursement For: Office Sought: Senate Disbursement For: Office Sought: House Disbursement For: Other (spacify) Transaction ID: SE21B.34770 Sun Trust Bank Mailing Address P.O. Box 85024 Amount of Each Disbursement Mis Period Nount of Each Disbursement Mis Period Sun Trust Bank Mailing Address		Action Committee											
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Bank Service Charges Category/ Type Office Sought: House Senate Service Charges Disbursement For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Sun Trust Bank Transaction ID: SB21B.34769 Date of Disbursement Mailing Address Mailing Address P.O. Box 85024 City State Purpose of Disbursement Bank Service Charges Category/ Type Candidate Name Disbursement For: President Gandidate Name Disbursement For: President State: Disbursement Disbursement Mailing Address P.O. Box 85024 City State City State Category/ Type 13 / 2 0 0 9 Mailing Address P.O. Box 85024 City State Category/ Type 13 / 2 0 0 9 Office Sought: House President Senate Disbursement For: President Category/ Type<						Amou	unt o	f Each	h Di	sburse	-		
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Senate President State: District: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State Purpose of Disbursement Bark Service Charges Candidate Name Office Sought: House Disbursement Eark State: District: Purpose of Disbursement Bank Mailing Address P.O. Box 85024 Amount of Each Disbursement this Per Candidate Name Category/ Type Office Sought: House Disbursement Eor: Category/ Type Sun Trust Bank Transaction ID: SB21B.34770 Date of Disbursement Mailing Address P.O. Box 85024 City State Zip Code Richmond VA Z3285 Purpose of Disbursement Bank Service Charges Amount of Each Disbursement this Per City State Zip Code Richmond VA Z3285 Purpose of Disbursement Bank Service Charges Amount of Each Disbursement this Per Category/ Type Office				•	-								
Sun Trust Bank Date of Disbursement Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Bank Service Charges Amount of Each Disbursement this Per Candidate Name District: Category/ Type Office Sought: House Disbursement For: State: District: Category/ Type Transaction ID: SB21B.34770 Sun Trust Bank Other (specify) ▼ Transaction ID: SB21B.34770 Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement VA 23285 Office Sought: House Disbursement For:	Senate President	Primary General											
City State Zip Code Richmond VA 23285 Purpose of Disbursement Bank Service Charges 3.15 Candidate Name Category/ Type Transaction ID: SB21B.34770 Office Sought: House Disbursement For: Senate President State: District: Other (specify) Transaction ID: SB21B.34770 Sun Trust Bank Mailing Address P.O. Box 85024 Mount of Each Disbursement this Per City State Zip Code Amount of Each Disbursement this Per Purpose of Disbursement State Zip Code Amount of Each Disbursement this Per City State Zip Code Amount of Each Disbursement this Per Purpose of Disbursement Category/ Type Y 2 0 0 9 Amount of Each Disbursement this Per Office Sought: House Disbursement For: Category/ Type Ze335 Office Sought: House Disbursement For: Category/ Type Ze335 Office Sought: House Disbursement For: Category/ Type Ze335 Office Sought: House Disbursement For:								isburs	sem	ent	3.34	769	
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Bank Service Charges Category/ Type Office Sought: House President State: Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Sun Trust Bank Transaction ID: Sun Trust Bank Mailing Address P.O. Box 85024 Ø 7 M / P 1 3 / Y 2 0 0 9 City State Richmond VA Purpose of Disbursement Bank Service Charges Candidate Name O 7 M / P 1 3 / Y 2 0 0 9 Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Other (specify) ▼						Amou	unt o	f Each	h Di	sburse	men	-	
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Senate Primary General President Other (specify) ▼ State: District: Transaction ID: SB21B.34770 Sun Trust Bank Transaction ID: SB21B.34770 Mailing Address P.O. Box 85024 07 1 3 ′ 2 0 0 9 City State Zip Code Richmond VA 23285 Purpose of Disbursement Amount of Each Disbursement this Per Bank Service Charges Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: State: District: Other (specify)				-	-								
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City State Zip Code Richmond VA 23285 Purpose of Disbursement 28.35 Bank Service Charges Category/ Type Candidate Name Category/ Type Office Sought: House President Disbursement For: President Other (specify) State: District:										-	3.34	770	
Richmond VA 23285 Purpose of Disbursement Bank Service Charges 28.35 Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Mailing Address P.O. Box 85024						М	/ D	13	/ Y	ž	o ò s) Y
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼	Bank Service Charges					L.						28.35	5
Senate Primary General President Other (specify) ▼													
	Senate President	Primary General											
SUBTOTAL of Disbursements This Page (optional) 608.04					►						60)8.04	

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

S	SCHEDULE B (FEC Form 3)		e schedule(s)	FOR LINE	-	PAGE 35/36
ľ	TEMIZED DISBURSEMENTS	for each cate Detailed Sun	gory of the	(check only X 21b 27	7 one) 22 23 28a 28b	24 25 26 28c 29 30b
	Any Information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and address of	f any political co			
۷ A.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024				Transaction ID:SDate of Disbursemed 077^{M} 20^{D}	ent
	City Richmond Purpose of Disbursement		p Code 3285			sbursement this Period 157.64
	Bank Service Charges Candidate Name Office Sought: House	Disbursement For:		Category/ Type		
	State: District:	Primary Other (specify	General) ▼			
в.	Full Name (Last, First, Middle Initial) Sun Trust Bank				Transaction ID: S	ent
	Mailing Address P.O. Box 85024 City Richmond		p Code 3285		0 7 2 0 Amount of Each Di	sbursement this Period
	Purpose of Disbursement Bank Service Charges Candidate Name		[Category/		50.50
	Office Sought: House I Senate President	Disbursement For: Primary Other (specify	General	Туре		
	State: District:	(1p.50n)	/ T			

		EEC Schodule B / Form 2V / Deviced 00/
TOTAL This Period (last page this line number only)	►	816.18
SUBTOTAL of Disbursements This Page (optional)	•	208.14

FE6AN026

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

			G (FEC Form 3 BURSEMEN	· ·	for each o	arate schedule(s) category of the Summary Page		R LINE leck only 21b 27	y or		R:	23 28b		24 28c	GE	36 / 3 25 29	6 26 30	
		for commercial purp NAME OF COMM	· · · ·	ig the name	and addres	ss of any political			for t	he pu		e of s		ting co		outions		_
A.	College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. MCNERNEY FOR CONGRESS						 			Frans a Date c		-	-	B23.3	347	64		
		Mailing Address	6520 Village Pa Second Floor	-	State	Zip Code				0 ^M 7) 2	/ Y		0 0 9		_
		Dublin Purpose of Disbur	sement	-	CA	94568	0	_				Laci				00.00		
Candidate Name					ateg Typ													
		Office Sought:	X House Senate President		ment For: Primary Other (spe	2010 General ecify) ▼												
		State: CA	District: 11															

	SUBTOTAL of Disbursements This Page (optional)	►	1000.00
	TOTAL This Period (last page this line number only)	►	1000.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)