

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW  
Suite 590  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 11 19 2009

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 Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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) .....	0.00	0.00
(d) Total Contributions (add Lines 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
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made 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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	283679.78
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
29. Other Disbursements.....	0.00	0.00
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1816.18	290511.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1816.18	290511.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
E Mary Adams, Dr.

Mailing Address 1255 W Washington St

City State Zip Code  
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Clin-Path Associates, P.C. Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2009

**Transaction ID:** SA11AI.34639

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
L. Shari Addington, Dr.

Mailing Address 416 Spring Mill Drive

City State Zip Code  
Kerrville TX 78028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ameripath South Texas Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** SA11AI.34761

Amount of Each Receipt this Period  
700.00

**C.**

Full Name (Last, First, Middle Initial)  
W Matthew Andres, Dr.

Mailing Address Lab  
1111 Sixth Ave

City State Zip Code  
Des Moines IA 50314-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Med Ctr-Des Moines Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

**Transaction ID:** SA11AI.34564

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 7 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Ariano

Mailing Address Department of Pathology  
25 North Winfield Road

City Winfield State IL Zip Code 60190

FEC ID number of contributing federal political committee. C

Name of Employer Central DuPage Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34497

Amount of Each Receipt this Period 2300.00

**B.** Full Name (Last, First, Middle Initial)  
G. Ronald Bardawil, Dr.

Mailing Address Department of Pathology  
275 Sandwich Street

City Plymouth State MA Zip Code 02360

FEC ID number of contributing federal political committee. C

Name of Employer Jordan Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34541

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michelle Tammy Battaglia, Dr.

Mailing Address 1102 E Centennial Dr

City Pittsburg State KS Zip Code 66762-6643

FEC ID number of contributing federal political committee. C

Name of Employer St John Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
07 / 17 / 2009

Transaction ID: SA11AI.34644

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2950.00

**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: (check only one)	PAGE 8 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 1255 W Washington St	<b>Transaction ID:</b> SA11AI.34638
	City State Zip Code Tempe AZ 85281-1210	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) K. James Billman, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 1520 7th St 6th Floor	<b>Transaction ID:</b> SA11AI.34567
	City State Zip Code Moline IL 61265-2986	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Metropolitan Medical Lab	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) O. Cathy Blight, Dr.	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address Department of Pathology One Hurley Plaza	<b>Transaction ID:</b> SA11AI.34531
	City State Zip Code Flint MI 48503	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hurley Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1708.00
<b>TOTAL</b> 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 9 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
J. David Blomberg, Dr.  
Mailing Address 1314 South Ridge Rd  
City Duluth State MN Zip Code 55804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Arrowhead Pathologists PA Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: SA11AI.34478  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
M Robert Bradley, Dr.  
Mailing Address 1211 Union Ave Ste 300  
City Memphis State TN Zip Code 38104-6655  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Duckworth Pathology Group Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 26 / 2009  
Transaction ID: SA11AI.34513  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
E George Branam, Dr.  
Mailing Address ECIP PC  
2401 W University Ave  
City Muncie State IN Zip Code 47303-3428  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PA Labs LLC Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 07 / 23 / 2009  
Transaction ID: SA11AI.34598  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 10 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Hugo Jerry Broman, Dr.

Mailing Address 1005 Byers Ave

City Chambersburg State PA Zip Code 17201-3817

FEC ID number of contributing federal political committee. **C**

Name of Employer Chambersburg Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: SA11AI.34501  
Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial)  
B. James Cash, Dr.

Mailing Address Laboratory  
2693 Forest Hills Rd

City Wilson State NC Zip Code 27893

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Carolina Pathology, Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2009  
Transaction ID: SA11AI.34516  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
James Steven Casner, Dr.

Mailing Address Laboratory Department  
3500 E Frank Phillips Blvd

City Bartlesville State OK Zip Code 74006-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer Jane Phillips Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 17 / 2009  
Transaction ID: SA11AI.34540  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1015.00

**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 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
D. James Cason, Dr.

Mailing Address 1255 W Washington St

City State Zip Code  
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Clin-Path Associates, P.C. Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34637

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Curtis Joseph Coleman, Mr.

Mailing Address 151 Claiborne Dr

City State Zip Code  
Jackson TN 38305-9787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jackson-Madison Cnty Gen Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34538

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
L Linda Cook, Dr.

Mailing Address 28 Cedarwood Dr

City State Zip Code  
Morgantown WV 26505-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Monongalia General Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34573

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**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 12 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
A Barbara Crothers, Col

Mailing Address 6481 Topsails Ln

City Springfield State VA Zip Code 22150-7837

FEC ID number of contributing federal political committee. **C**

Name of Employer 44th Path Team Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.34465

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
C. Terrence Dolan

Mailing Address Regional Medical Lab  
1923 S Utica Ave

City Tulsa State OK Zip Code 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer St John Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2009

**Transaction ID:** SA11AI.34646

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Lawton Keith Duncan, Dr.

Mailing Address Department Of Pathology  
1501 Trousdale Dr

City Burlingame State CA Zip Code 94010-4506

FEC ID number of contributing federal political committee. **C**

Name of Employer Peninsula Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.34609

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 13 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
B James Durham, Dr.  
Mailing Address 2850 SW Fairmount Blvd  
City Portland State OR Zip Code 97239-1435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence Portland Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.34619  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
R. Renee Ellerbroek, Dr.  
Mailing Address Department of Pathology  
1212 Pleasant Street  
City Des Moines State IA Zip Code 50309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Iowa Pathology Assocs, PC Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 07 / 01 / 2009  
Transaction ID: SA11AI.34536  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
F. William Fitter, Dr.  
Mailing Address Dept of Path  
1923 S Utica Ave  
City Tulsa State OK Zip Code 74104-6520  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St John Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 07 / 17 / 2009  
Transaction ID: SA11AI.34648  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00  
**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 14 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lemmel Paul Gelven, Dr.

Mailing Address 272 S Longwood Rd

City State Zip Code  
Ponca City OK 74604-5195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St John Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

Transaction ID: SA11AI.34650

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel John Gentry, Dr.

Mailing Address 7423 N 118th Cir

City State Zip Code  
Omaha NE 68142-1624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of Nebraska Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34710

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
J. Joseph Goswitz, Dr.

Mailing Address 311 Woodlawn Avenue

City State Zip Code  
St. Paul MN 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unaffiliated Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

Transaction ID: SA11AI.34562

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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: (check only one)	PAGE 15 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) T. Clarke Harding, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 2007 Greenbrier Drive	<b>Transaction ID:</b> SA11AI.34741
	City State Zip Code Collinsville IL 62234	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer unaffiliated Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) D. Brent Hartsell, Dr.	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address 1923 S Utica Ave	<b>Transaction ID:</b> SA11AI.34651
	City State Zip Code Tulsa OK 74104	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St John Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Devereux Henry Haskell, Dr.	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address Lab Dept 1923 S Utica Ave	<b>Transaction ID:</b> SA11AI.34653
	City State Zip Code Tulsa OK 74104-6520	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St John Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> 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 16 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
W. William Hinchey, Dr.

Mailing Address 601 Canterbury Hill St

City State Zip Code  
San Antonio TX 78209-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 16 / 2009

Transaction ID: SA11AI.34760

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
William Dan Hobohm, Dr.

Mailing Address Dept of Path  
2601 E Roosevelt St

City State Zip Code  
Phoenix AZ 85008-4973

FEC ID number of contributing federal political committee. **C**

Name of Employer Maricopa Integrated Health System Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34553

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
C Stephanie Holt, Dr.

Mailing Address Lab  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer St John Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11AI.34655

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**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 17 / 36  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Wayne Bruce Hughes, Dr.  
Mailing Address PO Box 9010  
City State Zip Code  
Kokomo IN 46904-9010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Joseph Hosp & Health Ctr. Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: SA11AI.34671  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
E. Michael Jackson, Dr.  
Mailing Address Department of Pathology 551 Hillcountry Dr  
City State Zip Code  
Kerrville TX 78028-5329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Peterson Regional Medical Ctr. Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.34610  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
H Robert Jessen, Dr.  
Mailing Address 3530 Fannin St  
City State Zip Code  
Beaumont TX 77701-3805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Diagnostic Pathology Associates LLP Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: SA11AI.34511  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 18 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Revel Lawrence Johnson, Dr.  
Mailing Address 1923 S Utica Ave  
City State Zip Code  
Tulsa OK 74104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St John Med Ctr Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 07 / 17 / 2009  
Transaction ID: SA11AI.34656  
Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
S. Peter Johnson, Dr.  
Mailing Address Clinical Laboratory  
1600 South Andrews Avenue  
City State Zip Code  
Ft Lauderdale FL 33316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Broward General Med Ctr Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 07 / 09 / 2009  
Transaction ID: SA11AI.34494  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
L. Rebecca Johnson, Dr.  
Mailing Address Pathology & Clinical Labs  
725 North Street  
City State Zip Code  
Pittsfield MA 01201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Berkshire Health Systems Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 07 / 30 / 2009  
Transaction ID: SA11AI.34483  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00  
**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 19 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carl Randal Juengel, Dr.

Mailing Address Integris Southwest Medical Center  
Dept Of Pathology

City State Zip Code  
Oklahoma City OK 73109-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Integris Southwest Medical Center Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2009

Transaction ID: SA11AI.34535

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
H Richard Kely, Dr.

Mailing Address 3664 Twin Lake Ridge

City State Zip Code  
Westlake Village CA 91361-3927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Los Robles Reg Med Ctr Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34687

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
D Joseph Khoury, Dr.

Mailing Address Dept of Path  
4230 Burnham Ave

City State Zip Code  
Las Vegas NV 89119-5408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Quest Diag Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: SA11AI.34624

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
L Walter Lamar, Dr.

Mailing Address Dept of Path  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St John Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11AI.34658

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
H. William Lanehart, Dr.

Mailing Address 99 Vine Avenue

City State Zip Code  
Clifton Forge VA 24422-9626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alleghany Reg Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2009

Transaction ID: SA11AI.34470

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas William Leeburg, Dr.

Mailing Address 8774 West R Avenue

City State Zip Code  
Kalamazoo MI 49009-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bronson Methodist Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34490

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
R Stephen Lyle, Dr.  
Mailing Address 156 Walnut St  
City Wellesley State MA Zip Code 02481-3335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UMass Mem Hlth Care Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: SA11AI.34693  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
W. Alvin Martin, Dr.  
Mailing Address Cpa Laboratory 2307 Greene Way  
City Louisville State KY Zip Code 40220-4009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Norton Healthcare Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.34586  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ray Mark Matthews, Dr.  
Mailing Address 25523 Painted Rock  
City San Antonio State TX Zip Code 78255-9543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Path Ref Lab Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.34601  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**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 22 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
D. John Milam, Dr.

Mailing Address Dept of Path & Lab Med MSB 2.022  
6431 Fannin St

City State Zip Code  
Houston TX 77030-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas-Houston Medical Sc  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.34714

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Saeid Movahedi-Lankarani

Mailing Address Dept Of Path Internal Zip 11136  
800 E 28th St

City State Zip Code  
Minneapolis MN 55407-3723

FEC ID number of contributing federal political committee. **C**

Name of Employer Abbott Northwestern Hosp  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2009

Transaction ID: SA11AI.34466

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
P Diosdado Non, Dr.

Mailing Address 418 Cassville Rd

City State Zip Code  
Jackson NJ 08527-4720

FEC ID number of contributing federal political committee. **C**

Name of Employer Ocean County Med Labs  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34588

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 23 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
P. Steven Olson, Dr.

Mailing Address 1000 E 21st  
Suite 4100

City State Zip Code  
Sioux Falls SD 57105

FEC ID number of contributing federal political committee. **C**

Name of Employer: Physicians Laboratory Ltd   Occupation: Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34612

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
O James Palmer, Dr.

Mailing Address Dept of Path  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer: St John Med Ctr   Occupation: Pathologist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: M M / D D / Y Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11AI.34660

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
De Jesus Elpidio Pena, Dr.

Mailing Address 120 E Main St Apt 1413

City State Zip Code  
Lexington KY 40507-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer: Univ of Kentucky Hosp   Occupation: pathologists

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34704

Amount of Each Receipt this Period  
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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Abraham Philip	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address Department of Pathology 10500 Montgomery Rd	<b>Transaction ID:</b> SA11AI.34486
	City State Zip Code Cincinnati OH 45242-4402	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bethesda North Hosp Pathologist	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Alan Pierce, Dr.	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 8201 West Broward Blvd	<b>Transaction ID:</b> SA11AI.34727
	City State Zip Code Plantation FL 33324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Westside Regional Med Ctr Pathologist	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) L. Robert Randell, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address Pathology Department 601 E Rollins St	<b>Transaction ID:</b> SA11AI.34519
	City State Zip Code Orlando FL 32803-1248	Amount of Each Receipt this Period 714.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Florida Hosp pathologists	
	Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 714.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1364.00
<b>TOTAL</b> 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 25 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
D Dennis Reinke, Dr.

Mailing Address 1209 Brook Ave

City State Zip Code  
Wichita Falls TX 76301-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34605

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
M. Cliff Richmond, Dr.

Mailing Address 9600 Datapoint Dr

City State Zip Code  
San Antonio TX 78229-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Path Ref Lab Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2009

Transaction ID: SA11AI.34602

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Y Jae Ro, Dr.

Mailing Address Dept of Path  
6565 Fannin

City State Zip Code  
Houston TX 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer The Methodist Hospital Occupation Pathologists

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 23 / 2009

Transaction ID: SA11AI.34566

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 26 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Rene Rone

Mailing Address 21 Villa Verde

City San Antonio State TX Zip Code 78230-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 16 / 2009  
**Transaction ID: SA11AI.34763**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Leonidas Vasiliki Saitas, Dr.

Mailing Address 92 Eastview Ave

City Mahwah State NJ Zip Code 07430-1268

FEC ID number of contributing federal political committee. **C**

Name of Employer Urology Specialty Care, PA Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2009  
**Transaction ID: SA11AI.34716**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
A. Victor Saldivar, Dr.

Mailing Address Dept of Pathology  
9600 Datapoint Dr

City San Antonio State TX Zip Code 78229-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Path Ref Lab Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 16 / 2009  
**Transaction ID: SA11AI.34603**  
 Amount of Each Receipt this Period: 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)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
R. William Schmalhorst, Dr.

Mailing Address Physicians Automated Lab Inc  
2801 H St

City State Zip Code  
Bakersfield CA 93309

FEC ID number of contributing federal political committee. **C**

Name of Employer Kern Pathology Med Group      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.34611

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Robin Beth Schwartz, Dr.

Mailing Address 74 River Oaks Cir

City State Zip Code  
Baltimore MD 21208-6355

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Baltimore Med Ctr      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.34523

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Miles Sheldon Schwartz, Dr.

Mailing Address 777 Rural Ave

City State Zip Code  
Williamsport PA 17701-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer Susquehanna Health System      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** SA11AI.34682

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 28 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Igor Shendrik

Mailing Address Dept of Path  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer St John Med Ctr Occupation pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2009

Transaction ID: SA11AI.34662

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
B Flora Shoaf, Dr.

Mailing Address 16 Rail St

City State Zip Code  
New Orleans LA 70124-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Ochsner Clinic Fndn Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2009

Transaction ID: SA11AI.34590

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Howard Byron Simmons, Dr.

Mailing Address PO Box 25036

City State Zip Code  
Woodbury MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Reg Pathology Lab Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: SA11AI.34499

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sawyer Randall Smith, Dr.  
Mailing Address 1414 Bayvista

City State Zip Code  
Brandon MS 39047-8654

FEC ID number of contributing federal political committee. **C**

Name of Employer St Dominic-Jackson Mem Hosp  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34642

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Rae Cindi Starkey, Dr.  
Mailing Address Lab  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer St John Med Ctr  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

Transaction ID: SA11AI.34664

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
C Robert Stern, Dr.  
Mailing Address ADC Lab 4th Fl S Wing  
12221 N Mo Pac Expy

City State Zip Code  
Austin TX 78758

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin Diagnostic Clinic  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

Transaction ID: SA11AI.34482

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 30 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Julian Ken Takekoshi, Dr.

Mailing Address 1500 E Sherman Blve

City State Zip Code  
Muskegon MI 49444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Health Partners Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: SA11AI.34561

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
R. James Taylor, Dr.

Mailing Address Department of Pathology  
1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathology Laboratory Assoc Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

Transaction ID: SA11AI.34665

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
J Michael Teaford, Dr.

Mailing Address Dept of Path  
10 Medical Park Dr

City State Zip Code  
Asheville NC 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pathologists Med Lab PA Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

Transaction ID: SA11AI.34604

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 31 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
W. George Thomas, Dr.

Mailing Address 7101 Jahnke Rd.

City Richmond State VA Zip Code 23225

FEC ID number of contributing federal political committee. **C**

Name of Employer Chippenham/Johnston-Willis Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2009

Transaction ID: SA11AI.34502

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Donovan Patrick Walker, Dr.

Mailing Address 10810 Executive Ctr Dr Ste 100

City Little Rock State AR Zip Code 72211

FEC ID number of contributing federal political committee. **C**

Name of Employer Nephropathology Associates Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 30 / 2009

Transaction ID: SA11AI.34580

Amount of Each Receipt this Period 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Paul Walker, Dr.

Mailing Address Dept of path 160 N Midland Ave

City Nyack State NY Zip Code 10960

FEC ID number of contributing federal political committee. **C**

Name of Employer Nyack Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2009

Transaction ID: SA11AI.34587

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 32 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sherry Margaret Wehner, Dr.  
Mailing Address 9600 Datapoint Dr  
City San Antonio State TX Zip Code 78229-2028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pathology Ref Anatomic Lab Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.34607  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
O. James White, Dr.  
Mailing Address 2001 Webber St  
City Sarasota State FL Zip Code 34239  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sarasota Pathology Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: SA11AI.34631  
Amount of Each Receipt this Period 800.00

**C.** Full Name (Last, First, Middle Initial)  
S. David Wilkinson, Dr.  
Mailing Address Department of Pathology PO Box 980662  
City Richmond State VA Zip Code 23298-0662  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VCU Health System Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 23 / 2009  
Transaction ID: SA11AI.34720  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00  
**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 33 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Jin Zhang

Mailing Address 26 Waters Edge Way

City State Zip Code  
San Antonio TX 78248-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ameripath South Texas Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.34475

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	39737.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34768 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="576.54"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34769 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="3.15"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34770 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="28.35"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="608.04"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34771</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 157.64</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.34772</p> <p>Date of Disbursement 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 50.50</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

208.14

**TOTAL** This Period (last page this line number only) ..... ►

816.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESS

Transaction ID: SB23.34764

Date of Disbursement

Mailing Address 6520 Village Parkway  
Second Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

City State Zip Code  
Dublin CA 94568

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 11

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

1000.00
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TOTAL This Period (last page this line number only) .....

1000.00
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