FEC FORM 3X	AN	EPORT O ID DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING L		ample:If typing er the lines	, type			
College of America	street)	Political Action Cor						
Check if differ than previousl	ent L	/ashington			<u> </u>		20005 j	
2. FEC IDENTIFICAT	,	▼	CITY A		JEW N) <b>OR</b>		MENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) I5 Report(Q3) 31 Report(YE) Iid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elec Report fo (d) 30-Day Post -Elec	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4 tion r the:		May 20 (M5) Jun 20 (M6) Jul 20 (M7) ) 12C)	Aug	20 (M8) 20 (M9) 20 (M10) (12G) 12G) in the State	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) of
(TER)	on Report	Report fo	Election on				in the State	of
5. Covering Period	03	01 20	09	through	03	31	2009	
I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer <u>[</u> Ele <u>ctronically</u>	Dr. Renee R. Eller y Filed by Dr. Re	broek enee R. Ellerbro	ek	Da	ate 11	19	2009 S.C. 4370
Office Use			ormation may S	ioject trie persi		הפטטרו נס נחפ	FEC FOF	RM 3X
Only							(Rev. 12/20	)04)

A. Form/Schedule : F3XA Transaction ID : November 19, 2009 Revised due to internal audit. Checks were recorded on the FEC report that were internal transfers only. Image# 29935487539

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

3 / 52

١	Write or Type Committee Name College of American Pathologists Political Act	ion Committee	
F	Report Covering the Period: From:	D D Y Y Y Y 0 1 2 0 0 9	To: 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		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	150234.52	
	(c) Total Receipts (from Line 19)	57892.00	129237.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	208126.52	214043.66
7.	Total Disbursements (from Line 31)	96867.98	102785.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111258.54	111258.54
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	

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# 29935487540

#### 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: 0.3		To: 03 31 200
	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)	45408.00	97583.00
	(ii) Unitemized	12484.00	26154.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	57892.00	123737.00
	(b) Political Party Committees	0.00	0.00
	<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	57892.00	123737.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(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	5500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3.	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
Э.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57892.00	129237.00
).	Total Federal Receipts (subtract Line 18(c) from Line 19)	57892.00	129237.00

#### Image# 29935487541

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)		of Disbursements	5 / 5
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	867.98	1535.12
	(c) Total Operating Expenditures	007.00	
~~	(add 21(a)(i), (a)(ii) and (b))	867.98	1535.12
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	000000	101000.00
24.	and Other Political Committees Independent Expenditure	96000.00	101000.00
	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
20.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	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	0.0
	(ii) "Levin" Share	0.00	0.0
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.0
31.		96867.98	102785.1
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	00007.00	102703.1
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	96867.98	102785.1

5 / 52

0.00	
0.00	
0.00	
0.00	
102785.12	

102785.12

FEC Form 3X (Rev. 02/2003)

# DETAILED SUMMARY PAGE

of Disbursements

6 / 52

III. Net Contributions, Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other that from Line 11(d), page 3)	,	57892.00	123737.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>		0.00	250.00
5. Net Contributions (other than (subtract Line 34 from Line 3	,	57892.00	123487.00
6. Total Federal Operating Exp (add Line 21(a)(i) and Line 2		867.98	1535.12
7. Offsets to Operating Expend (from Line 15, page 3)		0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 3</li> </ol>	6)	867.98	1535.12

FE6AN026

SCHEDULE A (FEC Form 3	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 52
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) Othon Almanza		Date of Receipt
Mailing Address Hendrick Medical Pathology Departn		03 / <sup>D</sup> D / <u>Y Y Y</u> Y 03 26 2009
City	State Zip Code	Transaction ID: SA11AI.32799
Abilene	TX 79605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hendrick Health System	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ebrahim Amir-Mokri		Date of Receipt
Mailing Address Department of Pat 5645 W Addison S	St	M M         /         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.32880
Chicago FEC ID number of contributing federal political committee.	IL 60634	Amount of Each Receipt this Period
Name of Employer Our Lady of the Resurrect- ion Med Ctr	Occupation Pathologist	-
Receipt For:	Aggregate Year-to-Date ▼	-
Primary     General       Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Leonor Hazel Awalt, Dr.	I	Date of Receipt
Mailing Address Laboratory 18220 State Highv	vay 249 Rm 2285 1	M M         /         D D         /         Y Y Y Y         Y           03         26         2009
City	State Zip Code	Transaction ID: SA11AI.32854
Houston FEC ID number of contributing	TX 77070-4347	Amount of Each Receipt this Period
federal political committee.	Occupation	_
Name of Employer Methodist Willowbrook Hosp	Pathologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
	nber only)	

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 8 / 52 (check only one)
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor og 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) N Stephen Bauer, Dr.		Date of Receipt
Mailing Address Lab 6501 Coyle Ave		M         M         /         D         D         Y
City	State Zip Code	Transaction ID: SA11AI.32850
Carmichael	CA 95608-0306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Mercy San Juan Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2500.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Chafik Bengana		Date of Receipt
Mailing Address 2323 N Lake Dr		M M / D D / Y Y Y Y 03 / 18 / 2009
City	State Zip Code	Transaction ID: SA11AI.32945
Milwaukee	WI 53211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Mary's Hosp of Milwau- kee	Occupation Pathologist	-
Receipt For:	Aggregate Year-to-Date ▼	_
Primary     General       Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Robert Benyo, Dr.	I	Date of Receipt
Mailing Address Department of Pat 18901 Lake Shore	thology Blvd	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.32779
Euclid	OH 44119-1078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Euclid Hosp	Occupation Pathologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	nal)	3900.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 52         (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	tatements ma	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit			
لا A.	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.			Date of Receipt
	Mailing Address 1255 W Washington S	St		0 3 2 0 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.32761
	Tempe FEC ID number of contributing federal political committee.	AZ	85281-1210	Amount of Each Receipt this Period 208.00
	Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.00	
- В.	Full Name (Last, First, Middle Initial) F. Lynn Blake, Dr. Mailing Address 1601 Ailor Ave	I		Date of Receipt
	City	State	Zip Code	03 27 2009 Transaction ID: SA11AI.32840
	Knoxville	TN	37921-6702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Medic Regional Blood Ctr Receipt For:	Occupation Patholog	gist	
	Primary General Other (specify) ▼		e Year-to-Date 🔻 250.00	
- C.	Full Name (Last, First, Middle Initial) Mulkey Melissa Blann, Dr.			Date of Receipt
	Mailing Address 3810 152nd St			M M / D D / Y Y Y Y 03 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.32861
	Lubbock FEC ID number of contributing federal political committee.	TX C	79423-6310	Amount of Each Receipt this Period
	Name of Employer Covenant Med Ctr-Lakeside	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1458.00
ľ	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 / 52           (check only one)			
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee				
A.	Full Name (Last, First, Middle Initial) Marco Burenko		Date of Receipt			
	Mailing Address Laboratory Services PO Box 320069		03 / 26 / Y Y Y Y 2009			
	City	State Zip Code	Transaction ID: SA11AI.32750			
	Cocoa Beach	FL 32932-0069	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		500.00			
	Name of Employer Cape Canaveral Hospital	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼	-			
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00				
- B.	Full Name (Last, First, Middle Initial) Strong Susan Cannon, Dr.	I	Date of Receipt			
	Mailing Address Department of Patholo 1220 Jefferson Street	ду	M         M         /         D         D         /         Y			
	City	State Zip Code MS 39441-0607	Transaction ID: SA11AI.32920			
	Laurel FEC ID number of contributing federal political committee.	MS 39441-0607	Amount of Each Receipt this Period			
	Name of Employer South Central Regional Med Ctr	Occupation Pathologist	_			
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary     General       Other (specify) ▼	250.00				
- C.	Full Name (Last, First, Middle Initial) J. William Castellani, Dr.	1	Date of Receipt			
	Mailing Address Department of Patholo 500 University Dr	дλ	M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·			
	City	State Zip Code	Transaction ID: SA11AI.32885			
	Hershey	PA 17033-2360	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00			
	Name of Employer Penn State Hershey Med Ctr	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date V				
	Other (specify)	250.00				
	SUBTOTAL of Receipts This Page (optional)	۱ 	1000.00			
	TOTAL This Period (last page this line number	<b>·</b>				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 11 / 52         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action Committee	
A.	Full Name (Last, First, Middle Initial) J. Camilla Cobb, Dr.		Date of Receipt
	Mailing Address 2085 Shannon Ct #3		03 24 2009
	City	State Zip Code	Transaction ID: SA11AI.32819
	Diamond Bar	CA 91765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer LAC + USC Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	
- В.	Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr.		Date of Receipt
	Mailing Address Dept of Path 3401 W Gore Blvd		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.32765
	Lawton	OK 73502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	600.00
	Name of Employer Comanche County Mem Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	600.00	
- C.	Full Name (Last, First, Middle Initial) F. William Cox, Dr.		Date of Receipt
	Mailing Address Department of Patholog 1024 Central Park Drive	9	M M / D D / Y Y Y Y 03 / 26 / 2009
	City <u>Steamboat Springs</u>	State Zip Code CO 80487	Transaction ID: SA11AI.33046
	FEC ID number of contributing federal political committee.	CO 80487	Amount of Each Receipt this Period
	Name of Employer Yampa Valley Medical Ctr	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1100.00
ŀ	TOTAL This Period (last page this line number of		

Pathology Dept.       0.10         City       State       Zip Code         Harvey       IL       60426-3558         FEC ID number of contributing tederal political committee.       C       Transaction ID: SA11AI.32837         Amount of Each Receipt this Period       C       250.00         Name of Engloyeer       Occupation Pathologist       Aggregate Year-to-Date ▼          B.       Katherina Jane Dry, Dr.       Mailing Address       Date of Receipt Images         Mailing Address       DEpt of Path 1978 Industrial Bivd       State       Zip Code         City       State       Zip Code       Transaction ID: SA11AI.32837         Houma       LA       70363       2 6 / 2 0.09         City       State       Zip Code       Transaction ID: SA11AI.32818         Houma       LA       70363       2 6 / 2 0.09         PEC ID number of contributing       C       Transaction ID: SA11AI.32818         Hance (Engloyeer       Aggregate Year-to-Date ▼       Transaction ID: SA11AI.32818         Receipt For:       Date of Receipt Imise Period       400.00         Name (Last, First, Middle Initial)       La       70363       12 / 2 0.09         City       State       Zip Code       Transaction ID: SA11AI.32759		HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate for each categ Detailed Sum	ory of the	FOR LINE NUMBER:     PAGE 12 / 52       (check only one)     11a       X     11a       13     14       15     16       17
College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Acou Samer Dole, Dr.         Mailing Address       Ingalis Memorial Hospital Pathology Dept.         City       State         State       C         Mailing Address       Ingalis Memorial Hospital Pathology Dept.         FEC ID number of contributing tedera political committee.       C         Primary       General         Other (specify)       Qaregate Year-to-Date         B.       Katherine and Dry, Dr.         Mailing Address       DEpt of Path 1978 Industrial Blvd         1978 Industrial Blvd       State         1978 Industrial Blvd       C         100000       City         1010000000       State         10200000000000000000000000000000000000	Any or fo	information copied from such Reports and S or commercial purposes, other than using the	atements may not be sold or us name and address of any politi	sed by any person cal committee to so	for the purpose of soliciting contributions
A.       Abou Same Dole. Dr.       Date of Receipt         Mailing Address       Ingalls Memorial Hospital Pathology Dept.       State       Zip Code         City       State       Zip Code       Amount of Each Receipt His Period         Harvey       IL       60426-3558       Amount of Each Receipt His Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt His Period         Name (Last, First, Middle Initial)       Aggregate Year-to-Date       ✓         State       Zip Code       Aggregate Year-to-Date       ✓         Harvey       I       250.00       Date of Receipt         State       Jip Code       Amount of Each Receipt His Period       250.00         Receipt For:       Occupation       Pathologist       Aggregate Year-to-Date       ✓         Other (specify)       State       Zip Code       Transaction ID: SA11A1.32818         Hourna       LA       7083       2 6 / 2 0 0.9       2 6 / 2 0 0.9         Termsaction ID: SA11A1.32818       Amount of Each Receipt His Period       3 / 2 6 / 2 0 0.9       2 6 / 2 0 0.9         City       State       Zip Code       Amount of Each Receipt His Period       2 6 / 2 0 0.9         Name of Employeer       Aggregate Year-to-Date       ✓			cal Action Committee		
Pathology Dept.       0.5       20.9         City       State       Zip Code         Harvey       IL       60/26:3558       Transaction ID: SA11AI.32837         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11AI.32837         Name of Employeer       Occupation Pathologist       250.00       250.00         Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼	-				Date of Receipt
City       State       Zip Code       Transaction ID: SA11AI.32937         Harvey       IL       60426-3558       Amount of Each Receipt Itis Period         FEC: ID number of contributing tederal political committee.       C       250.00         Name of Engloyer       Occupation       Pathologist         Receipt For:       Pathologist       Aggregate Year-to-Date       ✓         B. Katheino Jann Dry, Dr.       Aggregate Year-to-Date       ✓       Date of Receipt         Mailing Address       DEpt of Path       250.00       Transaction ID: SA11AI.32818         Hourna       LA       70363       2 6 (* 2 0.09         City       State       Zip Code       Mailing Address       DEpt of Path         Hourna       LA       70363       2 6 (* 2 0.09       Transaction ID: SA11AI.32818         Anount of Each Receipt Medical committee.       C       400.00       Transaction ID: SA11AI.32818         Mailing Address       DEpt of Path       7 2 6 (* 2 0.09       Transaction ID: SA11AI.32818         Anount of Each Receipt Medical committee.       C       400.00       400.00       12 2 (* 2 0.09         Primary       General       Occupation       Pathologist       Aggregate Year-to-Date       Mailing Address       15 2 (* 2 0.09       20.09	N	ingane memoria meep	tal		
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer St Luke's Med Cir       Occupation Pathologist       Date of Receipt         Beceipt For: Primary       General Other (specify) ▼       Date of Receipt         City       State       Zip Code         Halling Address       DEpt of Path 1978 Industrial Blvd       Date of Receipt         City       State       Zip Code         Houma       LA       70363         FEC ID number of contributing federal political committee.       C         Primary       General Other (specify) ▼       Date of Receipt         City       State       Zip Code         Houma       LA       70363         FEC ID number of contributing federal political committee.       Q         Primary       General Other (specify) ▼       Date of Receipt         Other (specify) ▼       Aggregate Year-to-Date       V         City       State       Zip Code       Date of Receipt         Mailing Address       1150 N 18th Sts to 102       Transaction ID: SA11AI.32759       Amount of Each Receipt this Period         City       State       Zip Code       TX       76001-2931       Amount of Each Receipt this Period         City       State       Zip Co	C		State Zip Code		Transaction ID: SA11AI.32937
federal political committee.	F	Harvey	IL 60426-3558	3	Amount of Each Receipt this Period
St Luke's Med Ctr       Pathologist         Receipt For:			C		250.00
Primary       General         Other (specify) ▼       250.00         Full Name (Last, First, Middle Initial)       Attarine Jane Dry, Dr.         Mailing Address       DEpt of Path         1978 Industrial Blvd       Date of Receipt         City       State       Zip Code         Houma       LA       70363         FEC ID number of contributing       C       Anount of Each Receipt this Period         Name of Employer       Occupation       Pathologist         Receipt For:       Occupation       Pathologist         Aggregate Year-to-Date       V       12         Other (specify) ▼       400.00       Transaction ID: SA11AI.32759         Amount of Each Receipt Initial)       12       200.9         1 James Duft, Dr.       Mailing Address:       1150 N 18th St Ste 102       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.32759         Amount of Each Receipt Ho:       Pathologist       Aggregate Year-to-Date       V         Abilene       TX       79601-2931       Amount of Each Receipt His Period         Name of Employer       Occupation       Pathologist       Aggregate Year-to-Date       V         Aggregate Year-to-Date       V       250.00	N	Vame of Employer St Luke's Med Ctr			
Other (specify)       250.00         Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       DEpt of Path 1978 Industrial Blvd       Date of Receipt         City       State       Zip Code         Houma       LA       70383         FEC ID number of contributing federal political committee.       C         Name of Employer Leonard J. Chabert Med Ctr       Occupation Pathologist         Receipt For:       Aggregate Year-to-Date       V         Vialing Address       1150 N 18th St Ste 102       Date of Receipt         City       State       Zip Code         Mailing Address       1150 N 18th St Ste 102       Transaction ID: SA11AI.32759         City       State       Zip Code         Abilene       TX       79601-2931         FEC ID number of contributing federal political committee.       C         Mailing Address       1150 N 18th St Ste 102       Transaction ID: SA11AI.32759         Amount of Each Receipt this Period       250.00       250.00	F	Receipt For:	Aggregate Year-to-Date V		
8.       Katherine Jane Dry, Dr.       Date of Receipt         Mailing Address       DEpt of Path 1978 Industrial Blvd       State       Zip Code         Houma       LA       70363       Transaction ID: SA11AI.32818         Houma       LA       70363       Amount of Each Receipt this Period         FC: ID number of contributing federal political committee.       C       400.00         Name of Employer Leonard J. Chabet Med Ctr       Pathologist       Aggregate Year-to-Date ▼         Primary       General       Occupation       Date of Receipt         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       1150 N 18th St Ste 102       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period         Primary       General       Occupation Pathologist       250.00       Transaction ID: SA11AI.32759         Amount of Each Receipt For: Primary       General       Occupation Pathologist       250.00       Transaction ID: SA11AI.32759				250.00	
1978 Industrial Blvd       0.3       2.6       2.0.0.9         City       State       Zip Code       Transaction ID: SA11AI.32818         Houma       LA       70363       Transaction ID: SA11AI.32818         Amount of Each Receipt this Period       C       400.00         Name of Employer Leonard J. Chabert Med Ctr       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period         Period       C       Maing Address       1150 N 18th St Ste 102       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period       250.00         Primary       General       Occupation       250.00       250.00					Date of Receipt
Houma       LA       70363       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       400.00         Name of Employer Leonard J. Chabert Med Ctr       Occupation Pathologist       400.00         Receipt For: Drimary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       1150 N 18th St Ste 102       M M / D D / Z 0 0 9       Z 0 0 9         City       State       Zip Code       Tansaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Pathologist       Receipt For: Pathologist       Occupation Pathologist       Aggregate Year-to-Date ▼         Receipt For: Drimary       General Other (specify) ▼       Aggregate Year-to-Date ▼       250.00	N	p			
FEC ID number of contributing federal political committee.       C       400.00         Name of Employer Leonard J. Chabert Med Ctr       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       400.00         Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       1150 N 18th St Ste 102       Date of Receipt         City       State       Zip Code         Abilene       TX       79601-2931         FEC ID number of contributing federal political committee.       Occupation Pathologist       Tansaction ID: SA11AI.32759         Aggregate Year-to-Date       Qcouption Pathologist       Aggregate Year-to-Date       Tansaction ID: SA11AI.32759         Amount of Each Receipt this Period       Occupation Pathologist       Aggregate Year-to-Date          Primary       General Other (specify) ▼       Aggregate Year-to-Date					
federal political committee.       Image: committee.       Image: committee.       Image: committee.         Name of Employer Leonard J. Chabert Med Ctr       Occupation Pathologist       Image: committee.       Image: committee.         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       Image: committee.       Image: committee.         Full Name (Last, First, Middle Initial) I.James Duff, Dr.       Image: committee.       Image: committee.       Image: committee.       Image: committee.         Mailing Address       1150 N 18th St Ste 102       Image: committee.       Image: commitee.       Image: committee.       I	-		LA 70363		Amount of Each Receipt this Period
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Primary       General         Other (specify) ▼       400.00         Full Name (Last, First, Middle Initial)       James Duff, Dr.         Mailing Address       1150 N 18th St Ste 102         City       State       Zip Code         Abilene       TX       79601-2931         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Ptimary       General         Other (specify) ▼       Aggregate Year-to-Date       ▼         Primary       General       250.00	N	Name of Employer Leonard J. Chabert Med Ctr			
Other (specify) ▼       400.00         Full Name (Last, First, Middle Initial)       James Duff, Dr.         James Duff, Dr.       Date of Receipt         Mailing Address       1150 N 18th St Ste 102         City       State       Zip Code         Abilene       TX       79601-2931         FEC ID number of contributing federal political committee.       Occupation         Name of Employer Clinical Pathology Associates       Occupation         Receipt For:       Aggregate Year-to-Date       120000         Other (specify) ▼       250.00       250.00	F		Aggregate Year-to-Date		
I James Duff, Dr.       Mailing Address       1150 N 18th St Ste 102       Date of Receipt         City       State       Zip Code       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Clinical Pathology Associates       Occupation Pathologist       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Other (specify) ▼       250.00       250.00				400.00	
City       State       Zip Code       Transaction ID: SA11AI.32759         Abilene       TX       79601-2931       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Clinical Pathology Associates       Occupation Pathologist       250.00         Primary       General       Other (specify) ▼       250.00					Date of Receipt
Abilene       TX       79601-2931       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Clinical Pathology Associates       Occupation Pathologist       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Other (specify) ▼       250.00       000.00	N	Aailing Address 1150 N 18th St Ste 102	2		
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Clinical Pathology Associates       Occupation Pathologist       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00		•			
federal political committee.     230.00       Name of Employer Clinical Pathology Associ- ates     Occupation Pathologist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     250.00	-		TX 79601-2931		Amount of Each Receipt this Period
Clinical Pathology Associ- ates Pathologist Receipt For: Primary General Other (specify) ▼ Pathologist 250.00			C		250.00
Receipt For:       Primary       General         Other (specify) ▼       250.00			-		
Other (specify) ▼ 250.00	F		Aggregate Year-to-Date		
				250.00	
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13 / 52         (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	tatements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Tarek Mohamed Elghetany, Dr.	Date of Receipt	
	Mailing Address 301 University Blvd		03 18 Y Y Y Y 03 09
	City	State Zip Code	Transaction ID: SA11AI.33001
	Galveston	TX 77555-0743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of Texas Med Branch	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
- B.	Full Name (Last, First, Middle Initial) W. Kay Fellows, Dr.		Date of Receipt
	Mailing Address 104 Hanson Ct	M M / D D / Y Y Y Y 03 11 2009	
	City	State Zip Code	Transaction ID: SA11AI.32893
	Interlachen	FL 32148-4243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Putnam Community Med Ctr	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
- C.	Full Name (Last, First, Middle Initial) R. Marc Filstein, Dr.		Date of Receipt
	Mailing Address Department of Patholo PO Box 16052	ду	03 / 24 / Y Y Y Y 03 / 24
	City	State Zip Code	Transaction ID: SA11AI.32900
	Reading	PA 19612-6052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Reading Hosp & Med Ctr	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)		▶ 750.00
ľ	TOTAL This Period (last page this line number	only)	•

SCHEDULE A (FECI	Form 3Y)		FOR LINE NUMBER: PAGE 14/52			
	•	Use separate schedule(s) for each category of the	(check only one)			
	3	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from suc or for commercial purposes, othe	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
NAME OF COMMITTEE (In	Full)					
College of American Pat	hologists Political Action	Committee				
Full Name (Last, First, Middle Michael Christopher Flynn, Dr.	Full Name (Last, First, Middle Initial) Michael Christopher Flynn, Dr.					
Mailing Address 175 Colle	ege St		03 / D D / Y Y Y Y 02 / 2009			
City	State	Zip Code	Transaction ID: SA11AI.32903			
Battle Creek	MI	49017-3432	Amount of Each Receipt this Period			
FEC ID number of contributin federal political committee.	ng C		500.00			
Name of Employer RML Pathologist, PC	Occupation Pathology					
Receipt For:	Y	e Year-to-Date V	-1			
Primary Gene		500.00				
Other (specify)	0 0					
Full Name (Last, First, Middle Sunil Sujata Gaitonde, Dr.	e Initial)		Date of Receipt			
Mailing Address 840 S W	Mailing Address 840 S Wood St Ste 130					
City	City State		Transaction ID: SA11AI.33013			
<u>Chicago</u>	IL	60612-4325	Amount of Each Receipt this Period			
FEC ID number of contributin federal political committee.	ng C		250.00			
Name of Employer University of Illinois Me-	Occupation Pathology					
dical Center Receipt For:		e Year-to-Date 🔻				
Primary Gene						
Other (specify) ▼		250.00				
Full Name (Last, First, Middle W. Daniel Garland, Dr.	e Initial)		Date of Receipt			
Mailing Address Dept of 2800 God	Pathology dwin Blvd		M M / D D / Y Y Y Y 03 24 2009			
City	State	Zip Code	Transaction ID: SA11AI.32912			
Suffolk	VA	23434	Amount of Each Receipt this Period			
FEC ID number of contributin federal political committee.	C		250.00			
Name of Employer Louise Obici Mem Hosp	Occupation Patholog					
Receipt For:		e Year-to-Date 🔻				
Other (specify) ▼		250.00				
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TOTAL This Period (last page t	this line number only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate s for each categ Detailed Sumr statements may not be sold or us	ory of the nary Page ed by any person	FOR LINE NUMBER:         PAGE 15 / 52           (check only one)         Image: Comparison of the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli		cal committee to se	olicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) S. John Gerometta, Dr. Mailing Address 113 E Fourth Street PO Box 583		Date of Receipt	
	City	State Zip Code		Transaction ID: SA11AI.32881
	Michigan City	IN 46360		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	U III	250.00
	Name of Employer Pathology Consultants Inc	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
- B.	Full Name (Last, First, Middle Initial) V Michael Grabowski, Dr. Mailing Address Dept of Pathology			Date of Receipt
	2520 Cherry Ave	State Zip Code		0 3 2 6 2 0 0 9 Transaction ID: SA11AI.32797
	Bremerton	WA 98310-4229		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harrison Medical Center	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
- C.	Full Name (Last, First, Middle Initial) M Vito Gulli, Dr.			Date of Receipt
	Mailing Address 1 Channel Dr Unit 121	3		M M / D D / Y Y Y Y 03 27 2009
	City	State Zip Code		Transaction ID: SA11AI.33065
	Monmouth Beach	NJ 07750		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Unaffiliated	Occupation Pathologist		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)		····· •	1500.00
ŀ	TOTAL This Period (last page this line number	only)	· · · · · · · · · · · · · · · · · · ·	

ITEMIZED RECEIPTS       for each category of the Delated Summary Page       (check only one)       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 52
Any information capled from such Roports and Statemente may not be address of any political committee to solidit contributions from such committee. <ul> <li>NAME OF COMMITTEE (in Full)</li> <li>College of American Pathologists Political Action Committee</li> </ul> Date of Receipt <ul> <li>Mail address</li> <li>Del Of Pathology             <ul> <li>4605 Maccorkie Ave SW</li> <li>College of American Pathologists Political Action Committee</li> </ul>               Date of Receipt         <ul> <li>Date of Receipt</li> <li>Date of Receipt</li> <li>State Zip Code</li> <li>Scharteston</li> <li>WV 25309-1311</li> <li>Amount of Each Receipt His Period</li> <li>Period</li> <li>Pe</li></ul></li></ul>		ITEMIZED RECEIPTS		for each category of the	
or for commercial purposes, other than using the name and address of any publical committee to solicit contributions from such committee.         NAME CF COMMITTEE (In Full)         College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Larren Harns, Dr.         Mailing Address       Dept Of Pathology         4605 Maccorkle Ave SW         City       State         Scharlastion       WV         Parne of Employer       Occupation         Parne of Employer       Occupation         Parne (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         Other (spacify) ▼       State       Zp Code         State State       Zp Code       Transaction D: SA11A1.32941         Paul Jason Heese, Dr.       Mailing Address       Date of Receipt         Mailing Address       Doi Initiols Ave       Date of Receipt         City       State       Zp Code         Steveris Point       WI       54481:3114         FEC ID number of contributing tedera political committee.       Qito Occupation         Steveris Point       WI       54481:3114         FEC ID number of Employer       Occupation         Primary       General       Oinour of Each Receipt Hitis Period         <				Detailed Summary Page	
A.       Full Name (Last, Fist, Middle Initial) Latern Hards, D: Malling Address Dept Of Pathology 4605 Maccorkie Ave SW City       Date of Receipt 0 3 / 2 0 9 7 Transaction ID: SA11AL33071         A.       Date of Receipt Of Pathology 4605 Maccorkie Ave SW City       Transaction ID: SA11AL33071         Scharleston       WV 25309-1311         FEGL D number of contributing federal political committee       C         Name of Employer Pathologist       C         Paul Jason Hense, D:       Aggregate Year-to-Date ▼         Malling Address Dept of Path 900 Illinois Ave       C         City       State       Zip Code         Stevens Point       WI       54431-3114         FEC ID number of contributing federal political committee       C       Date of Receipt         Name of Employer Pathologist       Occupation Pathologist       Transaction ID: SA11AL32941         Receipt Fr:       Occupation Pathologist       Aggregate Year-to-Date ▼       State Zip Code         Name of Employer Primary       General       Occupation Pathologist       Date of Receipt His Period         City       State       Zip Code       Transaction ID: SA11AL32745         Annount of Each Receipt His Period       Occupation Pathologist       Transaction ID: SA11AL32745         Receipt Fr:       Other (specify) ▼       State       Zip Code <tr< th=""><th></th><th>Any information copied from such Reports and Sta or for commercial purposes, other than using the r</th><th>on for the purpose of soliciting contributions o solicit contributions from such committee.</th></tr<>		Any information copied from such Reports and Sta or for commercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.		
A.       Full Name (Last, First, Middle Initial)         Lamen Harris, Dr.       Date of Receipt         Waling Address       Dept Of Pathology 4005 Maccorkle Ave SW       Date of Receipt         City       Scharleston       WV 2530-1311         FEC ID number of contributing federal potitical committiee.       C       Amount of Each Receipt this Period         Nonger (Eace F)       Cocupation       Anount of Each Receipt this Period         Paul Jame (Last, Fiet, Middle Initial)       Paul Jame Harris, Dr.       Date of Receipt         Maling Address       Dept of Path 900 Illinois Ave       C       250.00         City       State       Zip Code       Transaction ID: SA11A1.32941         Anount of Each Receipt Initial       Paul Jame Harris, Dr.       Date of Receipt         Maling Address       Dept of Path 900 Illinois Ave       C       210 Code         City       State       Zip Code       Transaction ID: SA11A1.32941         Anount of Each Receipt Initis Period       20 Code       20 Code         Name (Last, Fiet, Middle Initial)       Multical Committiee       C         St. Mohales Hargo       Cocupation       21 Code       20 Code         Maling Address       8319 Shetland Ln       City       300.00       Transaction ID: SA11A1.32755         <					
A.       Larren Haris, Dr.       Date of Receipt         Mailing Address       Dept Of Pathology 4605 Maccorkle Ave SW       Date of Receipt         City       State       Zip Code         Scharleston       WV       25309-1311         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer unaffiliated       Occupation Pathologist       Aggregate Year-to-Date ▼       Date of Receipt         B.       Full Name (Last, First, Middle Initial)       Pathologist       Date of Receipt         Mailing Address       Dept of Path 900 Illinois Ave       C       Date of Receipt         City       State       Zip Code       Transaction ID: SA11A1.32941         Anount of Each Receipt this Period       Date of Receipt       Date of Receipt         0 Bit of Receipt For:			cal Action	Committee	
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S Charleston       WV       2509-1311         FEC ID number of contributing federal policial committee.       C       Amount of Each Receipt this Period         Name of Employer unaffiliated       Occupation Pathologist       Aggregate Year-to-Date       Image: Pathologist         Receipt For: 			V		
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer unaffiliated       Occupation Pathologist       Aggregate Year-to-Date ▼       0         B.       Full Name (Last, First, Middle Initial) Paul Jacon Heese, Dr.       Date of Receipt       0         B.       Full Name (Last, First, Middle Initial) Paul Jacon Heese, Dr.       Date of Receipt       0         Gity       State       Zip Code       0       7       26 / 2009       7         Stevens Point       WI       54481-3114       Amount of Each Receipt Hor: Pathologist       300.00       7       26 / 2009       7       7       26 / 2009       7       7       7       26 / 2009       7       7       7       26 / 2009       7       7       7       26 / 2009       7       7       7       26 / 2009       7 <th></th> <th>-</th> <th></th> <th>Zip Code</th> <th>Transaction ID: SA11AI.33071</th>		-		Zip Code	Transaction ID: SA11AI.33071
tederal political committee.       C       200.00         Name of Employer       Occupation       Pathologist         Receipt For:       Aggregate Year-to-Date       ✓         Primary       General       250.00         B.       Paul Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address       Date of Path       000 Illinois Ave         City       State       Zip Code         Stevens Point       W1       54481-3114         FEC ID number of contributing       C       300.00         Name of Employer       Occupation         Name of Employer       Aggregate Year-to-Date       ✓         Name of Employer       Occupation       300.00       Image: State Sta		<u>S Charleston</u>	WV	25309-1311	Amount of Each Receipt this Period
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Date of Receipt         B.       Paul Jason Heese, Dr.         Mailing Address       Dept of Path         900 Illinois Ave       Date of Receipt         City       State       Zip Code         Name of Employer       Occupation         Name of Employer       Occupation         State       Zip Code         Name of Employer       Occupation         Primary       General         Other (specify) ▼       Occupation         State       Zip Code         Name of Employer       Occupation         Primary       General         Other (specify) ▼       Other (specify) ▼         C.       Full Name (Last, First, Middle Initial)         Alan Robin Helmuth, Dr.       Aggregate Year-to-Date ▼         Mailing Address       B19 Shetland Ln         City       State       Zip Code         Name of Employer       Occupation			C		250.00
Primary       General         Other (specify) ▼       250.00         B.       Full Name (Last, First, Middle Initial)         Paul Jason Heese, Dr.       Date of Receipt         Mailing Address       Dept of Path 900 Illinois Ave       Date of Receipt         City       State       Zip Code         Stevens Point       WI       54481-3114         FeE ID number of contributing federal political committee.       C         Name of Employer St. Michaels Hosp       Occupation Pathologist       300.00         Receipt For:       Primary       General       300.00         Other (specify) ▼       State       Zip Code       Mailing Address         Mailing Address       8819 Shetland Ln       Aggregate Year-to-Date       ▼         City       State       Zip Code       Mailing Address       Bate of Receipt         Indianapolis       IN       46278-1069       Face of the Sept this Period         FEC ID number of contributing federal political committee.       C       Mailing Address       Aggregate Year-to-Date       Nonut of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date       Nonut of Each Receipt this Period         Receipt For:       Primary       General		Name of Employer unaffiliated			
Other (specify) ▼       250.00         B.       Full Name (Last, First, Middle Initial)         Paul Jason Heese, Dr.       Mailing Address         Mailing Address       Dept of Path 900 Illinois Ave         City       State       Zlp Code         Stevens Point       WI       54481-3114         FEC ID number of contributing federal political committee.       Occupation Pathologist       Aggregate Year-to-Date ▼         Receipt For:       Aggregate Year-to-Date       Tansaction ID: SA11AL.32795         And Rohn Heintur, Dr.       Date of Receipt         Mailing Address       8819 Shetland Ln         City       State       Zlp Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federal political committee.       C         City       State       Zlp Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federal political committee.       C         Pathologist       Aggregate Year-to-Date       Tansaction ID: SA11AL.32795         Amount of Each Receipt His Period       250.00       250.00			Aggregate	te Year-to-Date 🔻	
B.       Paul Jason Heese, Dr.       Date of Receipt         Mailing Address       Dept of Path 900 Illinois Ave       Date of Receipt         City       State       Zip Code         Stevens Point       WI       54481-3114         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer St. Michaels Hosp       Pathologist       Aggregate Year-to-Date ▼       300.00         Primary       General       Occupation 9 ato 0 (0)       State       Zip Code         Mailing Address       8819 Shetland Ln       Aggregate Year-to-Date ▼       Date of Receipt         C.       Full Name (Last, First, Middle Initial) Alan Robin Helmuth, Dr.       Date of Receipt       Mailing Address         Mailing Address       8819 Shetland Ln       Date of Receipt       Mount of Each Receipt this Period         City       State       Zip Code       Transaction ID: SA11AL32795         Indianapolis       IN       46278-1069       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Pathologist       Aggregate Year-to-Date ▼         Name of Employer Hancock Regional Hosp       Aggregate Year-to-Date ▼        250.00         Primary       General       250.00				250.00	]
900 Illinois Ave       0.3       2.6       2.0.0.9         City       State       Zip Code       Transaction ID: SA11AI.32941         Stevens Point       WI       54481-3114       Amount of Each Receipt this Period         FEC ID number of contributing federari political committee.       C       300.00         Name of Employer St. Michaels Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       300.00         Other (specify) ▼       300.00         Cthy       State       Zip Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federari political committee.       C         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Date of Receipt         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Transaction ID: SA11AI.32795         Receipt For:       Aggregate Year-to-Date ▼       250.00         Name of Employer Hancock Regional Hosp       Aggregate Year-to-Date ▼       250.00	- B.				Date of Receipt
Stevens Point     WI     54481-3114       FEC ID number of contributing federal political committee.     C       Name of Employer St. Michaels Hosp     Occupation Pathologist       Receipt For: Other (specify) ▼     Occupation Pathologist       C.     Alan Robin Helmuth, Dr. Mailing Address       Mailing Address     8819 Shetland Ln       City     State     Zip Code Indianapolis       Indianapolis     IN       46278-1069     FEC ID number of contributing federal political committee.       City     State     Zip Code Indianapolis       Name of Employer Hancock Regional Hosp     Occupation Pathologist       Receipt For: Primary     General Occupation       Qare of Employer Hancock Regional Hosp     Occupation Pathologist       Receipt For: Primary     General Other (specify) ▼		-			
FEC ID number of contributing federal political committee.       C       300.00         Name of Employer St. Michaels Hosp       Occupation Pathologist       300.00         Receipt For:       Aggregate Year-to-Date ▼       Octive (specify) ▼       Date of Receipt         Ctiv       State       Zip Code       Mount of Each Receipt this Period         City       State       Zip Code       Transaction ID: SA11AI.32795         Indianapolis       IN       46278-1069       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Pathologist       Aggregate Year-to-Date ▼         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼       250.00		•		•	
federal political committee.       S00.00         Name of Employer St. Michaels Hosp       Occupation Pathologist         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         C.       Full Name (Last, First, Middle Initial) Atan Robin Helmuth, Dr. Mailing Address       Date of Receipt         City       State       Zip Code IN       46278-1069         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       Occupation Pathologist       Aggregate Year-to-Date ▼				54481-3114	
St. Michaels Hosp       Pathologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00         C.       Full Name (Last, First, Middle Initial)         Alan Robin Helmuth, Dr.       Date of Receipt         Mailing Address       8819 Shetland Ln         City       State       Zip Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Pathologist       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼			C		300.00
Primary       General         Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Alan Robin Helmuth, Dr.         Mailing Address       8819 Shetland Ln         City       State       Zip Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Pathologist       Aggregate Year-to-Date       ▼         Primary       General       250.00		Name of Employer St. Michaels Hosp			
Other (specify) ▼       300.00         Full Name (Last, First, Middle Initial)       Alan Robin Helmuth, Dr.         Mailing Address       8819 Shetland Ln         City       State       Zip Code         Indianapolis       IN       46278-1069         FEC ID number of contributing federal political committee.       Occupation         Name of Employer Hancock Regional Hosp       Occupation         Pathologist       Aggregate Year-to-Date ▼         Other (specify) ▼       250.00			Aggregate	te Year-to-Date 🔻	
C.       Alan Robin Helmuth, Dr.       Date of Receipt         Mailing Address       8819 Shetland Ln			0 0	300.00	]
City       State       Zip Code       Transaction ID: SA11AI.32795         Indianapolis       IN       46278-1069       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Hancock Regional Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       250.00	- C.				Date of Receipt
Indianapolis       IN       46278-1069       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Hancock Regional Hosp       Occupation Pathologist       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General Other (specify) ▼       250.00		Mailing Address 8819 Shetland Ln			
FEC ID number of contributing federal political committee.       C       250.00         Name of Employer Hancock Regional Hosp       Occupation Pathologist       250.00         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00         Other (specify) ▼       250.00       800.00		-		•	
federal political committee.       230.00         Name of Employer Hancock Regional Hosp       Occupation Pathologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       250.00		· · · ·	IN	46278-1069	Amount of Each Receipt this Period
Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     250.00		federal political committee.	C		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Hancock Regional Hosp			
Other (specify) ▼ 250.00			Aggregate	te Year-to-Date 🔻	_
SUBTOTAL of Receipts This Page (optional)			0.0	250.00	
	ſ	SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number only)	ŀ				

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 52 (check only one)	
I		Detailed 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	on for the purpose of soliciting contributions		
	College of American Pathologists Politi	cal Action Committee		
Α.	Full Name (Last, First, Middle Initial) E Andrew Horvath, Dr.		Date of Receipt	
	Mailing Address Lab 1100 Central Ave SE		M M / D D / Y Y Y Y 03 24 2009	
	City	State Zip Code	Transaction ID: SA11AI.32888	
	Albuquerque	NM 87106	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1000.00	
	Name of Employer Presbyterian Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify) ▼	1000.00		
— В.	Full Name (Last, First, Middle Initial) Ellen Jeanne Hryciuk, Dr.		Date of Receipt	
	Mailing Address 4539 A Da Hi Court		M M / D D / Y Y Y Y 03 / 18 / 2009	
	City	State Zip Code	Transaction ID: SA11AI.33039	
	Hubertus	WI 53033	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Wheaton Franciscan Labs	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify) ▼	500.00		
– c.	Full Name (Last, First, Middle Initial) C Dennis Hwang, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1601 Ygnacio Valley Re		M         M         /         D         D         P         Y	
	City	State Zip Code	Transaction ID: SA11AI.32806	
	Walnut Creek	CA 94598-3122	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer John Muir Med Ctr-Walnut Creek	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date		
	Primary     General       Other (specify) ▼	250.00		
Γ	I SUBTOTAL of Receipts This Page (optional)		1750.00	
	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 52         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17	
ſ	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 a name and address of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee		
۷ A.	Full Name (Last, First, Middle Initial) N. Charles Iknayan, Dr.	Date of Receipt		
	Mailing Address E6385 Gheller Dr	M         M         /         D         D         /         Y		
	City	State Zip Code	Transaction ID: SA11AI.32791	
	Bessemer FEC ID number of contributing	MI 49911-9754	Amount of Each Receipt this Period	
	federal political committee.		500.00	
	Name of Employer Grandview Hospital	Occupation Pathologist	1	
	Receipt For:	Pathologist Aggregate Year-to-Date	-	
	Primary General Other (specify)	500.00		
_				
в.	Full Name (Last, First, Middle Initial) I. Mikhail Kantius, Dr.		Date of Receipt	
	Mailing Address 79-18 164th Street			
	City	State Zip Code	Transaction ID: SA11AI.32918	
	Jamaica	NY 11432	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Sophora Diagnostic Labora-	Occupation Pathologist		
	tory Receipt For:	Aggregate Year-to-Date V	-	
	Primary     General       Other (specify) ▼	250.00		
– C.	Full Name (Last, First, Middle Initial) W Scott Kelley, Dr.	1	Date of Receipt	
	Mailing Address PO Box 2090		M M / D D / Y Y Y Y 03 12 2009	
	City	State Zip Code	Transaction ID: SA11AI.32772	
	Brookfield	WI 53008-2090	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		500.00	
	Name of Employer Dermpathdiagnostics	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date ▼	1	
	Primary     General       Other (specify) ▼	500.00		
ſ	SUBTOTAL of Receipts This Page (optional)	l	1250.00	
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19 / 52           (check only one)         11a           X         11a           13         14           15         16           17				
Any information copied from such Reports a or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee					
Full Name (Last, First, Middle Initial) J Daniel Kerr, Dr.		Date of Receipt				
Mailing Address Department of Pat 820 N. Chelan Ave		M M / D D / Y Y Y Y 0 3 2 4 2 0 0 9				
City	State Zip Code	Transaction ID: SA11AI.33033				
Wenatchee	WA 98801	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Wenatchee Valley Med Ctr	Occupation Pathologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00	]				
Full Name (Last, First, Middle Initial) C Patrick Kippenbrock, Dr.		Date of Receipt				
Mailing Address 7850 N Illinois St		03 / 26 / Y Y Y Y 03 / 26				
City	State Zip Code	Transaction ID: SA11AI.32930				
Indianapolis	IN 46260-3663	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer St John's Hith Sys	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]				
Full Name (Last, First, Middle Initial) R Thomas Kluzak, Dr.		Date of Receipt				
Mailing Address 3219 Keywest Ct		M M / D D / Y Y Y Y 0 3 26 2009				
City	State Zip Code	Transaction ID: SA11AI.33021				
Wichita	KS 67204-2364	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]				
SUBTOTAL of Receipts This Page (option	al)	1250.00				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the	
11		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A oi	ny information copied from such Reports and St r for commercial purposes, other than using the	person for the purpose of soliciting contributions	
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	College of American Pathologists Politi	cal Action Committee	
۹.	Full Name (Last, First, Middle Initial) H. Cynthia Krueger, Dr.		Date of Receipt
	Mailing Address 1434 Argyle Crescent		0 3 / D D / Y Y Y Y 0 3 / 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.33058
	Ann Arbor	MI 48103-2503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Univ of Michigan Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
 3.	Full Name (Last, First, Middle Initial) A Barbara Lines, Dr.		Date of Receipt
	Mailing Address Path Dept MC4-265 6720 Bertner		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.32935
	Houston	TX 77030-2604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St Lukes Episcopal Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
 >.	Full Name (Last, First, Middle Initial) E Charles Mangum, Dr.		Date of Receipt
	Mailing Address PO Box 1709 North Texas Pathology	Laboratories	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.32865
	Rowlett	TX 75030-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer North Texas Path Labs	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
	I SUBTOTAL of Receipts This Page (optional)		1000.00
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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21/52				
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
	Any information copied from such Reports and Si or for commercial purposes, other than using the	13     14     15     16     17       on for the purpose of soliciting contributions osolicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)							
	College of American Pathologists Polit	ical Action	Committee					
۱.	Full Name (Last, First, Middle Initial) S. Larry Mapow, Dr.	Date of Receipt						
	Mailing Address 1312 Chickadee Lane	03 / 18 / Y Y Y Y 2009						
	City	State	Zip Code	Transaction ID: SA11AI.32921				
	Millville	NJ	08332	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer South Jersey Healthcare	Occupatio						
	RMC Second Secon	Patholog		_				
	Primary General	Aggregate	e Year-to-Date	-				
_	Other (specify)	0	250.00					
	Full Name (Last, First, Middle Initial) Francis James Martinchick, Dr.			Date of Receipt				
-	Mailing Address Dept of Pathology 255 N 30th Street			M M / D D / Y Y Y Y 03 26 2009				
	City	State	Zip Code	Transaction ID: SA11AI.32804				
	Laramie	WY	82072	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Ivinson Memorial Hosp	Occupation Patholog						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary     General       Other (specify)	0 0	250.00	]				
. –	Full Name (Last, First, Middle Initial) G. Guillermo Martinez-Torres, Dr.			Date of Receipt				
	Mailing Address Department of Patholog 2025 E Newport Ave			M         M         /         D         D         /         Y				
	City	State	Zip Code	Transaction ID: SA11AI.32764				
	Milwaukee	WI	53211	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Columbia St. Marys Hosp	Occupation Patholog						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Primary     General       Other (specify)		1000.00					
ſ	SUBTOTAL of Receipts This Page (optional)			1500.00				
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 22/52         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       11				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such						
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee					
۷ ۹.	Full Name (Last, First, Middle Initial) C Roger Mathewson, Dr.		Date of Receipt				
	Mailing Address Pathology 401 N Ewing St		M · M         /         D · D         Y         Y · Y · Y         Y				
	City	State Zip Code	Transaction ID: SA11AI.32784				
	Lancaster	OH 43130-3371	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		300.00				
	Name of Employer Fairfield Med Ctr	Occupation Pathologist					
	Receipt For:	Aggregate Year-to-Date ▼	_				
	Primary General Other (specify) ▼	300.00					
- 3.	Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr.	1	Date of Receipt				
	Mailing Address #1105 285 Centennial Olymp	M M / D D / Y Y Y Y 03 26 2009					
	City	State Zip Code	Transaction ID: SA11AI.32887				
	Atlanta	GA 30313	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		1200.00				
	Name of Employer Newnan Hosp	Occupation Pathologist					
	Receipt For:	Aggregate Year-to-Date ▼	_				
	Primary     General       Other (specify) ▼	1200.00					
-	Full Name (Last, First, Middle Initial) W. Philip McGuire, Dr.		Date of Receipt				
-	Mailing Address 1660 Hogan Avenue		M M / D D / Y Y Y Y 03 18 2009				
	City	State Zip Code	Transaction ID: SA11AI.32943				
	Chesterton	IN 46304-9378	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	1000.00				
	Name of Employer St. Anthony Mem HIth Ctr	Occupation Pathologist					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary     General       Other (specify) ▼	1000.00					
Γ		I	2500.00				
	SUBTOTAL of Receipts This Page (optional) .		200.00				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s for each category of the Detailed Summary Page	X       11a       11b       11c       12         I       13       14       15       16       17			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political commit	tee to solicit contributions from such committee.			
	College of American Pathologists Polit	ical Action Committee				
Α.	Full Name (Last, First, Middle Initial) H. Arthur McTighe, Dr.					
	Mailing Address Cheif, Dept of Patholog 201 E University Pkwy	03 / D D / Y Y Y Y 03 17 2009				
	City	State Zip Code	Transaction ID: SA11AI.32971			
	Baltimore	MD 21218-2895	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Union Memorial Hospital	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary     General       Other (specify) ▼	1000.00				
в.	Full Name (Last, First, Middle Initial) O Nadia Metwalli, Dr.		Date of Receipt			
	Mailing Address 4444 Giddings Rd		M         M         /         D         D         /         Y			
	City	State Zip Code	Transaction ID: SA11AI.32897			
	Auburn Hills	MI 48326-1533	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Quest Diagnostics	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary     General       Other (specify) ▼	250.00				
C.	Full Name (Last, First, Middle Initial) Maryam Mohammadkhani		Date of Receipt			
	Mailing Address 1000 E Primrose St St	e 300	M         M         /         D         D         /         Y			
	City	State Zip Code	Transaction ID: SA11AI.32883			
	Springfield	MO 65807-5178	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Pathology Services of Spr- ingfield	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary     General       Other (specify) ▼	1000.00				
	SUBTOTAL of Receipts This Page (optional)		2250.00			
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 52 (check only one)		
			for each category of the	$X$ 11a $\Box$ 11b $\Box$ 11c $\Box$ 12		
			Detailed Summary Page			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions 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) A. Edward Moscovic, Dr.					
	Mailing Address 3077 Cross Bronx Exp	by Apt 6K		M · M         /         D · D         Y         Y · Y · Y         Y		
	City	State	Zip Code	Transaction ID: SA11AI.33057		
	Bronx	NY	10465	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer unaffiliated	Occupatio	on	-		
	unaffiliated	Patholog	gist			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		350.00	1		
_	Other (specify)	0 0	550.00			
В.	Full Name (Last, First, Middle Initial) M. Tariq Murad, Dr.			Date of Receipt		
	Mailing Address Dept of Pathology 450 W II Route 22			M M / D D / Y Y Y Y Y 03 18 2009		
	City	State	Zip Code	Transaction ID: SA11AI.32790		
	Barrington	IL	60010-1919	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Good Shepherd Hosp	Occupation Patholog				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	500.00	]		
- C.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.			Date of Receipt		
0.	Mailing Address 5287 Poola Street			0 3 2 7 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.32768		
	<u>Honolulu</u>	HI	96821	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Straub Clinic & Hosp	Occupation Patholog				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary     General       Other (specify) ▼	0 0	250.00	]		
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00		
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 25 / 52         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17			
	Any information copied from such Reports and sor for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full)					
	College of American Pathologists Pol	Itical Action Committee				
Α.	Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr.	Date of Receipt				
	Mailing Address 1899 Eider Ct		03 / D D / Y Y Y Y 03 30 2009			
	City	State Zip Code	Transaction ID: SA11AI.32809			
	Tallahassee	FL 32308	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	2500.00			
	Name of Employer KWB Pathology Associates	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	2500.00				
В.	Full Name (Last, First, Middle Initial) T. Lawrence Nelsen, Dr.	1	Date of Receipt			
	Mailing Address Laboratory 1000 First Dr NW	M         M         /         D         D         Y				
	City Austin	State Zip Code MN 55912	Transaction ID: SA11AI.32732			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer Austin Med Ctr	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	250.00				
C.	Full Name (Last, First, Middle Initial) Susan Mary Olney, Dr.	1	Date of Receipt			
	Mailing Address 115 Blackcherry Ln		03 27 2009			
	City	State Zip Code	Transaction ID: SA11AI.32811			
	Chapel Hill	NC 27514-1613	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Lab Corp of America	Occupation Pathologist				
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_			
	Other (specify) ▼	250.00				
	SUBTOTAL of Receipts This Page (optional) .	•	3000.00			
	TOTAL This Period (last page this line number		•			

SCHEDULE A (FEC Form 3X)	Γ		FOR LINE NUMBER: PAGE 26/52			
		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
College of American Pathologists Pol	litical Action C	ommittee				
Full Name (Last, First, Middle Initial) C Tushar Padhya, Dr.						
Mailing Address 1008 Boxwood Dr			03 / D D / Y Y Y Y 05 / 2009			
City	State	Zip Code	Transaction ID: SA11AI.32852			
Munster	IN	46321-2841	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Methodist Hosp	Occupation Pathologis	st				
Receipt For:	Aggregate	Year-to-Date 🔻				
<ul><li>Primary General</li><li>Other (specify) ▼</li></ul>	0 0	250.00	]			
Full Name (Last, First, Middle Initial) W. Charles Panchari, Dr.			Date of Receipt			
Mailing Address 2641 Eden Place			M M / D D / Y Y Y Y 0 3 2 4 2 0 0 9			
City	State	Zip Code	Transaction ID: SA11AI.33048			
Beverly Hills	CA	90210	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Whittier Hosp Medical Ctr.	Occupation Pathologis					
Receipt For:	Aggregate	Year-to-Date 🔻				
Primary     General       Other (specify) ▼	0 0	250.00	]			
Full Name (Last, First, Middle Initial) Allen Jodi Parks, Dr.			Date of Receipt			
Mailing Address 340 Great Lakes Cir V						
City	State	Zip Code	Transaction ID: SA11AI.33067			
Avon	IN	46123-3786	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer unaffiliated	Occupation Pathologis					
Receipt For:	Aggregate	Year-to-Date 🔻				
Primary     General       Other (specify) ▼	0 0	250.00	]			
SUBTOTAL of Receipts This Page (optional).		<b>h</b>	750.00			
TOTAL This Period (last page this line number	r only)		-			

				FOR LINE NUMBER: PAGE 27/52	
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
			for each category of the Detailed Summary Page	X 11a 11b 11c 12	
г				13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	College of American Pathologists Polit	tical Action (	Committee		
۷ A.	Full Name (Last, First, Middle Initial) A Judith Pester, Dr.	Date of Receipt			
	Mailing Address 1625 Medical Center S	M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: SA11AI.32916	
	<u>El Paso</u>	TX	79902-5005	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer	Occupation	n	1	
	Sierra Laboratory Associa- tes	Patholog	ist		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		1000.00	] [	
			0 0 0 0 0 0 0	1	
- В.	Full Name (Last, First, Middle Initial) Alexander Pliskin				
υ.	Mailing Address 24068 Depew Ave	Date of Receipt			
				03 18 2009	
	City	State	Zip Code	Transaction ID: SA11AI.32899	
	Douglaston	NY	11363-1611	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Quest Diagnostics Inc	Occupation			
		Patholog			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1	
	Other (specify) $right variable and the second seco$		250.00		
- C.	Full Name (Last, First, Middle Initial) E. Glenn Ramsey, Dr.	I		Date of Receipt	
	Mailing Address Blood Bank, Feinberg 7-301 251 E Huron St			M M / D D / Y Y Y Y Y 0 3 05 2009	
	City	State	Zip Code	Transaction ID: SA11AI.32869	
	Chicago	IL	60611-2908	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Northwestern Mem Hosp	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	250.00	]	
ſ	SUBTOTAL of Receipts This Page (optional)	1		1500.00	
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	TOTAL This Period (last page this line number	only)			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 28/52 (check only one)
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	IAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action C	Committee	
	Full Name (Last, First, Middle Initial) Anwar Zarina Rasheed, Dr.	Date of Receipt		
Ν	Nailing Address Pathology Dept 306 Stanaford Rd			M M / D D / Y Y Y Y 03 26 2009
C	Dity	State	Zip Code	Transaction ID: SA11AI.32739
Ē	Beckley	WV	25801-3142	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
E	Jame of Employer Seckley Appalachian Regio- nal Hospital	Occupation Pathologi		
	Receipt For:	, I	Year-to-Date V	
	Primary General		1100.00	1
	Other (specify)	0 0		1
	Full Name (Last, First, Middle Initial) A. James Robb, Dr.			Date of Receipt
N	Aailing Address 11613 Kensington Ct			M M / D D / Y Y Y Y 03 02 2009
Ċ	Dity	State	Zip Code	Transaction ID: SA11AI.33052
Ē	Boca Raton	FL	33428-2415	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
	Name of Employer unaffiliated	Occupation Pathologi		
F	Receipt For:	, I	Year-to-Date V	
	Other (specify) ▼		1000.00	]
	Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr.			Date of Receipt
Ν	Mailing Address Department of Pathology DUMC-3712			M M / D D / Y Y Y Y 0 3 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.32774
-	Durham	NC	27710-0001	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N	Name of Employer Duke Univ Med Ctr	Occupation Pathologi		7
F	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)	0 0	1000.00	]
911	BTOTAL of Receipts This Page (optional)	I		3000.00
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то	TAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 29 / 52         (check only one)					
Any or fo	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.							
	IAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee						
	ull Name (Last, First, Middle Initial) Michael Royer, Dr.		Date of Receipt					
N	Aailing Address 306 12th St NE		M         M         /         D         D         Y					
	Sity	State Zip Code	Transaction ID: SA11AI.33026					
<u>v</u>	Vashington	DC 20002-6320	Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	C	250.00					
N V	lame of Employer Valter Reed Army Med Ctr	Occupation Pathologist	-					
F	Receipt For:	Aggregate Year-to-Date ▼	_					
	Other (specify)	250.00						
	ull Name (Last, First, Middle Initial) Gerard Stephen Ruby, Dr.	I	Date of Receipt					
N	Aailing Address 8 Todor Ct		M M / D D / Y Y Y Y 03 17 2009					
C	Sity	State Zip Code	Transaction ID: SA11AI.32728					
<u>E</u>	Burr Ridge	IL 60527	Amount of Each Receipt this Period					
	EC ID number of contributing ederal political committee.	C	1000.00					
N F	lame of Employer alos Community Hosp	Occupation Pathologist						
F	Receipt For:	Aggregate Year-to-Date 🔻						
	Other (specify)	1000.00						
	ull Name (Last, First, Middle Initial) V Susan Rusch, Dr.	I	Date of Receipt					
_	Aailing Address WFHC 5000 W Chambers St		03 / D D / Y Y Y Y 12 / 2009					
	Sity	State Zip Code	Transaction ID: SA11AI.32932					
-	Milwaukee	WI 53210-1650	Amount of Each Receipt this Period					
fe	EC ID number of contributing ederal political committee.		250.00					
_	lame of Employer St Josephs Hosp	Occupation Pathologist						
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUI	BTOTAL of Receipts This Page (optional)	·	1500.00					
то	TAL This Period (last page this line number	only)						

SCHEDULE A (FEC F	•	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 30 / 52 (check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such or for commercial purposes, other	Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol					
	NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee					
Full Name (Last, First, Middle O. Reinhardt Sahmel, Dr.	Initial)		Date of Receipt			
Mailing Address Departme	ent of Pathology n Washington St		M M / D D / Y Y Y Y 0 3 2 4 2 0 0 9			
City	State	Zip Code	Transaction ID: SA11AI.32841			
Easton	MD	21601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Memorial Hosp at Easton	Occupatio Patholog					
Receipt For:		e Year-to-Date 🔻	_			
Other (specify) ▼		500.00				
Full Name (Last, First, Middle M Marguerite Salam, Dr.			Date of Receipt			
Mailing Address 721 Gree	ns		M         M         /         D         D         /         Y			
City	State	Zip Code	Transaction ID: SA11AI.32911			
Dallas	PA	18612	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Sacred Heart Hosp	Occupation Patholog	jist				
Receipt For:		e Year-to-Date 🔻	_			
Other (specify) ▼		1000.00				
Full Name (Last, First, Middle Suash Sharma	Initial)		Date of Receipt			
1120 15th			M M / D D / Y Y Y Y 03 / 26 / 2009			
City Augusta	State GA	Zip Code 30912	Transaction ID: SA11AI.32831			
FEC ID number of contributing federal political committee.		20312	Amount of Each Receipt this Period 500.00			
Name of Employer Med College of Georgia	Occupation Pathology					
Receipt For:	Y	e Year-to-Date V	-			
Primary     Generation       Other (specify) ▼	al	500.00	]			
SUBTOTAL of Receipts This Pa	age (optional)		2000.00			
TOTAL This Period (last page th						

An	y information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full)	A Statemente meu net he cold er used bu	
$\geq$		the name and address of any political co	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
<u> </u>	College of American Pathologists P	plitical Action Committee	
	Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr.	Date of Receipt	
	Mailing Address 1500 E Sherman Bl	/d	03 26 YYYY 023 26 2009
	City	State Zip Code	Transaction ID: SA11AI.32847
	Muskegon	MI 49444-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Mercy General Health Part- ners	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	25	0.00
	Full Name (Last, First, Middle Initial) W. David Smith, Dr.	-1	Date of Receipt
	Mailing Address 3 Santa Clara Court		03 / D D / Y Y Y Y 06 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32807
	San Rafael	CA 94903-3729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Kaiser Foundation Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 25	0.00
	Full Name (Last, First, Middle Initial) M Gregory Smith, Dr.		Date of Receipt
	Mailing Address 712 S Cascade St		M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.32815
	Fergus Falls	MN 56537-2913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Region Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 25	0.00
s	UBTOTAL of Receipts This Page (optional		750.00

SCULL			FOR LINE NUMBER: PAGE 32/52
	DULE A (FEC Form 3X)	Use separate schedul for each category of th	le(s) (check only one)
II EMIZ	ZED RECEIPTS	Detailed Summary Pa	ge X 11a 11b 11c 12
• • •			13 14 15 16 17
Any inforn or for com	nation copied from such Reports and Stat imercial purposes, other than using the na	ements may not be sold or used by a me and address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	OF COMMITTEE (In Full)		
	ge of American Pathologists Politic	al Action Committee	
	ame (Last, First, Middle Initial) ey Smith, Dr.	Date of Receipt	
Mailing	Address 1395 S Pinellas Avenue	M M / D D / Y Y Y Y 03 24 2009	
City		State Zip Code	Transaction ID: SA11AI.32798
Tarpo	on Springs	FL 34689-9907	Amount of Each Receipt this Period
	D number of contributing political committee.	C	500.00
Name Helen	of Employer Ellis Memorial Hosp	Occupation Pathologist	
Receip	t For:	Aggregate Year-to-Date V	
	Primary General		00
	Other (specify) <b>▼</b>	500.	
	ame (Last, First, Middle Initial) erick Snow, Dr.		Date of Receipt
	Address Med Specialty Lab Dept of Path		
City	υσριστιαιι	State Zip Code	Transaction ID: SA11AI.32756
	Francisco	CA 94133-4851	Amount of Each Receipt this Period
	D number of contributing political committee.	C	250.00
Name Chines	of Employer se Hosp	Occupation Pathologist	
Receip	ot For:	Aggregate Year-to-Date V	
	Primary General Dther (specify) <del>▼</del>	250.	00
	ame (Last, First, Middle Initial) Sonkin, Dr.		Date of Receipt
Mailing	Address 5000 W Oakland Pk Blvd	1	03 / 13 / Y Y Y Y 099
City		State Zip Code	Transaction ID: SA11AI.32785
Laude	erdale Lakes	FL 33313	Amount of Each Receipt this Period
	D number of contributing political committee.	C	500.00
Name Florida	of Employer Med Ctr	Occupation Pathologist	
Receip		Aggregate Year-to-Date V	
	Primary General Dther (specify) ▼	500.	00
SUBTOT	AL of Receipts This Page (optional)		1250.00
TOTAL	This Period (last page this line number on	y)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	<b>TM 3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 52 (check only one) X 11a 11b 11c 12	
Any information copied from such Re	ports and Statements may not be sold or used by any persi an using the name and address of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	5 //		
	gists Political Action Committee		
Full Name (Last, First, Middle Initian           A.         Rahima Spanta	·	Date of Receipt	
Mailing Address 4537 Walder		03 / D D / Y Y Y Y 2009	
City	State Zip Code	Transaction ID: SA11AI.32871	
Bloomfield	MI 48301-1150	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Oakwood Southshore Med Ctr	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify)	250.00	]	
Full Name (Last, First, Middle Initia B. S. Charles Stevens, Dr.	al)	Date of Receipt	
Mailing Address 1122 Austin	Hwy	M M / D D / Y Y Y Y 03 26 2009	
City	State Zip Code	Transaction ID: SA11AI.32922	
San Antonio	TX 78209-4844	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer South Texas Dermatopathol- ogy Lab	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date 🔻	_	
Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initia Ann Sue Strayer, Dr.	al)	Date of Receipt	
1800 E Lake	Mailing Address Dept of Pathology 1800 E Lake Shore Dr		
City	State Zip Code	Transaction ID: SA11AI.32940	
Decatur	IL 62521-3810	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer St Mary's Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date 🔻		
Primary     General       Other (specify) ▼	250.00	]	
SUBTOTAL of Receipts This Page	(optional)	1000.00	
	ine number only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 34 / 52         (check only one)			
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 Polit	ical Action C	committee				
∠ A.	Full Name (Last, First, Middle Initial) S Mark Synovec, Dr. Mailing Address Laboratory			Date of Receipt			
	Mailing Address Laboratory 1500 SW 10th Street			03 01 2009			
	City	State	Zip Code	Transaction ID: SA11AI.32950			
	Topeka	KS	66606	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		750.00			
	Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologi					
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary     General       Other (specify) ▼	0 0	750.00				
- В.	Full Name (Last, First, Middle Initial) V Krishnarao Tangella, Dr.	1		Date of Receipt			
	Mailing Address Dept of Path 1400 W Park St			M         M         /         D         D         Y			
	City Urbana	State IL	Zip Code 61801-2334	Transaction ID: SA11AI.32890			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer Provena Covenant Med Ctr	Occupation Pathologi					
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary     General       Other (specify)     ▼	0 0	500.00	]			
- C.	Full Name (Last, First, Middle Initial) A Mark Van Gorder, Dr.	I		Date of Receipt			
	Mailing Address 1451 S Indiana Ave			M M / D D / Y Y Y Y 03 23 2009			
	City	State	Zip Code	Transaction ID: SA11AI.32928			
	Chicago	IL	60605-2834	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer St James Hosp and Hith Ct- rs	Occupation Pathologi	st				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]			
Γ	CURTOTAL of Descists This Dave (artismal)			1750.00			
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of						

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 35 / 52         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17			
Any information copied from such Reports and or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Committee				
Full Name (Last, First, Middle Initial) E Keith Volmar, Dr.	Date of Receipt				
Mailing Address Rex Pathology Asso Pathology Laborator		M M / D D / Y Y Y Y 03 16 2009			
City	State Zip Code	Transaction ID: SA11AI.32905			
Raleigh	NC 27607-7505	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Rex Healthcare	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date V	1			
Primary General Other (specify)	1000.00				
Full Name (Last, First, Middle Initial) Stephen Christopher Ward, Dr.					
One Gustave L Levy	Mailing Address Department Of Pathology One Gustave L Levy Place				
City	State Zip Code	Transaction ID: SA11AI.32857			
New York FEC ID number of contributing federal political committee.	NY 10029-6500	Amount of Each Receipt this Period			
Name of Employer Mt. Sinai School of Medic- ine	Occupation Pathologist	_			
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary     General       Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) E. Nancy Warner, Dr.		Date of Receipt			
	Mailing Address 1065 S San Rafael Ave				
City	State Zip Code	Transaction ID: SA11AI.33020			
Pasadena	CA 91105-2330	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer USC Norris Cancer Hosp	Occupation Pathologist				
Receipt For: Primary General	Aggregate Year-to-Date V				
Other (specify)	500.00				
SUBTOTAL of Receipts This Page (optional	)	1750.00			
CODICIAL OF RECEIPTS THIS Fage (optional					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 52         (check only one)       11c       12         X       11a       11b       11c       12         I3       14       15       16       17				
Any information copied from such Reports an or for commercial purposes, other than using	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 P	Political Action Committee					
Full Name (Last, First, Middle Initial) A. M. Thomas Wheeler, Dr.		Date of Receipt				
Mailing Address Department of Path One Baylor Plaza	M         M         /         D         D         /         Y					
City	State Zip Code	Transaction ID: SA11AI.32737				
Houston FEC ID number of contributing federal political committee.	TX 77030	Amount of Each Receipt this Period 1000.00				
Name of Employer Baylor College of Medicine	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.	•	Date of Receipt				
Mailing Address Dept of Path 606 22Nd Ave S		03 / 25 / Y Y Y Y 2009				
City Meridian	State Zip Code MS 39301-6116	Transaction ID: SA11AI.32773				
FEC ID number of contributing federal political committee.	MS 39301-6116	Amount of Each Receipt this Period				
Name of Employer Diagnostic Tissue Cytology <u>Grp</u> Receipt For:	Occupation Pathologist Aggregate Year-to-Date ▼					
Primary General Other (specify) <b>v</b>	250.00					
Full Name (Last, First, Middle Initial) Lawrence Jeffrey Winters, Dr.		Date of Receipt				
Mailing Address Div of Transfusion I 200 First St SW	Med	M         M         /         D         D         /         Y				
City Rochester	State Zip Code MN 55905	Transaction ID: SA11AI.32829				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period				
Name of Employer Mayo Clinic	Occupation Pathologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optiona	I)	1500.00				
TOTAL This Period (last page this line num	ber only)	45408.00				

CHEDULE B (FEC Form 3X)	Use separate schedule(s	5)			_INE I	NUMBE	R:			PA	GE	37 /	52
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	-	b [	22 28a		23 28b		24 28c		25 29	
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College of American Pathologists Politica	Action Committee												
Full Name (Last, First, Middle Initial) Sun Trust Bank						Trans Date				SB21E ent	3.33	131	
Mailing Address P.O. Box 85024						0 <sup>M</sup> 3	М	/ D	02	/ Y	ž	0 ð s	<b>)</b> Y
City Richmond	State Zip Code VA 23285					Amou	int o	f Each	h Di	sburse	men	t this I	Perio
Purpose of Disbursement Bank Charges Amex					1							58.00	)
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Full Name (Last, First, Middle Initial)						<b>T</b>						100	
Sun Trust Bank						Date		isburs	sem				Y
Mailing Address P.O. Box 85024						0 3		´ <b>_</b> (	03		2	0 ð 9	)
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Candidate Name		С	Cate Ty	gory. pe	/								
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼												
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Senate President	ement For: Primary General Other (specify) V	1											
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	CHEDULE B (FEC Form 3X)	Use separate schedule					BER	1:		[	PAG	GE	38 / 5	52
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME CP 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 Purpose of Disbursement Bank Charges Act Analysis Fee Candidate Name  Office Sought: House Serate President Disbursement Bank  Mailing Address P.O. Box 85024  City City City City City City City Cit		Detailed Summary Page	9	X	21b 27	22	a	2	28b	2	8c		29	
NAME OF COMMITTEE (In Full)         College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Maling Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bark Charges Act Analysis Fee       Category         Cardidate Name       Disbursement For:       Category         Office Sought:       Pouse       Disbursement For:       Category         Fich Mare (Last, First, Middle Initial)       Transaction ID: SB21B.33130       Date of Disbursement this Perice         Sum Trust Bank       District:       Disbursement For:       Category         Fichmond       VA       23285       Amount of Each Disbursement this Perice         Cardidate Name       Category       Y       Y 2 0 0 9         City       State       Zip Code       Amount of Each Disbursement this Perice         Cardidate Name       Category/       Y 2 0 0 9       Amount of Each Disbursement this Perice         City       State       Disbursement For:       Category/       Y 2 0 0 9         Office Sought:       House       Disbursement For:       Category/       Y 2 0 0 9														
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Richmond VA 23285   Purpose of Disbursement Bank Charges Amex   Candidate Name Category/ Type   Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type State: District: Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Refund Paul Hartel Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement This Page (optional)	Mailing Address P.O. Box 85024					0	3	/	<sup>D</sup> 2	1 /	Y	ž	o ò ə	Y
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Full Name (Last, First, Middle Initial)       Transaction ID: SB21B.33128         Sun Trust Bank       Date of Disbursement         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Refund Paul Hartel         Candidate Name       Category/ Type         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:	Senate President	Primary Genera												
Sun Trust Bank       Date of Disbursement         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Amount of Each Disbursement this Perio         Refund Paul Hartel       Category/ Type         Office Sought:       House         President       Disbursement For:         State:       District:						Tra	nea	otio	יםו ה	CD	01 D	221	100	
City     State     Zip Code       Richmond     VA     23285       Purpose of Disbursement     250.00       Refund Paul Hartel     Category/ Type       Candidate Name     Category/ Type       Office Sought:     House       Disbursement For:     Senate       President     Other (specify)       State:     Disbursements This Page (optional)						Da	te of	Disl	ourse	ement				V
Richmond       VA       23285         Purpose of Disbursement       250.00         Refund Paul Hartel       Category/ Type         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       337.56	Mailing Address P.O. Box 85024					Ő	3	Ĺ	ຶ2	Š	Ľ	Ź	0 0 9	
Refund Paul Hartel       Category/ Type         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       337.56						Am	ioun	t of E	Each	Disbu	irsen	nent	this F	Perio
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College of American Pathologists Political	Action Committee											
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Mailing Address 38 Ivy Street, SE					<sup>м</sup> 3	М		<sup>D</sup> 1	<sup>D</sup> 3	Y	žo ò	9 <sup>°</sup>
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