10/16/2009 17:36

Image# 29935058538

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 10 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/61

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

FEC Form 3X (Rev. 02/2003)

D D [®]D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 80766.96 January 1 (b) Cash on Hand at 193413.38 Begining of Reporting Period 91087.00 526109.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 284500.38 606875.96 6(a) and 6(c) for Column B) 385370.86 62995.28 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 221505.10 221505.10 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 61

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

М М

D D 0 1

2009

Γα:

м м 0 9 ^D 3 0

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	86427.50	402619.50
	(ii) Unitemized	4659.50	117989.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	91087.00	520609.00
(b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	91087.00	520609.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	5500.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	91087.00	526109.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	91087.00	526109.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 61

	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	1260.20	0721.00
	Expenditures(c) Total Operating Expenditures	1360.28	9731.08
	(add 21(a)(i), (a)(ii) and (b))	1360.28	9731.08
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	53500.00	341179.78
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
٠.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
((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	8135.00	34210.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	62995.28	385370.86
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	62995.28	385370.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 61

III. Net Contribution Expenditure		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other from Line 11(d), page 3)		91087.00	520609.00
34. Total Contribution Refunds (from Line 28(d))		0.00	250.00
 Net Contributions (other th (subtract Line 34 from Line) 	′	91087.00	520359.00
36. Total Federal Operating Ex (add Line 21(a)(i) and Line		1360.28	9731.08
37. Offsets to Operating Expe (from Line 15, page 3)		0.00	0.00
 Net Operating Expenditure (subtract Line 37 from Line 		1360.28	9731.08

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr. Mailing Address Department of Pathology	ogv.		Date of Receipt
	16251 Sylvester Road			09 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.35244
	Seattle	WA	98166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Highline Community Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) D Garrett Alcorn, Dr.			Date of Receipt
	Mailing Address 16251 Sylvester Rd S	09 25 2009		
	City	State	Zip Code	Transaction ID: SA11AI.35245
	Burien	WA	98166-3017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Highline Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) M. Victor Alvarez, Dr.	·		Date of Receipt
	Mailing Address 2045 S 14th Ave Unit	09 / 17 / 2009		
	City	State	Zip Code	Transaction ID: SA11AI.35379
	Yuma	AZ	85364-6286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Yuma Reg Med Ctr	Occupation Patholog	pist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .		\	2000.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
∠ A .	Full Name (Last, First, Middle Initial) L Ruth Anker, Dr.			Date of Receipt
	Mailing Address 5100 W Broad St	0	7:01	09 / 03 / 2009
	City <u>Columbus</u>	State OH	Zip Code 43228-1607	Transaction ID: SA11AI.35215 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1007	1000.00
	Name of Employer Doctors Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.	1		Date of Receipt
	Mailing Address Dept of Lab Med 2799 W Grand Blvd #	09 04 2009		
	City Detroit	State MI	Zip Code 48202-2608	Transaction ID: SA11AI.35242
	FEC ID number of contributing federal political committee.	C	+02.02-2.000	Amount of Each Receipt this Period 500.00
	Name of Employer Henry Ford Health System	Occupation Pathologo		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) D. Norman Bell, Dr.			Date of Receipt
	Mailing Address PO Box 242752	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11Al.35183
	Montgomery FEC ID number of contributing federal political committee.	C	36124	Amount of Each Receipt this Period 250.00
	Name of Employer Baptist Medical Ctr-East	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
	TOTAL This Period (last page this line number			

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	ooses, other than using the na	ame and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City Twin Falls FEC ID number of federal political cor	PO Box 409 650 Addison Ave W	State ID C	Zip Code 83301	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Magic Valley Reg leading For: Primary Other (specified)	General	Pathologi		
Full Name (Last, F A. Richard Bernert, Mailing Address				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scottsdale FEC ID number of federal political cor		State AZ	Zip Code 85258-6090	Transaction ID: SA11AI.35380 Amount of Each Receipt this Period 208.00
Name of Employer Clin-Path Associate Receipt For: Primary Other (specif	General	Occupation Pathologi Aggregate		
		/		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Elk Grove Village FEC ID number of federal political cor	contributing	State IL C	Zip Code 60007-3397	Transaction ID: SA11AI.35174 Amount of Each Receipt this Period 500.00
Name of Employer Alexian Brothers N		Occupation Pathologi		
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Rece	pts This Page (optional))	1308.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/61 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) G. Jared Block, Dr.			Date of Receipt
Mailing Address 2928 Forest Park D	Or		09 17 2009
City Charlotte	State NC	Zip Code 28209-1402	Transaction ID: SA11AI.35191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Carolinas Med Ctr - Unive- rsity	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) W. Henry Bockelman, Dr.	L		Date of Receipt
Mailing Address Department of Path 600 Mary Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Evansville	State IN	Zip Code 47747	Transaction ID: SA11AI.35210
FEC ID number of contributing federal political committee.	C	47747	Amount of Each Receipt this Period 600.00
Name of Employer Deaconess Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Hecht Edward Bossen, Dr.			Date of Receipt
Mailing Address 2811 Wade Road			0 9 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.35218
Durham FEC ID number of contributing federal political committee.	C	27705-5622	Amount of Each Receipt this Period 250.00
Name of Employer Duke Univ Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the DNAME OF COMMITTEE (In Full) College of American Pathologists Politi	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Marylee Braniecki, Dr. Mailing Address 2078 Fargo Blvd. City Geneva FEC ID number of contributing federal political committee. Name of Employer ACL Illinois Central Laboratory Receipt For: Primary Other (specify)	State Zip Code IL 60134 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) L Irwin Browarsky, Dr. Mailing Address 5751 Hoover Blvd City Tampa FEC ID number of contributing federal political committee. Name of Employer Ruffolo, Hooper & Associates Receipt For: Primary General Other (specify)	State Zip Code FL 33634-5340 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) L Curtis Buchholz, Dr. Mailing Address Lab 44455 Sterling Hwy City Soldotna FEC ID number of contributing federal political committee. Name of Employer Peninsula Pathology Institute Receipt For: Primary General Other (specify)	State Zip Code AK 99669 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee ists Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Delvalle Rebeca Candal, Col Mailing Address 100 Medical City Slidell FEC ID number of contributing	enter Dr State Zip Code LA 70461-5520	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Northshore Regional Medical Center Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date 500.00	300.00
Full Name (Last, First, Middle Initia D. Jeffrey Cao, Dr. Mailing Address Dept of Path 11234 Anders City Loma Linda		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Loma Linda Univ Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial J. Thomas Carroll, Dr. Mailing Address Pathology De 2720 Stone P City Sioux City FEC ID number of contributing federal political committee.	partment	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Name of Employer St Lukes Reg Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (ptional)	2000.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) bllege of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>Vic</u> Ma Cit <u>;</u> Ec	I Name (Last, First, Middle Initial) tor Casas iling Address Dept of Path 65 James St y lison C ID number of contributing leral political committee.	State NJ	Zip Code 08818	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	me of Employer on F. Kennedy Med Ctr ceipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
3. <u>Liz</u> Ma Cit <u>Or</u> FE	I Name (Last, First, Middle Initial) ardo Cerezo iling Address Dept of Path 1414 Kuhl Ave y Ilando C ID number of contributing eral political committee.	State FL	Zip Code 32806-2115	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na Or	me of Employer lando Regional Med Ctr ceipt For: Primary General Other (specify)	Occupation Patholog		
Ma City Ho FE	C ID number of contributing leral political committee.	State TX C	Zip Code 77090	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	me of Employer uston Northwest Med Ctr ceipt For: Primary General Other (specify)	Patholog		
SUBT	FOTAL of Receipts This Page (optional)	I		2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) W. John Chowning, Dr.		Date of Receipt
Mailing Address 111 Franklin Health	Commons State Zip Code	09 25 2009
City Farmington	ME 04938	Transaction ID: SA11AI.35225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Franklin Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carol Barbara Comess, Dr. Mailing Address Department of Path	ology	Date of Receipt
39000 Bob Hope Dr	09 04 2009	
City	State Zip Code CA 92270-3221	Transaction ID: SA11AI.35219
Rancho Mirage FEC ID number of contributing federal political committee.	CA 92270-3221	Amount of Each Receipt this Period 500.00
Name of Employer Eisenhower Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Douglas Paul Cook, Dr.		Date of Receipt
Mailing Address Path Dept 1000 W 10th St		0 9 0 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35301
Rolla FEC ID number of contributing federal political committee.	MO 65401-2905	Amount of Each Receipt this Period 1000.00
Name of Employer Phelps County Reg Med Ctr	Occupation Pathologists	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	2000.00

	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.		Date of Receipt
Mailing Address 5620 East El Parqu City	State Zip Code	0 9 1 7 2 0 0 9 Transaction ID: SA11AI.35197
Long Beach	CA 90815-4129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71.50
Name of Employer Centinela Hosp Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 214.50	
Full Name (Last, First, Middle Initial) W. David Couch		Date of Receipt
Mailing Address Dept of Path 350 N Wilmot Rd		09 / 11 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.35195
Tucson FEC ID number of contributing federal political committee.	AZ 85711	Amount of Each Receipt this Period 500.00
Name of Employer Carondelet St Joseph's Ho- sp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Neil Arthur Crowson, Dr.		Date of Receipt
Mailing Address Dept of Path 1923 S Utica Ave		09 18 2009
City	State Zip Code	Transaction ID: SA11AI.35324
Tulsa FEC ID number of contributing federal political committee.	OK 74104-6520	Amount of Each Receipt this Period 400.00
Name of Employer St John Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)	971.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	nd Statements may not be sold or used by any person the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D. Hernani Cualing, Dr.	Tollical Action Committee	Date of Receipt
Mailing Address Department of Pati 12902 USF Magno	hology lia Dr Rm 2071	0 9 0 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35233
<u>Tampa</u>	FL 33612-9416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer H Lee Moffitt Cancer Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) S. DeWitt Davenport, Dr.		Date of Receipt
Mailing Address PO Box 2918		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.35214
<u>Harlingen</u>	TX 78551-2918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Valley Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr.		Date of Receipt
Mailing Address 250 Fountain Ct		0 9 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35211
Lexington	KY 40509-1888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dermatopathology Reference Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	<u>'</u>	1075.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for common NAME	mercial purposes, other than using the OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Colleg	e of American Pathologists Polit	ical Action (Committee	
A. A. Craig	me (Last, First, Middle Initial) Dise, Dr.			Date of Receipt
Mailing	Address Department of Patholo 100 Madison Ave	gy		09 08 2009
City		State	Zip Code	Transaction ID: SA11AI.35279
<u>Morris</u>		NJ	07960	Amount of Each Receipt this Period
	number of contributing political committee.	C		1000.00
Name o Morristo	of Employer own Memorial Hosp	Occupation Patholog		
	: For: rimary ☐ General tther (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
B. D. Jame	me (Last, First, Middle Initial) es Dollar, Dr.			Date of Receipt
Mailing	Address 231 Pat Stough Ln			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.35190
<u>Davids</u>	son	NC	28036-8405	Amount of Each Receipt this Period
	number of contributing political committee.	С		750.00
Name o Patholo	of Employer gy Assocs Svcs	Occupation Patholog		
	: For: rimary ☐ General other (specify) ♥	Aggregate	e Year-to-Date ▼ 750.00]
	me (Last, First, Middle Initial) n Ekuan, Dr.			Date of Receipt
Mailing	Address Path 27700 Medical Center			09 / 25 / 2009
City	un Viole	State CA	Zip Code 92691-6426	Transaction ID: SA11AI.35277
FEC ID	n Viejo number of contributing political committee.	C	92091-0420	Amount of Each Receipt this Period 500.00
Name o Mission	of Employer n Hosp & Reg Med Ctr	Occupation Patholog		
	For: rimary General wher (specify)	,	e Year-to-Date ▼ 500.00	
SUBTOTA	AL of Receipts This Page (optional)	<u> </u>		2250.00
	This Period (last page this line number		<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 61 (check only one) X
or f	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱	Full Name (Last, First, Middle Initial) M Galen Eversole, Dr. Mailing Address Dept of Path 4230 Burnham Ave			Date of Receipt 0 9 0 4 2 0 0 9
(City	State	Zip Code	Transaction ID: SA11AI.35303
-	Las Vegas	NV	89119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
İ	Name of Employer Quest Diag	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Edward Ewing			Date of Receipt
	Mailing Address Lab 405 W Grand Ave	Ctata	7in Oada	09 17 2009
	City Dayton	State OH	Zip Code 45459	Transaction ID: SA11AI.35228
-	FEC ID number of contributing federal political committee.	C	43439	Amount of Each Receipt this Period 750.00
Ī	Name of Employer Grandview Hosp	Occupation Patholog		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) L. Marianne Feran, Dr.			Date of Receipt
	Mailing Address 23 Whittier St			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.35207
-	Melrose FEC ID number of contributing federal political committee.	C	02176-3601	Amount of Each Receipt this Period 500.00
į	Name of Employer Converge Diagnostic Servi- ces LLC	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
su	IBTOTAL of Receipts This Page (optional) .	1		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists Po			
Full Name (Last, First, Middle Initial) T. Noel Florendo, Dr. Mailing Address 1211 Union Ave Ste City Memphis		Zip Code 38104-6655	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Duckworth Pathology Group Receipt For: Primary General	Occupation Pathologi Aggregate	st Year-to-Date ▼	500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) D. Rebecca Folkerth, Dr. Mailing Address Department of Patho 75 Francis St City Boston	ology State MA	Zip Code 02115-6110	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Brigham & Women's Hosp Receipt For: Primary General Other (specify)	Occupation Pathologi Aggregate		500.00
Full Name (Last, First, Middle Initial) V. Steven Foster, Dr. Mailing Address Department of Patho 1441 N Beckley Ave City Dallas		Zip Code 75203	Date of Receipt 0 9 1 1 2 0 0 9 Transaction ID: SA11AI.35271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Methodist Dallas Medical Center Receipt For: Primary General Other (specify)	Occupation Pathologi Aggregate		500.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 61 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	g the name and addi	ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Robert Freedman Mailing Address Department of Patl 225 North Jackson			Date of Receipt 0 9 1 1 1 2 0 0 9
City San Jose FEC ID number of contributing	State CA	Zip Code 95116	Transaction ID: SA11AI.35308 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Pathologis]
Full Name (Last, First, Middle Initial) Michael Dennis Frisman, Dr. Mailing Address Pathology Departm 39000 Bob Hope D City Rancho Mirage FEC ID number of contributing federal political committee.		Zip Code 92270	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Eisenhower Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologis]
Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr. Mailing Address Department of Lab 615 South New Ba City		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
St Louis FEC ID number of contributing federal political committee.	MO	63141-8277	Amount of Each Receipt this Period 500.00
Name of Employer St. Johns Mercy Med Ctr Receipt For:	Occupation Pathologis Aggregate		
Primary General Other (specify) ▼	33 13 110	1000.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 61 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr. Mailing Address Dept of Path/Lab			Date of Receipt
	4500 13th St City	State	Zip Code	0 9 2 5 2 0 0 9 Transaction ID: SA11Al.35267
	Gulfport	MS	39501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Hosp @ Gulfport	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.			Date of Receipt
	Mailing Address Dept of Path 1000 Fourth St SW			09 17 2009
	City Magaza City	State	Zip Code	Transaction ID: SA11AI.35270
	Mason City FEC ID number of contributing federal political committee.	C	50401-2800	Amount of Each Receipt this Period 250.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Buntyn Paul Googe, Dr.			Date of Receipt
	Mailing Address 315 Erin Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.35255
	Knoxville FEC ID number of contributing federal political committee.	C	37919-6202	Amount of Each Receipt this Period 500.00
	Name of Employer Knoxville Dermatopathology Laboratorie	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		\	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 61 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Sylvester Michael Graff, Dr.			Date of Receipt
Mailing Address 290 Big Run Rd			09 17 2009
City Lexington	State KY	Zip Code 40503-2903	Transaction ID: SA11AI.35224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Pathology & Cytology Labs Inc	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dwayne Brent Hall, Dr.			Date of Receipt
Mailing Address PO Box 1818			09 04 2009
City	State	Zip Code	Transaction ID: SA11AI.35370
Boone FEC ID number of contributing federal political committee.	NC C	28607-1818	Amount of Each Receipt this Period 1000.00
Name of Employer unaffiliated	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carl Gordon Handte, Dr.			Date of Receipt
Mailing Address Department of Path 1800 East Park Ave			0 9 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State College	State PA	Zip Code 16803	Transaction ID: SA11AI.35280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Centre Community Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ıl\		2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) V. William Harrer, Dr.		Date of Receipt
Mailing Address 129 The Mews City	State Zip Code	0 9 1 7 2 0 0 9 Transaction ID: SA11Al.35253
Haddonfield	NJ 08033-1344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Our Lady of Lourdes Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.		Date of Receipt
Mailing Address The Pathology Cent 8303 Dodge St		09 17 2009
City	State Zip Code NE 68114	Transaction ID: SA11AI.35274
Omaha FEC ID number of contributing federal political committee.	NE 68114	Amount of Each Receipt this Period 350.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) M Douglas Hughes, Dr.		Date of Receipt
Mailing Address 6063 Sabal Creek E	llvd	09 04 2009
City	State Zip Code	Transaction ID: SA11AI.35234
Port Orange	FL 32128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Halifax Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1850.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerc	n copied from such Reports and S ial purposes, other than using the COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Pathologists Poli	tical Action (Committee	
M. Thomas J	· · · · · · · · · · · · · · · · · · ·			Date of Receipt
Mailing Add	ress Dept of Pathology 4343 N Josey Ln			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	•	State	Zip Code	Transaction ID: SA11AI.35341
<u>Carrollton</u>		TX	75010	Amount of Each Receipt this Period
	nber of contributing cal committee.	C		250.00
Name of Em Trinity Med	nployer Ctr	Occupatio Patholog		
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 250.00	
,	Last, First, Middle Initial) am Jefferson, Dr.			Date of Receipt
Mailing Add	ress 101 Elm Ave SE			09 / 03 / 4 7 7 7
City		State	Zip Code	Transaction ID: SA11AI.35188
	nber of contributing cal committee.	C	24013-2222	Amount of Each Receipt this Period 1000.00
Name of Em Carilion Roa	nployer anoke Mem Hosp	Occupatio Patholog		
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (I	Last, First, Middle Initial)			Date of Receipt
Mailing Add	ress Dept of Path 1401 Johnston Willis I			09 / 25 / Y Y Y Y Y Y Y
City Richmond	ı	State VA	Zip Code	Transaction ID: SA11AI.35203
FEC ID num	nber of contributing cal committee.	C	23235-4730	Amount of Each Receipt this Period 500.00
Name of Em Commonwe nts	nployer alth Lab Consulta-	Occupatio Patholog		
Receipt For		Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL o	f Receipts This Page (optional)			1750.00
	Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 61 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gregorius Joan Jones, Dr. Mailing Address 1320 York Ave 34H		Date of Receipt
City New York FEC ID number of contributing	State Zip Code NY 10021-4878	Transaction ID: SA11AI.35285 Amount of Each Receipt this Period 250.00
Federal political committee. Name of Employer New York Presbyterian Hosp - Cornell C Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) G. Megha Joshi, Dr. Mailing Address 2 Dana Ave		Date of Receipt 0 9 1 7 2 0 0 9
City Winchester FEC ID number of contributing	State Zip Code MA 01890-1010 C	Transaction ID: SA11AI.35262 Amount of Each Receipt this Period 38.00
Name of Employer Lawrence General Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 266.00]
Full Name (Last, First, Middle Initial) Alexandre Andre Kajdacsy-Balla, Dr. Mailing Address Dept of Path	440	Date of Receipt 0 9 1 7 2 0 0 9
Table W Polk St Rm City Chicago FEC ID number of contributing federal political committee.	State Zip Code L 60612-4356	Transaction ID: SA11AI.35351 Amount of Each Receipt this Period 500.00
Name of Employer Univ of Illinois at Chicago Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optiona	500.00	788.00

		egory of the mmary Page	(check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any pol	used by any persor itical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists I	Political Action Committee		
Full Name (Last, First, Middle Initial) Elwin Marc Keen, Dr.			Date of Receipt
Mailing Address Director of Clinical One Atkinson Drive			09 04 2009
City	State Zip Code		Transaction ID: SA11AI.35268
Ludington FEC ID number of contributing	MI 49431-94	31	Amount of Each Receipt this Period 2500.00
federal political committee.			2500.00
Name of Employer Memorial Med Ctr of W Mic- higan	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) L Dennis Laffay, Dr.	L		Date of Receipt
Mailing Address 18856 North Valley			0 9 1 8 2 0 0 9
City	State Zip Code		Transaction ID: SA11AI.35246
Fairview Park	OH 44126		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Hillcrest Hosp	Occupation Pathologist		
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) D.K. Clarke Lambe, Dr.			Date of Receipt
Mailing Address 16019 N 53rd St			09 11 2009
City	State Zip Code		Transaction ID: SA11AI.35376
Scottsdale	AZ 85254-17	76	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Western Pathology Assoc, Ltd.	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	
SUBTOTAL of Receipts This Page (optional	l)		4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L. Rosanna Lapham, Dr. Mailing Address 101 East Wood Street	et	Date of Receipt 0 9 1 7 2 0 0 9
City Spartanburg FEC ID number of contributing federal political committee.	State Zip Code SC 29303	Transaction ID: SA11AI.35194 Amount of Each Receipt this Period 500.00
Name of Employer Spartanburg Pathology Associates, PA Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) E. Philip LeBoit, Dr. Mailing Address 1701 Divisadero St F	Rm 350	Date of Receipt 0 9 0 3 2 0 0 9
City San Francisco FEC ID number of contributing federal political committee.	State Zip Code CA 94115-3011	Transaction ID: SA11AI.35347 Amount of Each Receipt this Period 1000.00
Name of Employer Univ of California San Fr- ancisco Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) J Christopher Leigh, Dr. Mailing Address Mercy Medical Cente	or .	Date of Receipt 0 9 1 8 2 0 0 9
250 Mercy Dr City Dubuque FEC ID number of contributing federal political committee.	State Zip Code IA 52001	Transaction ID: SA11AI.35345 Amount of Each Receipt this Period 500.00
Name of Employer United Clinical Laborator- ies Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	7
SUBTOTAL of Receipts This Page (optional)		2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 61 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Alan Levin			Date of Receipt
	Mailing Address 1701 Hillmoor Dr Ste	C11		09 03 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.35175
	Port St Lucie	FL	34952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AmeriPath	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.			Date of Receipt
	Mailing Address PO Box 870 1209 Bishop ST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.35184
	Union City	TN	38281-0870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Memorial Hosp-Uni- on City	Occupatio Patholog		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
. –	Full Name (Last, First, Middle Initial) L Richard Lozano, Dr.			Date of Receipt
	Mailing Address Dept of Path 290 Big Run Rd			09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.35294
	Lexington	KY	40502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Pathology & Cytology Labs Inc	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2000.00

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P.	d Statements may not be sold or used by any pers the name and address of any political committee t olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C. John Maddox, Dr.		Date of Receipt
Mailing Address Department of Patho 500 J. Clyde Morris		09 / 04 / 2009
City Newport News	State Zip Code VA 23601	Transaction ID: SA11AI.35309
FEC ID number of contributing federal political committee.	C 23001	Amount of Each Receipt this Period 1000.00
Name of Employer Riverside Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr. Mailing Address Dept of Pathology		Date of Receipt
290 Big Run Rd		09 04 2009
City Lexington	State Zip Code KY 40503	Transaction ID: SA11AI.35295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 40000	1000.00
Name of Employer Pathology & Cytology Labs Inc.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) E. John McDonald, Dr.		Date of Receipt
Mailing Address Dept of Pathology 4401 Booth Callowa	у	09 03 2009
City	State Zip Code	Transaction ID: SA11AI.35286
North Richland Hil FEC ID number of contributing federal political committee.	TX 76180	Amount of Each Receipt this Period 1000.00
Name of Employer North Hills Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	3000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persor g the name and address of any political committee to s	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) R Myron Melamed, Dr. Mailing Address 3000 S Ocean Blv	d Apt 1504	Date of Receipt 0 9 0 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35374
Boca Raton	FL 33432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Westchester Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Bruce Melin, Dr.		Date of Receipt
Mailing Address Department of Pat 401 E Spruce St		09 / 03 / 2009
City	State Zip Code	Transaction ID: SA11AI.35332
Garden City FEC ID number of contributing federal political committee.	KS 67846-5672	Amount of Each Receipt this Period 250.00
Name of Employer St. Catherine Hosp	Occupation Pathologist]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) A. Karen Miller, Dr. Mailing Address Lab 1255 W Washingt	on St	Date of Receipt 0 9 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35318
Tempe	AZ 85281-1210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
CURTOTAL of Descripto This Descriptor	nal)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 61 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne name and addres	ss of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Deepak Mohan Mailing Address Medical Lab Director			Date of Receipt		
500 W Hospital Rd City French Camp FEC ID number of contributing federal political committee.	State CA	Zip Code 95231	Transaction ID: SA11AI.35312 Amount of Each Receipt this Period 535.00		
Name of Employer San Joaquin General Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 535.00]		
Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr. Mailing Address ACL Laboratories 2900 W. Oklahoma A	el, Dr.				
Milwaukee FEC ID number of contributing federal political committee.	WI	53215-4330	Transaction ID: SA11AI.35182 Amount of Each Receipt this Period 500.00		
Name of Employer St. Luke's Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Ye	ar-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) R. Michael O'Leary, Dr. Mailing Address 1304 Buckley Rd			Date of Receipt		
City Syracuse FEC ID number of contributing federal political committee.	State NY	Zip Code 13212-4311	Transaction ID: SA11AI.35257 Amount of Each Receipt this Period 1000.00		
Name of Employer Lab Alliance of Central New York Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)			2035.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 61 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Cheng Yao Ong, Dr. Mailing Address 4712 Grandview Av	venue		Date of Receipt 0 9 0 3 2 0 0 9
City New Port Richey FEC ID number of contributing federal political committee.	State FL	Zip Code 34652-1039	Transaction ID: SA11AI.35232 Amount of Each Receipt this Period 500.00
Name of Employer Gulf Coast Pathologists Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) A. Stephen Ovanessoff, Dr. Mailing Address 1255 W Washingto	on St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tempe FEC ID number of contributing federal political committee.	State AZ	Zip Code 85281	Transaction ID: SA11AI.35319 Amount of Each Receipt this Period 500.00
Name of Employer Clin-Path Associates, P.C. Receipt For: Primary Other (specify) ▼	Occupation Patholog Aggregate]
Full Name (Last, First, Middle Initial) Norman Robert Page, Dr. Mailing Address 315 Erin Dr			Date of Receipt 0 9 0 3 2 0 0 9
City Knoxville FEC ID number of contributing federal political committee.	State TN	Zip Code 37919-6202	Transaction ID: SA11AI.35256 Amount of Each Receipt this Period 750.00
Name of Employer Knoxville Dermatopathology Laboratorie Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists Personal Pathologists Personal Pathologists Personal Pathologists Personal Pathologists Personal Personal Pathologists Personal Pe	the name and addi	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Abraham Philip Mailing Address Department of Patho			Date of Receipt
City Cincinnati FEC ID number of contributing	State OH	Zip Code 45242-4402	Transaction ID: SA11AI.35185 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Pathologis Aggregate		100.00
Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr. Mailing Address Dept of Path 290 Big Run Rd City Lexington FEC ID number of contributing	State KY	Zip Code 40503-2903	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Pathology & Cytology Labs Inc Receipt For: Primary General Other (specify) ▼	Occupation Pathologis		
Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr. Mailing Address 506 Devonhall Ln	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cary FEC ID number of contributing federal political committee.	State NC	Zip Code 27518-2658	Transaction ID: SA11AI.35364 Amount of Each Receipt this Period 1000.00
Name of Employer Wake Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologis Aggregate		
SUBTOTAL of Receipts This Page (optional))		1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) G Thomas Puckett, Dr. Mailing Address Dept of Path 421 S 28th Ave Ste 31 City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Hattiesburg Clinic, PA Receipt For: Primary General Other (specify)	State MS C Occupatio Patholog		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ В.	Full Name (Last, First, Middle Initial) Richard Donald Pulitzer, Dr. Mailing Address 706 Green Valley Rd S City Greensboro FEC ID number of contributing federal political committee. Name of Employer Greensboro Pathology Assoc PA Receipt For: Primary General Other (specify)	State NC C Occupatio Patholog		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) A. Felipe Querimit, Dr. Mailing Address Clinical Laboratories 25 Pocono Rd City Denville FEC ID number of contributing federal political committee. Name of Employer St. Clare's Hosp Receipt For: Primary General Other (specify)	State NJ C Occupatio Patholog Aggregate		Date of Receipt M M M / D D / 2 5 / 2 0 0 9 Transaction ID: SA11AI.35322 Amount of Each Receipt this Period 500.00
t	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 61 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action (Committee	
Full Name (Last, First, Middle Initial) C. James Quigley, Dr.			Date of Receipt
Mailing Address Department of Pathologous PO Box 2923	gy		09 17 2009
City	State	Zip Code	Transaction ID: SA11AI.35315
Shawnee Mission	KS	66201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Shawnee Mission Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Shrin Rajagopalan			Date of Receipt
Mailing Address 1900 Kildaire Farm Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.35368
Cary	NC	27518-6616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer WakeMed Cary Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) J. Thomas Reed, Dr.			Date of Receipt
Mailing Address 2001 Webber St			09 04 7 2009
City	State	Zip Code	Transaction ID: SA11AI.35314
Sarasota	FL	34239-5237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Sarasota Pathology	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pole	ne name and ado	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Susan Rendon, Dr. Mailing Address 913B North Blvd East	t		Date of Receipt
City Leesburg FEC ID number of contributing	State FL	Zip Code 34748	Transaction ID: SA11AI.35299 Amount of Each Receipt this Period 1750.00
Name of Employer Pathology Medical Laboratories, PA Receipt For: Primary Other (specify)	Occupation Pathologi]
Full Name (Last, First, Middle Initial) E. Ronald Rocha, Dr. Mailing Address 3701 S Higuera St St	te 200		Date of Receipt 0 9 1 7 2 0 0 9
City San Luis Obispo FEC ID number of contributing federal political committee.	State CA	Zip Code 93401	Transaction ID: SA11AI.35196 Amount of Each Receipt this Period 500.00
Name of Employer Central Coast Pathology Consultants Receipt For: Primary General Other (specify)	Occupation Pathologi Aggregate]
Full Name (Last, First, Middle Initial) F Charles Romberger, Dr. Mailing Address 555 N. Duke St.			Date of Receipt
P.O. Box 3555 City Lancaster FEC ID number of contributing federal political committee.	State PA	Zip Code 17604-3555	Transaction ID: SA11AI.35261 Amount of Each Receipt this Period 1000.00
Name of Employer unaffiliated Receipt For: Primary General	Occupation Pathologi Aggregate	st Year-to-Date ▼	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1000.00	3250.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 61 (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any p ng the name and address of any political committee	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	s Political Action Committee	
Full Name (Last, First, Middle Initial) J Assad Saad, Dr.		Date of Receipt
Mailing Address 1441 N Beckley A	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Dallas	State Zip Code TX 75203-1201	Transaction ID: SA11AI.35272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Surgical Pathologists	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) D. Clifford Sauls, Dr.		Date of Receipt
Mailing Address 4899 Montrose B	0 9 2 5 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.35248
Houston FEC ID number of contributing federal political committee.	TX 77006-6170	Amount of Each Receipt this Period
Name of Employer Houston Pathology Associa-	Occupation Doctor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) T Berton Schaeffer, Dr.		Date of Receipt
Mailing Address Dept of Path 214 Hospital Cir		0 9 1 1 2 0 0 9
City Blairsville	State Zip Code GA 30512-3102	Transaction ID: SA11AI.35344 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Union General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	nal)	3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 61 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
	Full Name (Last, First, Middle Initial) C David Schlosnagle, Dr.			Date of Receipt
	Mailing Address 510 Old Path Crossin	g		09 03 7 4 9 9
	City	State	Zip Code	Transaction ID: SA11AI.35372
	Roswell	GA	30075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WellStar Kennestone Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) J Andrew Sloman, Dr.			Date of Receipt
	Mailing Address Dept of Path 1414 Kuhl Ave			09 / 04 / 2009
	City	State FL	Zip Code	Transaction ID: SA11AI.35293
	Orlando FEC ID number of contributing federal political committee.	C	32806-2008	Amount of Each Receipt this Period 250.00
	Name of Employer Orlando Regional Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Travis Elton Smith, Dr.	1		Date of Receipt
	Mailing Address 1101 Veramonte Dr			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.35193
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carolinas Pathology Group	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 61 (check only one) X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action (Committee	
۸.	Full Name (Last, First, Middle Initial) M. Ray Smith, Dr.			Date of Receipt
	Mailing Address Department of Labs. 150 Kingsley Ln			09 / 03 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.35186
	Norfolk	VA	23505-4602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bon Secours DePaul Medical Center	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Joy Snell			Date of Receipt
	Mailing Address 5405 SW Daun Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.35172
	Lawton	OK	73505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Advanced Pathology	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
•	James Matthew Snyder, Dr. Mailing Address WakeMed Hospital Pathology Dept.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.35307
	Raleigh	NC	27610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Raleigh Pathology Lab Ass- oc PA	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1800.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 61 (check only one) X
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to sold itself.	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Strimel Kathleen Sunshine, Dr. Mailing Address 7617 SE Maple A City Vancouver FEC ID number of contributing federal political committee. Name of Employer Southwest Washington Med	State Zip Code WA 98664-1736 C Occupation	Date of Receipt M M
Southwest Washington Med Ctr Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Justin Eric Thompson, Dr. Mailing Address 501 Alameda St	Ste B	Date of Receipt 0 9 0 4 2 0 0 9
City Norman FEC ID number of contributing federal political committee.	State Zip Code OK 73071-5465	Transaction ID: SA11AI.35298 Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Consultation Se- rvices Inc Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) A. Joseph Tworek, Dr. Mailing Address Dept of Path 5301 E Huron Riv		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ann Arbor FEC ID number of contributing federal political committee.	State Zip Code MI 48106-0995	Transaction ID: SA11AI.35326 Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph Mercy Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	2000.00

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 40 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne name and address of any p	or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Melvin Van Boven, Dr. Mailing Address Department of Pathor 744 W 9th St City Tulsa FEC ID number of contributing federal political committee.	State Zip Cod OK 74127	le	Date of Receipt M M D D Z Y Y Y Y Y Y Y Y Y
Name of Employer Tulsa Regional Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	500.00	_
Full Name (Last, First, Middle Initial) A Carol Van der Harten, Dr. Mailing Address 4230 Burnham Ave S	Ste 250		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11AI.35306
Las Vegas FEC ID number of contributing federal political committee.	NV 89119-	5489	Amount of Each Receipt this Period 250.00
Name of Employer Quest Diagnostics Incorpo- rated	Occupation Pathologist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) E Laura Van Newkirk, Dr.	l		Date of Receipt
Mailing Address 2738 E 51st St Ste 2	90		09 25 2009
City	State Zip Cod		Transaction ID: SA11Al.35342
Tulsa	OK 74105-0	6271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tulsa Medical Laboratory	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	
SUBTOTAL of Receipts This Page (optional)		>	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 61 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) College of American Pathologist	and Statements may not be sold or used by any personing the name and address of any political committee to sold Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Guillermo Villarmarzo Mailing Address PO Box 366527 City San Juan FEC ID number of contributing federal political committee. Name of Employer Hato Rey Pathology Associates Receipt For: Primary General Other (specify)	State Zip Code PR 00936-6527 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 4 2 0 0 9 Transaction ID: SA11AI.35238 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr. Mailing Address Department of P 44201 Dequindre City Troy FEC ID number of contributing federal political committee. Name of Employer William Beaumont Hosp Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) B Don Vollman, Dr. Mailing Address 411 East Matthe City Jonesboro FEC ID number of contributing federal political committee. Name of Employer Doctors' Anatomic Path Sv-cs, PA Receipt For: Primary General Other (specify)	State Zip Code AR 72401-3142 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opti	onal)	2450.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	N. I I	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) C. Larry VonKuster, Dr. Mailing Address Department of Patholo 715 South Taft	ogy		Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.35226
	Fremont	OH	43420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fremont Mem Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) L Dale Waldner, Dr. Mailing Address 1700 Iron Jacket Trl	-		Date of Receipt 0 9 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35209
	Harker Heights	TX	76548-6955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Darnell Community Hosp	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Michael Francis Walsh, Dr. Mailing Address Dept of Path			Date of Receipt 0 9 0 3 7 2 0 0 9
	3170 W Central Ave	State	Zip Code	Transaction ID: SA11AI.35206
	<u>Toledo</u>	OH	43606-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Consultants in Laboratory Medicine	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ		1		1750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) G Patricia Wasserman, Dr.		Date of Receipt
	Mailing Address 270-05 76th Ave	Ctata 7'a Cada	09 11 2009
	City <u>New Hyde Park</u>	State Zip Code NY 11040	Transaction ID: SA11AI.35264 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Long Island Jewish Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
ь В.	Full Name (Last, First, Middle Initial) H. Michael Weinstein, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 3000 New Bern Ave		09 / 22 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.35366
	Raleigh FEC ID number of contributing federal political committee.	NC 27610-1231	Amount of Each Receipt this Period 1000.00
	Name of Employer Wake Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 500 Chipeta Way		09 11 2009
	City	State Zip Code	Transaction ID: SA11AI.35180
	Salt Lake City FEC ID number of contributing federal political committee.	UT 84108-4108	Amount of Each Receipt this Period 1000.00
	Name of Employer ARUP Clinical Laboratories	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		2500.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) S Jerome Wilkenfeld, Dr. Mailing Address PO Box 55008 City Houston FEC ID number of contributing federal political committee. Name of Employer Spring Branch Med Ctr Receipt For:	State TX C Occupatio Patholog		Date of Receipt M M M D D D 2009 Transaction ID: SA11Al.35321 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) R. Bruce Williams	Aggregate	500.00	Date of Receipt
Mailing Address 2915 Missouri Avenu City Shreveport FEC ID number of contributing federal political committee. Name of Employer The Delta Pathology Group, LLP Receipt For: Primary General Other (specify) ▼	State LA C Occupatio Patholog		Transaction ID: SA11AI.35336 Amount of Each Receipt this Period 750.00
Full Name (Last, First, Middle Initial) D. Douglas Wilson Mailing Address Department of Patho 1924 Alcoa Highway City Knoxville FEC ID number of contributing federal political committee. Name of Employer Univ of Tennessee Med Ctr Knoxville Receipt For: Primary General Other (specify)	State TN C Occupatio Patholog		Date of Receipt M M M 2009 Transaction ID: SA11AI.35258 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 61 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) T Joseph Wilson, Dr.			Date of Receipt
Mailing Address 411 E Matthews Ave	e		09 04 2009
City Jonesboro	State AR	Zip Code 72401	Transaction ID: SA11AI.35213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Doctors' Anatomic Path Sv- cs. PA	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W Reginald Wilson, Dr.			Date of Receipt
Mailing Address PO Box 1527			0 9 1 1 1 2 0 0 9
City Milledgeville	State GA	Zip Code 31059-1527	Transaction ID: SA11AI.35290
FEC ID number of contributing federal political committee.	C	31035-1327	Amount of Each Receipt this Period 500.00
Name of Employer Oconee Regional Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Bennett Lola Windisch, Dr.			Date of Receipt
Mailing Address 4608 21st St			0 9 1 7 2 0 0 9
City Lubbock	State TX	Zip Code 79407-2312	Transaction ID: SA11AI.35176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Covenant Health System	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 61 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poles	Statements may not be sold or used by any personal tename and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr. Mailing Address Lab 701 10th St SE City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr Receipt For: Primary General Other (specify)	State Zip Code IA 52403-1292 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 7 2 0 0 9 Transaction ID: SA11AI.35269 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Shourong Zhao Mailing Address PO Box 0951 710 Center St City Columbus FEC ID number of contributing federal political committee. Name of Employer The Medical Center Receipt For: Primary General Other (specify)	State Zip Code GA 31902-0951 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M O 9 O 4 2 0 0 9 Transaction ID: SA11AI.35338 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) J Louis Zinterhofer, Dr. Mailing Address Dept of Path 300 Second Ave City Long Branch FEC ID number of contributing federal political committee. Name of Employer Monmouth Med Ctr Receipt For: Primary General Other (specify)	State Zip Code NJ 07740 C Occupation Pathologist Aggregate Year-to-Date 3000.00	Date of Receipt M M M / D D A 2009 Transaction ID: SA11AI.35278 Amount of Each Receipt this Period 3000.00
SUBTOTAL of Receipts This Page (optional)		4250.00

A.

PAGE 47/61 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt S. Robert Zirl, Dr. Mailing Address Dept of Pathology 09 2009 11 605 Holderrieth City State Zip Code Transaction ID: SA11AI.35333 Tomball TX 77375 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C federal political committee. Name of Employer Tejas Pathology Associates Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 5000.00 Other (specify) Full Name (Last, First, Middle Initial) В. R. Philip Zollars, Dr. Date of Receipt Mailing Address 1255 W Washington Street 0 9 03 2009 City State Zip Code Transaction ID: SA11AI.35320 **Tempe** ΑZ 85281-1210 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Clin-Path Associates, P.C. Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	6000.00
TOTAL This Period (last page this line number only)	•	86427.50

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 48 / 61 only one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	21b 27	22 28a	23 28b	$\bigcap_{i=1}^{2}$	4 8c	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam			person	for the p	urpose of	solicitin	g cont	ribution	1	
NAME OF COMMITTEE (In Full)										
College of American Pathologists Political	Action Committee									
Full Name (Last, First, Middle Initial) Sun Trust Bank					saction I		21B.3	35428		
Mailing Address P.O. Box 85024				0 ^M 9) M / D	0 4	Y	ž 0 ŏ :	9 ^Y	
City Richmond	State Zip Code VA 23285			Amo	ount of Eac	ch Disbu	rseme	ent this	Period	
Purpose of Disbursement Bank Service Chargers							-	593.2	5	
Candidate Name		Categ Typ								
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Sun Trust Bank				Date	saction I	sement	21B.3	35429		
Mailing Address P.O. Box 85024				0 ^M 9) M / D	07	Υ	ž 0 ŏ :	9	
City Richmond	State Zip Code VA 23285			Amo	ount of Eac	ch Disbu				
Purpose of Disbursement Bank Service Charges							-	110.2	5	
Candidate Name		Categ Typ	-							
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Sun Trust Bank				Date	saction II					
Mailing Address P.O. Box 85024				0 ^M 9) M / D	08	Υ	ž 0 ŏ :	9	
City Richmond	State Zip Code VA 23285			Amo	ount of Eac	ch Disbu				
Purpose of Disbursement Bank Service Charges		·					•	247.28	3	
Candidate Name		Categ Typ	-							
Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)			<u> </u>					950.78	3	

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		1	
,	Use separate schedule(s) for each category of the	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.35431 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Services Charges			88.20
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.35432 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 \\ 0 & 1 & 9 \end{bmatrix}$ $\begin{bmatrix} 1 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges			28.24
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	,,	
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.35425 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges		• •	195.31
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (optional)			311.75

TOTAL This Period (last page this line number only)

A.

В.

ago# 20000000.		
SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 50 / 61
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee	
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024		Transaction ID: SB21B.35426 Date of Disbursement M 9 M / D 2 1 Y Y Y O Y 9 Y
,	State Zip Code VA 23285	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	Cate	50.50
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	pe
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024		Transaction ID: SB21B.35427 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code VA 23285	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	Cate	gory/ pe
Office Sought: House Disburse Senate President		

SUBTOTAL of Disbursements This Page (optional)	•	97.75
TOTAL This Period (last page this line number only)	•	1360.28

State:

President District:

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	;)		OR LINE NUMBER: PAGE 51 / 61				61			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(Cr	21b 27	22 28a	X	23 28b	24 28c	П	25 29	26 30l
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) College of American Pathologists Political		ai COi			JICIL COIT	TIDUII	0115 111	JIII SUCII	COMM	iiiiee	
∠ \ .	Full Name (Last, First, Middle Initial) BAMPAC							on ID:	SB23 ement	.3538	83	
	Mailing Address 10 G Street Suite 470					o ^M 9	М	1	1 /	Ž	o ŏ 9	Y
	Washington	State Zip Code DC 20002				Amou	ınt of	Each	Disburse		this F	-
	Purpose of Disbursement			•						500	JO.00	
	Candidate Name		C	ateg Typ	-							
	Senate President	ement For: 2009 Primary X General Other (specify)										
_	State: District: Full Name (Last, First, Middle Initial)					T		ID	ODOO	050	25	
3.	BENNETT ELECTION COMMITTEE INC					Date		on ID: sburse	SB23 ement			Y
	Mailing Address 175 SOUTH WEST TEM SUITE 650	IPLE				0_0		້2	1 ′	2	0 Ď 9	
	City SALT LAKE CITY	State Zip Code UT 84101				Amou	ınt of	Each	Disburse	ement	this F	eriod
	Purpose of Disbursement			v		L.	_			200	00.00	
	Candidate Name		7	ateg Typ	•							
		ement For: 2010 Primary General Other (specify)										
 C.	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC					Date	of Di	sburse		.3538	36	
	Mailing Address 175 SOUTH WEST TEM SUITE 650	IPLE				0 9	М	^D 2	1 /	ž	0 Ď 9	Y
	City SALT LAKE CITY	State Zip Code UT 84101				Amou	ınt of	Each	Disburse	ement	this F	Period
	Purpose of Disbursement		Г	U		L.				100	00.00	
	Candidate Name		7	ateg Typ								
	X Senate President	ement For: 2010 Primary X General Other (specify)										
Γ	State: UT District: 00							•		800	0.00	
	SUBTOTAL of Disbursements This Page (optional)					-	•	•		500	,5.00	
	OTAL This Period (last page this line number only)					<u> </u>						

	CHEDOLL D (I LO I OIIII 3X)	Use separate scriedule(s) (cho	check only		52/6						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28		25 29	26 30
	ny Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) College of American Pathologists Political	e and address of any politica									
	Full Name (Last, First, Middle Initial) BUCHANAN FOR CONGRESS				Trans			SB2	23.350	387	
	Mailing Address 2875 Towerview Road Suite 1000					M /	^D 2		Y	ž 0 ŏ 9	Y
	City Herndon	State Zip Code VA 20171			Amou	nt of	Each	Disbur		nt this F	-
	Purpose of Disbursement Candidate Name			egory/					IC	00.00	
	0 1	ement For: 2010 Primary General Other (specify)	<u> Ту</u>	/pe							
3.	Full Name (Last, First, Middle Initial) BURGESS FOR CONGRESS Mailing Address P.O. BOX 2334				Date of		sburse	SB2 ement		388 Ž 0 ŏ 9	Y
	Mailing Address P.O. BOX 2334 City	State Zip Code				nt of				nt this F	
	DENTON Purpose of Disbursement	TX 76202								00.00	
	Candidate Name			egory/ /pe							
	9 2	ement For: 2010 Primary General Other (specify)									
). D.	Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIO	NAL CAMPAIGN			Date	of Dis	sburse				
	Mailing Address PO BOX 12612				0 9	M /	^D 2	1 /	· 2	ž 0 ŏ 9	
	City SAN ANTONIO	State Zip Code TX 78212			Amou	nt of	Each	Disbur		nt this F	
	Purpose of Disbursement Candidate Name			egory/ /pe					10	00.00	۰
	-	ement For: 2010 Primary General Other (specify)	•								

IT	EMIZED DISPUIDSEMENTS	Use separate schedule(s)			k only	one)	п.			FAGI	53/1	וט
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		F	21	1b	22 28a	Х	23 28b	ш.	24 28c	25 29	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) College of American Pathologists Politica	ne and address of any politica											3
<u> </u>	Full Name (Last, First, Middle Initial) FIRST STATE PAC Mailing Address P.O. Box 3006						Date o		ion ID:	ement		390 Ž 0 Ŏ 9) ^Y
	City Wilmington Purpose of Disbursement	State Zip Code DE 19804					Amou	nt o	f Each	Disbu	-	nt this f	-
	Candidate Name				egory	/							
	Office Sought: Senate President State: Disburs Senate	sement For: 2009 Primary X General Other (specify) ▼	1		<u>. </u>								
В.	Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE						Date o		isburse	ement			Υ
	Mailing Address PO Box 865						0 9		້ 2	21	Ľ.	ž 0 ŏ 9	9
	City Brooksville Purpose of Disbursement	State Zip Code FL 34605	_			_	Amou	nt o	f Each	Disbu		nt this (
	Candidate Name				egory	7							
	0 1	sement For: 2010 K Primary General Other (specify)	1		·								
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW							of D	isburse				V
	Mailing Address PO Box 8166						0 9	М	[′] 2	21	Ľ.	ž 0 ŏ 9	9 1
	City Savannah	State Zip Code GA 31412					Amou	nt o	f Each	Disbu		nt this f	
	Purpose of Disbursement						L.				2	500.00)
	Candidate Name				egory ype	/							
	· —	sement For: 2010 X Primary General Other (specify)											
	UBTOTAL of Disbursements This Page (optional	<u> </u>						-		•	8	500.00	
	OTAL This Period (last page this line number only					<u> </u>		-					

	•	Use separate scriedule(s) (cho	(check only one)								54 / 6	, ı	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	В	25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) College of American Pathologists Political	e and address of any politica											
	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address POST OFFICE BOX 250	1116				Trans Date		sburs				92 0 0 9	Y
	Mailing Address POST OFFICE BOX 250 City	State Zip Code					int o			ourse		this P	
	ATLANTA Purpose of Disbursement	GA 30325			-						-	00.00	-
	Candidate Name			ateg Typ									
	9 🗎	ement For: 2010 Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE							sburs	emen				Y
	Mailing Address 1415 NORTH TAFT STF SUITE 477					0 9		2	2 1	L	2	o ŏ 9	
	City ARLINGTON Purpose of Disbursement	State Zip Code VA 22201	Ī			Amou	int o	Each	n Disb	ourse	-	this P	
	Candidate Name			ateg Typ	-								
		ement For: 2010 Primary General Other (specify)											
-	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE					Trans Date	of D	sburs	emen				
	Mailing Address 1415 NORTH TAFT STF SUITE 477	REET				0 9	М	D 2	2 1	′ L	ž	0 ŏ 9	
	City ARLINGTON	State Zip Code VA 22201				Amou	int o	Each	n Disb	ourse		this P	-
	Purpose of Disbursement Candidate Name			ateg				•			330	00.00	0
	Office Sought: House Disburs X Senate President State: NY District: 00	ement For: 2010 Primary X General Other (specify)	1										
_	State. IVI DISTITUT. 00					_	_						

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) Check only	NUMBER: PAGE 55 / 61
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS			Transaction ID: SB23.35398 Date of Disbursement
Mailing Address 406 College View Driv	/e		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Elizabethtown	State Zip Code KY 42701		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name	2010	Category/ Type	
Senate President	ursement For: 2010 X Primary Genera Other (specify) ▼	I	
State: KY District: 02 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.35399
LATHAM FOR CONGRESS			Date of Disbursement
Mailing Address P.O. Box 71 PO BOX 71			09 7 21 7 2009
City Clarion	State Zip Code IA 50525		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: IA Disb	ursement For: 2010 X Primary Genera Other (specify) ▼		
Full Name (Last, First, Middle Initial) MADISON PAC; THE			Transaction ID: SB23.35422 Date of Disbursement
Mailing Address 235 STATE STREET	#206		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City SPRINGFIELD	State Zip Code MA 01103		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disb Senate President	ursement For: 2009 Primary X Genera Other (specify) ▼		
State: District:			

	(FEC Form	·	Use separate schedule(s)			dule(s) (chook c			INE NUMBER: PAGE 56 / 6 conly one)			61				
TEMIZED DIS	BURSEMEN	TS		category of the Summary Page			21b 27	22 28			23 28b	F	24 28c	F	25 29	
ny Information copied r for commercial purp																5
NAME OF COMM		ng the name a	inu auures	ss of arry political	COII	11111111	ee 10 S	JIICIL CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Duti	0115 1	11011	Sucii	COITII	muee	
	rican Pathologists	Political A	ction Co	mmittee												
Full Name (Last, F MAJORITY IN (irst, Middle Initial) CONGRESS PAC										on II		SB23	.354	13	
Mailing Address	601 N Ferncree	ek Ave, Suite	e 200					O _V	9 1	/	D	2 3	3 /	Ý Ž	o ŏ s) Y
City Orlando		St:	ate L	Zip Code 32803				An	our	nt of	Eac	h D	isburs	emen	t this F	Perio
Purpose of Disburs	sement					0				_	_			25	00.00)
Candidate Name						atego Type	-									
Office Sought:	House Senate President		ent For: Primary Other (spe	2009 X General				-								
	District:															
Full Name (Last, F MCNERNEY FC									te o	f Di	sbur	sem				
Mailing Address	888 16TH STRI SUITE 680	EET, NW						O	9 1	/	D	2 1		ÝŽ	0 0 5	e Y
City WASHINGTON		Sta D	ate C	Zip Code 20006				An	our	nt of	Eac	h D	isburs	emen	t this F	Perio
Purpose of Disburs	sement				Г	v					_			10	00.00)
Candidate Name						atego Type	•									
Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General				-								
	District: 11															
Full Name (Last, F OUR CONGRES	irst, Middle Initial) SS POLITICAL A	CTION CO	MMITTE	E					te o	f Di	sbur	sem				
Mailing Address	PO Box 344							ľ	9			2 1	<u>'</u>	ž	0 0 5)
City Prescott		Sta A	ate R	Zip Code 71857				An	nour	nt of	Eac	h D	isburs	emen	t this F	Perio
Purpose of Disburs	sement				Г					_		_		15	00.00)
Candidate Name						atego Type	-									
Office Sought:	House Senate President		ent For: Primary Other (spe	2009 X General		NI.		-								
State:	District:															
									_	_	_	_				

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	()		eck only	NUMBE v one)	:K:		L	AGE	57 / 6	51
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		\Box	21b 27	22 28a		23 28b	24 28		25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											i
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	E				Date	of Dis	burse				V
	Mailing Address PO BOX 8331					0 9	M /	^D 2	1 /	2	0 Ď 9	
	City FREMONT	State Zip Code CA 94537				Amou	ınt of	Each	Disbur			
	Purpose of Disbursement						_		_	25	00.00	
	Candidate Name			ateg	-							
	Senate X President	ement For: 2010 Primary General Other (specify)										
	State: CA District: 13 Full Name (Last, First, Middle Initial)					Trans	sactio	n ID:	SB2	3.354	.18	
	PETE STARK RE-ELECTION COMMITTE	E				Date	of Dis		ement			Y
	Mailing Address PO BOX 8331					0 9		2	3	2	0 ŏ 9	
	City FREMONT	State Zip Code CA 94537				Amou	ınt of	Each	Disbur			-
	Purpose of Disbursement						_		_	10	00.00	
	Candidate Name			ateg Typ	-							
		ement For: 2010 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS	(PATPAC)				Date	of Dis	burse				
	Mailing Address 610 S. BOULEVARD					0 9	M /	^D 2	1 /	Ý Ž	0 Ď 9	Y
	City TAMPA	State Zip Code FL 33606				Amou	ınt of	Each	Disbur	semen	t this F	Perio
	Purpose of Disbursement					L.	-			40	00.00	
	Candidate Name			ateg								
	Office Sought: House Senate President State: District:	ement For: 2009 Primary X General Other (specify)	1									
	Otato. Distillot.							•			00.00	

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE (check only	
IT	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
	ny Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politica	Action Committee		
۱.	Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS			Transaction ID: SB23.35406 Date of Disbursement
	Mailing Address PO BOX 999 PO BOX 999			09 21 2009
	City MONTROSS	State Zip Code VA 22520		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate >	ement For: 2010 Primary General Other (specify)		
_	State: VA District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.35408
•	STABENOW FOR US SENATE			Date of Disbursement
	Mailing Address 426 C STREET, NE			$\begin{bmatrix} 0.9 & \text{M} \\ 0.9 & \text{M} \end{bmatrix} / \begin{bmatrix} 0.2 & \text{D} \\ 2.1 & \text{M} \end{bmatrix} / \begin{bmatrix} 0.2 & \text{M} \\ 0.2 & \text{M} \end{bmatrix} $
	City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	2000.00
	Candidate Name		Category/ Type	
		ement For: 2012 Primary General Other (specify)		
	State: MI District: 00			
•	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS			Transaction ID: SB23.35421 Date of Disbursement
	Mailing Address 2501 Wisconsin Avenue	e, NW #304		$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 3 \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Washington	State Zip Code DC 20007		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	ů X	ement For: 2010 Primary General Other (specify)		
	SUBTOTAL of Disbursements This Page (optional)			4000.00
Г	FOTAL This Period (last page this line number only			
L		,		

	Use separate schedule(s	21 -	NUMBER: PAGE 59 / 61
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one)
Any Information copied from such Reports and St		ed by any person f	or the purpose of soliciting contributions
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and address of any political	ai committee to so	licit contributions from such committee
College of American Pathologists Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US			Transaction ID: SB23.35409 Date of Disbursement
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 490			
City ST JOSEPH	State Zip Code MI 49085		Amount of Each Disbursement this Period
Purpose of Disbursement		•	1000.00
Candidate Name		Category/ Type	
Office Sought: X House Disb	ursement For: 2010 X Primary General	1	
State: MI President District: 06	Other (specify)		
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS			Transaction ID: SB23.35410 Date of Disbursement
Mailing Address 10605 Concord Stree Suite 202	t		$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D & M \end{smallmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement		-	1000.00
Candidate Name		Category/ Type	
Office Sought: X House Disb Senate President	ursement For: 2010 X Primary General Other (specify) ▼	•	
State: MD District: 08 Full Name (Last, First, Middle Initial)			T ID ODOO 05404
VIRGINIA FOXX FOR CONGRESS			Transaction ID: SB23.35424 Date of Disbursement
Mailing Address 11468 HWY 105			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Y & 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City BANNER ELK	State Zip Code NC 28604		Amount of Each Disbursement this Period
Purpose of Disbursement		-	500.00
Candidate Name		Category/ Type	
	ursement For: 2010	•	
Office Sought: X House Disb Senate President	X Primary General Other (specify) ▼		
Senate	· —		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 21b 22 X 23 27 28a 28b	PAGE 60 / 61 24
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name			ŭ .
NAME OF COMMITTEE (In Full) College of American Pathologists Political A	Action Committee		
Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS Mailing Address PO BOX 1682		Date of Disburs	: SB23.35411 ement 2 1 Y Y Y O Y 9
,	State Zip Code VT 05402	Amount of Each	1000.00
Candidate Name	C	Category/ Type	
The state of the s	ment For: 2010 Primary General Other (specify) ▼		
State: VT District: 00			

SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	—	53500.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any politica		
College of American Pathologists Politica	Il Action Committee		
Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU			Transaction ID: SB29.35417 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address NONE			09 03 2009
City None	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer Hard \$s to Soft \$s			2135.00
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Turner attent ID 0000 00004
None PathPAC POLITICAL EDUCATION	FU		Transaction ID: SB29.35384 Date of Disbursement
Mailing Address NONE			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 1 & 1 \\ 1 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City None	State Zip Code IL 60093		Amount of Each Disbursement this Period
Purpose of Disbursement Transfer Hard \$s to Soft \$s			1000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION	FU		Transaction ID: SB29.35416 Date of Disbursement
Mailing Address NONE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City None	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer Hard \$s to Soft \$s			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optiona)		8135.00
3 (4)	,, v)	·	8135.00