05/19/2010 14:22

Image# 10990686541

## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Us	e Only	
20	0005	
	ZIPCOD	E 🛕
AMENDED (A)		
Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
eral (12G)		Runoff (12R)
cial (12G)		
	in the State of	
off (30R)		Special (30S)
	in the State of	
2010		
lete.		

1.	00111177777	USE FEC MAILING LABEL Example: If typing, type OR TYPE OR PRINT   over the lines
L	College of American Patholog	sts Political Action Committee
1 .		
ΔD	DRESS (number and street)	1350 I Street, NW
¥	pricos (number and sireet)	Suite 590
	Check if different than previously reported. (ACC)	Washington DC 20005
2.	FEC IDENTIFICATION NUM	BER ♥ CITY ★ STATE ★ ZIPCODE ★
	C00274944	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Q: Q: Q	(c) 12-Day PRE-Election Report for the: Convention (12C) Special (12G) In the State of (12R)  (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
	(TER)	Election on State of
5.	Covering Period 0 4	01 2010 through 04 30 2010
Typ	nature of Treasurer  Electron	eport and to the best of my knowledge and belief it is true, correct and complete.  Dr. Renee R. Ellerbroek  ically Filed by Dr. Renee R. Ellerbroek  Date  Date  Date
	TE : Submission of false, erron Office Use Only SAN026	eous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.  FEC FORM 3X (Rev. 12/2004)

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/18

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

D D <sup>®</sup>D 2010 0 4 0 1 2010 0 4 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 387407.60 January 1 (b) Cash on Hand at 321739.14 Begining of Reporting Period ..... 14031.50 77113.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 335770.64 464520.60 6(a) and 6(c) for Column B) ..... 3713.55 132463.51 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 332057.09 332057.09 (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) .....

## For further information contact:

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

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 / 18

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

01

2010

то.

м м 0 4 <sup>D</sup> 30

Y Y Y Y 2 0 1 0

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)	10150.00	57590.00
(ii) Unitemized	3881.50	19523.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14031.50	77113.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14031.50	77113.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14031.50	77113.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	14031.50	77113.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 18

	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	213.55	1272.73
	Expenditures(c) Total Operating Expenditures	213.33	12/2.73
	(add 21(a)(i), (a)(ii) and (b))	213.55	1272.73
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	3500.00	131190.78
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	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))	3713.55	132463.51
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	3713.55	132463.51

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 18

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14031.50	77113.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14031.50	77113.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	213.55	1272.73
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	213.55	1272.73

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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
	Full Name (Last, First, Middle Initial) Badie Alakech		Date of Receipt
	Mailing Address Lab & PTH Dept  1 Burdick Expy W		04 26 2010
	City Minot	State Zip Code ND 58701-4406	Transaction ID: SA11AI.36819
	FEC ID number of contributing federal political committee.	C 30701-4400	Amount of Each Receipt this Period 250.00
	Name of Employer Trinity Health	Occupation Pathologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) C. Robert Alberhasky, Dr.		Date of Receipt
	Mailing Address Ste 290 2001 Westside Pkwy		04 / 26 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.36725
	Alpharetta  FEC ID number of contributing federal political committee.	GA 30004	Amount of Each Receipt this Period 500.00
	Name of Employer Bako Pathology Services	Occupation Pathologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Kyle James Allen, Dr.		Date of Receipt
	Mailing Address 16739 Appaloosa Trl		04 / 26 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.36807
	Montverde  FEC ID number of contributing federal political committee.	FL 34756-3301	Amount of Each Receipt this Period 250.00
	Name of Employer South Lake Hosp	Occupation Pathologist	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/18   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	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.
College of American Pathologists P	olitical Action (	Committee	
Full Name (Last, First, Middle Initial)  A. Jane Bennett-Munro, Dr.			Date of Receipt
Mailing Address PO Box 409 650 Addison Ave W	,		04 26 4 2010
City Twin Falls	State ID	Zip Code 83301	Transaction ID: SA11AI.36811
FEC ID number of contributing federal political committee.	C	65301	Amount of Each Receipt this Period  500.00
Name of Employer Magic Valley Reg Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt
Mailing Address Department of Path 2260 Wrightsboro F	Rd.		04 23 7 2010
City Augusta	State GA	Zip Code 30904	Transaction ID: SA11AI.36723  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Joseph Hosp	Occupatio Patholog		
Receipt For:	<del>_ '</del> _	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) H. Jessica Bowman, Dr.			Date of Receipt
Mailing Address 19478 Broc More W	loods Ln		04 26 2010
City	State	Zip Code	Transaction ID: SA11AI.36773
Petersburg	<u>IL</u>	62675-6263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer JH Bowman MD Forensic Path PC	Occupatio Patholog		
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional	1		1000.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one)    X
A	ny information copied from such Reports and S 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 o solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial) Andrew Robert Bradley, Dr. Mailing Address Dept of Pathology			Date of Receipt
	350 Hospital Dr City	State	Zip Code	04 26 2010
	Macon	GA	31217-3871	Transaction ID: SA11AI.36737  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coliseum Medical Center	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Patrick Nicholas Byrne, Dr. Mailing Address 6028 Ocean View Dr			Date of Receipt
	City	State	Zip Code	04 26 2010
	Oakland	CA	2ip Code 94618-1845	Transaction ID: SA11AI.36775  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer John Muir Med Ctr-Walnut Creek	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 ; <u>.</u>	Full Name (Last, First, Middle Initial) Igor Hector Colom, Dr.			Date of Receipt
	Mailing Address 4531 NW 94th Ct			0 4 2 6 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.36782
	Doral FEC ID number of contributing federal political committee.	FL C	33178-2096	Amount of Each Receipt this Period 750.00
	Name of Employer Metropolitan Hosp of Miami	Occupation Patholog		
	Receipt For: Primary General Other (specify)	, i	e Year-to-Date ▼ 750.00	
5	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 9/18   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	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		• •	
Full Name (Last, First, Middle Initial) Lynn Jessica Dodge, Dr.			Date of Receipt
Mailing Address 50 Locust Ave			0 4 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36744
<u>Danbury</u>	CT	06810-6147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Danbury Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Matthew Dean Havlik, Dr.			Date of Receipt
Mailing Address Main Lab 2021 N 12th St			04 26 2010
City	State	Zip Code	Transaction ID: SA11AI.36740
Grand Junction	CO	81501-2980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Community Hosp	Occupatio Patholog		
Receipt For:	<del>_ , '</del>	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) A Daniel Irons, Dr.			Date of Receipt
Mailing Address 83 Saint Thomas C	t		0 4 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36757
Little Rock	AR	72211-5512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Grace Pathology	Occupatio Patholog	ist	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1000.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 18   (check only one)
Any information copied from such Reports are 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) Alan Timothy Jennings, Dr.			Date of Receipt
Mailing Address 1 Birch Hill Rd			04 16 2010
City	State	Zip Code	Transaction ID: SA11AI.36714
Loudonville	NY	12211-2003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Albany Med Ctr Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kandice Kottke-Marchant	I		Date of Receipt
Mailing Address Path & Lab Med L2 9500 Euclid Ave	21		04 26 2010
City	State	Zip Code	Transaction ID: SA11AI.36735
Cleveland	OH	44195-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cleveland Clinic	Occupatio Patholog		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C Lesley Lomo, Dr.			Date of Receipt
Mailing Address UNM Health Science Dept. of Pathology,			0 4 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.36817
Albuquerque	NM	87131-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tricore Reference Laborat- ories	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	]
SUBTOTAL of Receipts This Page (options	<u> </u>		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   11 / 18   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	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) Lynn Lisa Lyons, Dr.			Date of Receipt
Mailing Address United Hosp Lab 333 Smith Ave N			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Saint Paul	State MN	Zip Code 55102-2344	Transaction ID: SA11AI.36764  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.02.20.1	250.00
Name of Employer Hosp Pathology Associates	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R. Dina Mody, Dr.			Date of Receipt
Mailing Address Laboratory Medicine 6565 Fannin	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State TX	Zip Code 77030-2707	Transaction ID: SA11AI.36815  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77000 E707	500.00
Name of Employer The Methodist Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' `</del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dean Pappas			Date of Receipt
Mailing Address Lawrence Mem Hos 170 Governors Ave	sp/Path Dept		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Medford	State MA	Zip Code 02155-1643	Transaction ID: SA11AI.36760  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	SE130 1010	50.00
Name of Employer Hallmark Health	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' `</del>	Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional	])		800.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any person the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Alan Prok, Dr.  Mailing Address Dept of Path PO Box 8810  City Middletown  FEC ID number of contributing federal political committee.  Name of Employer Atrium Medical Ctr  Receipt For: Primary General	State Zip Code OH 45042-8810  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 1 0  Transaction ID: SA11AI.36722  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Balaram Puligandla Mailing Address 280 W MacArthur Bl City Oakland	250.00  vd  State Zip Code CA 94611-5642	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 Kaiser Permanente Med Ctr  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   300.00	300.00
Full Name (Last, First, Middle Initial)  M James Pullman, Dr.  Mailing Address Surgical Pathology 4th Flr Foreman Pav  City  Bronx  FEC ID number of contributing federal political committee.  Name of Employer Albert Einstein Coll of Med	State Zip Code NY 10467-2401  C Occupation Pathologist	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼  300.00	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 18 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
College of American Pathologists P	olitical Action Committee	I
Full Name (Last, First, Middle Initial) Edward James Richard, Dr.  Mailing Address 401 W. Greenlawn		Date of Receipt
City	State Zip Code	0 4 2 6 2 0 1 0 Transaction ID: SA11Al.36769
Lansing	MI 48910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ingham Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) J Domingo Rosario, Dr.		Date of Receipt
Mailing Address 1605 Villa Del Sol		04 26 7 2010
City	State Zip Code	Transaction ID: SA11Al.36842
El Paso FEC ID number of contributing	TX 79911-3006	Amount of Each Receipt this Period 500.00
federal political committee.	C	300.00
Name of Employer William Beaumont Army Med- ical Center	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Sandra Tania Rowland, Dr.		Date of Receipt
Mailing Address 6726 Gilbert Dr		0 4 2 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.36838
Shreveport	LA 71106-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer VA Med Ctr-Shreveport	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 18 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  College of American Pathologists Politi	name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)  M Dieter Schapfel, Dr.  Mailing Address PO Box 475			Date of Receipt
	City	State	Zip Code	0 4 2 6 2 0 1 0 Transaction ID: SA11AI.36767
	Great River	NY	11739-0475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Huntington Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) S Mark Synovec, Dr.			Date of Receipt
	Mailing Address Laboratory 1500 SW 10th Street			04 19 2010
	City	State	Zip Code	Transaction ID: SA11AI.36813
	Topeka  FEC ID number of contributing federal political committee.	C	66606	Amount of Each Receipt this Period 750.00
	Name of Employer Stormont-Vail Reg Health Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	]
с. С.	Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.			Date of Receipt
	Mailing Address 2201 Carbon Hill Dr			0 4 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.36738
	Midlothian	VA	23113-2516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Commonwealth Lab Consulta- nts	Occupation Patholog	pist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		)	1100.00
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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 15 / 18 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ranjitha Veerappan Mailing Address 9229 S Karlov Ave  City Oak Lawn  FEC ID number of contributing federal political committee.  Name of Employer Hematogenix Laboratory Services Receipt For: Primary General Other (specify)	State Zip Code IL 60453  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 6 2 0 1 0  Transaction ID: SA11AI.36762  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.  Mailing Address Path Dept School of 3601 Fourth St  City Lubbock  FEC ID number of contributing federal political committee.  Name of Employer Texas Tech Univ HSC  Receipt For: Primary General Other (specify)	Med  State Zip Code TX 79430  C  Occupation Pathologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 2 8 2 0 1 0  Transaction ID: SA11AI.36814  Amount of Each Receipt this Period  400.00
Full Name (Last, First, Middle Initial) Carola M. Zalles, Dr.  Mailing Address 201 Seton Pkwy  City Round Rock  FEC ID number of contributing federal political committee.  Name of Employer Seton Med Ctr - Williamson  Receipt For: Primary General Other (specify)	State Zip Code TX 78665-8000  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1150.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LI			R:			PAGE	16/	18
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee									
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Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE								Date o	of Di	sburs	sen				
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