11/19/2009 15:21

Image# 29993365570

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

	USE FEC MAILING LABEI OR TYPE OR PRINT ₩	- Example:If ty over the lines			
College of American Patholog	ists Political Action Committ	ee			1
1					1
ADDRESS (number and street)	1350 I Street, NW				
<b>A</b>	Suite 590				
Check if different than previously reported. (ACC)	Washington			20005	l_l , , , l
2. FEC IDENTIFICATION NUM	BER ♥ (	CITY A	STAT	EA ZIPC	ODE A
C00274944	3.	IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Due On:	Teb 20 (M2) X Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		pr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	(Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report(Q: July 15 Quarterly Report(Q: October 15	(c) 12-Day	Primary	(12P)	General (12G) Special (12G)	Runoff (12R)
Quarterly Report(Q3 January 31 Quarterly Report(YE		ction on		in the State	
July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	Post -Election Report for the:		(30G)	Runoff (30R) in the State	
5. Covering Period 0.4	01 2009	throu	gh 0 4	30 2009	
I certify that I have examined this F	,	•	it is true, correct and c	complete.	
Type or Print Name of Treasurer	Dr. Renee R. Ellerbroek				
Signature of Treasurer Electron	nically Filed by Dr. Renee	R. Ellerbroek	Date	11 19	2009
NOTE : Submission of false, erron	eous, or incomplete informa	tion may subject the	person signing this Rep	port to the penalties of 2 L	J.S.C 437g.
Office Use Only				FEC FOI (Rev. 12/2	

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/72

FEC Form 3X (Rev. 02/2003)

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

D D <sup>®</sup>D 0 4 0 1 2009 0 4 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 84806.66 January 1 (b) Cash on Hand at 111258.54 Begining of Reporting Period ..... 90739.00 219976.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 201997.54 304782.66 6(a) and 6(c) for Column B) ..... 70689.12 173474.24 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 131308.42 131308.42 (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

FE6AN026

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 72

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

D D D 0 1

м м 0 4 2009

To:

м м 0 4 D D D

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)	56350.00	153933.00
	(ii) Unitemized	34139.00	60293.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	90489.00	214226.00
	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)	90489.00	214226.00
	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
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	o Federal candidates and Other Political Committees	250.00	5750.00
	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
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	90739.00	219976.00
	otal Federal Receipts Subtract Line 18(c) from Line 19)	90739.00	219976.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 72

	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		0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1100.10	0704.04
	Expenditures	1189.12	2724.24
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1189.12	2724.24
22.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	69500.00	170500.00
4.	and Other Political Committees	83300.00	170300.00
	(use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
	(h) Political Ports Corporitions	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	200	050.00
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	0.00	0.00
· n	Fodoral Floation Activity (2 LLS C 421(20))		
o.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	2.22
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	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))	70689.12	173474.24
	_		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	70689.12	173474.24
	HOTH LINE 31/	70003.12	170474.24

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 72

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	90489.00	214226.00
1.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	90489.00	213976.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1189.12	2724.24
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	1189.12	2724.24

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 / 72   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Jon Jared Abbott, Dr.			Date of Receipt
Mailing Address 305 41st 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.33373
West Des Moines	<u>IA</u>	50265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer unaffiliated	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) D Paul Addison, Dr.			Date of Receipt
Mailing Address 4300 W Memorial Ro	I		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.33436
Oklahoma City	OK	73120-8304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mercy Hith Ctr	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) H. Schuyler Aijian			Date of Receipt
Mailing Address 2661 Tallant Rd Apt I	MW518		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.33352
Santa Barbara	CA	93105-4807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Hospital San Pablo	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	]
SUBTOTAL of Receipts This Page (optional)			1100.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 7/72   (check only one)
Any information copied from such Reports or for commercial purposes, other than using	and 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	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr.			Date of Receipt
Mailing Address Dept. of Patholog 4201 Medical Cer			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McHenry	State IL	Zip Code 60050	Transaction ID: SA11AI.33205
FEC ID number of contributing federal political committee.	C	00030	Amount of Each Receipt this Period 250.00
Name of Employer Centegra-Memorial Medical Center	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Patricia Alli, Dr.	I		Date of Receipt
Mailing Address 1901 Sulpher Spr	ing Rd		04 / 03 / 2009
City Baltimore	State MD	Zip Code 21227	Transaction ID: SA11AI.33545  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Quest Diagnostics Inc	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr.			Date of Receipt
Mailing Address 901 Montgomery	St		04 10 2009
City	State	Zip Code	Transaction ID: SA11AI.33748
Decorah  FEC ID number of contributing federal political committee.	C	52101-2325	Amount of Each Receipt this Period  250.00
Name of Employer Winneshiek County Mem Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ry of the
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	e name and address of any politica	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. Thomas Anderson, Dr.  Mailing Address PO Box 1590  City Waterbury  FEC ID number of contributing federal political committee.  Name of Employer Waterbury Hosp  Receipt For: Primary General Other (specify)	State Zip Code CT 06721-1590  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 4 16 2009  Transaction ID: SA11AI.33731  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) F. Paul Atkinson, Dr.  Mailing Address Department of Pathol 1000 Johnson Ferry F City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Northside Hosp  Receipt For: Primary General Other (specify)		Date of Receipt  M M O 4  O 3  Transaction ID: SA11AI.33477  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) A. Edward Barker, Dr.  Mailing Address 13751 Lake City Way  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Medical Lab Associates  Receipt For:  Primary General Other (specify)	NE  State Zip Code WA 98125  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16 17				
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee					
Full Name (Last, First, Middle Initial) Kay Sarah Barksdale, Dr.		Date of Receipt				
Mailing Address 1901 Avenida L	·	04 03 2009				
City <u>Albuquerque</u>	State Zip Code NM 87107-3203	Transaction ID: SA11AI.33358  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer Hospital San Pablo	Occupation Pathologist					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)  A. Margaret Batt, Dr.	A Daviloused	Date of Receipt				
Mailing Address 9303 Park Wes	Mailing Address 9303 Park West Boulevard					
City	State Zip Code	Transaction ID: SA11AI.33517				
Knoxville	TN 37923	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Pathology Laboratories We- st	Occupation Pathologist					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify)	250.00					
Full Name (Last, First, Middle Initial) T Jack Bechtel, Dr.		Date of Receipt				
Mailing Address 1918 W State S	St	04 24 2009				
City	State Zip Code	Transaction ID: SA11AI.33296				
Bristol	TN 37620-1940	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	312.00				
Name of Employer Highlands Pathology Consu- Itants, PC	Occupation Pathologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	312.00					
SUBTOTAL of Receipts This Page (on	tional)	1062.00				
	number only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 72 (check only one)    X   11a
Any information copied from such Reports and S or 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) M Peter Benda, Dr. Mailing Address 1001 SW Klickitat Wa PO Box 34245  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Puget Sound Inst of Pathology PLLC Receipt For:	State WA  C Occupation Patholog	Zip Code 98124	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 312.00	]
David Brent Benjamin, Dr.  Mailing Address Department of Patholo 400 South 43rd Street City Renton		Zip Code 98055	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer	C	1 1 1 1 1	250.00
Valley Med Ctr ′  Receipt For:  Primary  General  Other (specify) ▼	Patholog Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E. Marian Bensema, Dr.  Mailing Address Department of Pathology	Day.		Date of Receipt
2 Department of Fathors 2 1740 Nicholasville Rd		Zip Code	0 4 3 0 2 0 0 9  Transaction ID: SA11AI.33206
<u>Lexington</u>	KY	40503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Central Baptist Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	, l	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		1562.00

ITEMIZED R			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 72 (check only one)    X
or for commercial p	bled from such Reports and Stati ourposes, other than using the na offMITTEE (In Full) nerican Pathologists Politica	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
C. Laurence Berg Mailing Address	,		7'- Ondo	Date of Receipt  0 4 0 2 2 0 0 9
City		State WI	Zip Code	Transaction ID: SA11AI.33280
La Crosse FEC ID number federal political o		C	54601	Amount of Each Receipt this Period  300.00
Name of Employ Gundersen Lutf Receipt For: Primary Other (spe	General	Occupation Patholog Aggregate		
Full Name (Last C. Laurence Berg Mailing Address		,		Date of Receipt  0 4 2 3 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.33281
<u>La Crosse</u>		WI	54601	Amount of Each Receipt this Period
FEC ID number federal political of		C		500.00
Name of Employ Gundersen Luth	yer neran Med Ctr	Occupation	ist	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 800.00	]
Full Name (Last  A. Richard Berne  Mailing Address	·			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		State	Zip Code	Transaction ID: SA11AI.33223
<u>Tempe</u>		AZ	85281-1210	Amount of Each Receipt this Period
FEC ID number federal political of		C		208.00
Name of Employ Clin-Path Associ	yer ciates, P.C.	Occupation Patholog		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 416.00	
SUBTOTAL of Re	eceipts This Page (optional)			1008.00
TOTAL This Perio	od (last page this line number on	lv)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 72 (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)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial)  A Stephen Betz, Dr.  Mailing Address 3 Barberry Road			Date of Receipt
	City	State	Zip Code	04 29 2009
	Mason City	IA	50401	Transaction ID: SA11AI.33443  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) P Steven Bleiweiss, Dr.  Mailing Address 4 Arabian			Date of Receipt
	Mailing Address 4 Arabian			04 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.33593
	Coto De Caza  FEC ID number of contributing federal political committee.	CA	92679	Amount of Each Receipt this Period 250.00
	Name of Employer St Bernardine Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С. С.	Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt
	Mailing Address Department of Patho 2260 Wrightsboro Ro	d		04 16 2009
	City Augusta	State GA	Zip Code 30904	Transaction ID: SA11AI.33175  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00004	250.00
	Name of Employer St. Joseph Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	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 13 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Per	d 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) A David Boudreaux, Dr. Mailing Address 9050 Airline Hwy  City Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Woman's Hosp	State Zip Code LA 70815-4192  C Occupation Pathologist	Date of Receipt  M M / D D / Y Y Y Y Y  O 4 16 2009  Transaction ID: SA11AI.33750  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. Alan Bricklin, Dr.  Mailing Address Department of Pathor 18321 Clark Street  City Tarzana  FEC ID number of contributing federal political committee.  Name of Employer Tarzana Regional Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code CA 91356  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / 16 2009  Transaction ID: SA11AI.33537  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) A. David Brinker, Dr.  Mailing Address Department of Pathor 7601 Osler Dr  City  Towson  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Med Ctr  Receipt For:  Primary General Other (specify)	State Zip Code MD 21204  C  Occupation Pathologist  Aggregate Year-to-Date   300.00	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 (optional)	)	1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 72 (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)	Statements may not be sold or used by any pe e name and address of any political committee	
College of American Pathologists Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) James Andrew Britton, Dr.		Date of Receipt
Mailing Address Pathology Departmer 2213 Cherry Street		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33615
Toledo FEC ID number of contributing federal political committee.	OH 43608	Amount of Each Receipt this Period 500.00
Name of Employer St. Vincent Mercy Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Aikman John Caldwell, Dr.		Date of Receipt
Mailing Address Department of Pathol 101 E Wood St		04 16 2009
City	State Zip Code SC 29303-3040	Transaction ID: SA11AI.33585
Spartanburg FEC ID number of contributing federal political committee.	SC 29303-3040	Amount of Each Receipt this Period 312.00
Name of Employer Spartanburg Regional Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	
Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr.		Date of Receipt
Mailing Address 625 West Olive Aven	ue	04 / 23 / 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.33432
Merced	CA 95348-2419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Merced Pathology Med Grou- p.Inc	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1	1112.00

Name of Employer Kaiser Permanente Med Ctr	e and address of any political committee to s	Date of Receipt  M M M D D D 2 0 0 9  Transaction ID: SA11AI.33381  Amount of Each Receipt this Period
Ethan Sidney Carpenter, Dr.  Mailing Address Yosemite 1 Lab 7300 N Fresno St  City  Fresno  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente Med Ctr  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) John Daniel Carter, Dr.  Mailing Address Dept of Path 725 North St  City	CA 93720-2942  Cocupation Pathologist	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)  John Daniel Carter, Dr.  Mame of Employer Kaiser Permanente Med Ctr  Receipt For:  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  John Daniel Carter, Dr.  Mailing Address Dept of Path  725 North St  City	Occupation Pathologist	
Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)  John Daniel Carter, Dr.  Mailing Address  Dept of Path  725 North St  City	Pathologist	
John Daniel Carter, Dr.  Mailing Address Dept of Path 725 North St  City	300.00	_
Pittefiold	State Zip Code	Date of Receipt  O 4  Transaction ID: SA11AI.33185
FEC ID number of contributing federal political committee.	MA 01201  Coccupation	Amount of Each Receipt this Period 400.00
Berkshire Héalth Systems	Pathologist Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.  Mailing Address Department of Pathology 206 E. Brown Street		Date of Receipt  0 4  0 2  2 0 0 9
City East Stroudsburg	State Zip Code PA 18301	Transaction ID: SA11AI.33529  Amount of Each Receipt this Period
FEO ID worth and found the fire	C	250.00
Pagana Mad Ctr	occupation Pathologist	1
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16
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 Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) M Louis Chambers, Dr.		Date of Receipt
Mailing Address 604 NW 40th St		04 23 4 2009
City	State Zip Code	Transaction ID: SA11AI.33620
Oklahoma City	OK 73118-7044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) M Karen Clary, Dr.		Date of Receipt
Mailing Address Department of Patho 1425 Portland Ave	plogy	04 03 7 9 9
City	State Zip Code	Transaction ID: SA11AI.33557
Rochester	NY 14621-3001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rochester Genl Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) N Ryan Cole, Dr.		Date of Receipt
Mailing Address 12899 N Schicks Ric	dge Rd	04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33225
Boise	ID 83714-9454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Cole Diagnostics	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	)	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X   11a   11b   11c   12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pg g the name and address of any political committe	
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) G.P. James Collins, Dr.		Date of Receipt
Mailing Address 1101 Green Street Apt 1101		04 09 2009
City	State Zip Code	Transaction ID: SA11AI.33565
San Francisco	CA 94109-2012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer San Leandro Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) W Seth Cook, Dr.		Date of Receipt
Mailing Address 410 N Utica Ave		04 24 2009
City	State Zip Code	Transaction ID: SA11AI.33417
Lubbock	TX 79416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mattison Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Franklin Curl, Dr.		Date of Receipt
Mailing Address Department of Pat 4805 NE Glisan St		0 4 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.33534
Portland	OR 97213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Providence Portland Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option		700.00

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

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 72 (check only one)    X
1	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and ad	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)	icai Action (	Committee	B. (B. )
Α.	Frederick John Dauterman, Dr.  Mailing Address Dept of Path 2700 Stewart Pkwy			Date of Receipt  0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33442
	Roseburg	OR	97470-1281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mercy Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
ь. В.	Full Name (Last, First, Middle Initial) S Thomas DeNapoli, Dr.			Date of Receipt
	Mailing Address Dept of Path & Lab 2827 Babcock Rd			04 / 23 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.33216
	San Antonio  FEC ID number of contributing federal political committee.	C	78229-4813	Amount of Each Receipt this Period
	Name of Employer Pathology Ref Anatomic Pa- th Lab Receipt For:  Primary  General  Other (specify) ▼	Occupation Patholog Aggregate		
с. С.	Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr.			Date of Receipt
	Mailing Address D251 Mayo 420 Delaware St SE			04 23 2009
	City <u>Minneapolis</u>	State MN	Zip Code 55455-0341	Transaction ID: SA11AI.33682  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of MN Med Ctr-Fairvi- ew	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1550.00
Ī	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 19 / 72   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g 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 I	Political Action (	Committee	
Full Name (Last, First, Middle Initial) F Michael Doyle, Dr.			Date of Receipt
Mailing Address 1320 Mercy Dr Nw			04 03 7 2009
City Canton	State OH	Zip Code 44708-2641	Transaction ID: SA11AI.33441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A Lawrence Dworkin, Dr.			Date of Receipt
Mailing Address 13705 Ne Airport V	Vay Ste C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portland	State OR	Zip Code 97230-1048	Transaction ID: SA11AI.33380
FEC ID number of contributing federal political committee.	C	97230-1046	Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Torsten Ehrig			Date of Receipt
Mailing Address 25 Florence Rd Ur	nit 41		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Branford	State CT	Zip Code 06405-4258	Transaction ID: SA11AI.33243  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00403 4230	208.00
Name of Employer Dermpath Lab of New Engla- nd	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	]
SUBTOTAL of Receipts This Page (options	I		708.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	*tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 72 (check only one)    X
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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	name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Jeanette Valerie Fields, Dr. Mailing Address 4191 Mendenhall Oak	s Pkwy Sto	140	Date of Receipt
	City High Point	State NC	Zip Code 27265-8035	Transaction ID: SA11AI.33589  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27203-0033	250.00
	Name of Employer Spectrum Lab Network  Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		
- В.	Full Name (Last, First, Middle Initial) Lawrence Keith Fisher, Dr. Mailing Address 8183 Narrow Leaf Pt			Date of Receipt  0 4 2 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33160
	Sanford  FEC ID number of contributing federal political committee.	C	32771-8131	Amount of Each Receipt this Period 312.00
	Name of Employer AmeriPath	Occupation Patholog	gist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 312.00	
- С.	Full Name (Last, First, Middle Initial) M. Margaret Flanagan, Dr.  Mailing Address 50 Kenwood Road			Date of Receipt  0 4 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33642
	Chambersburg  FEC ID number of contributing federal political committee.	C	17201-1256	Amount of Each Receipt this Period  250.00
	Name of Employer The Chambersburg Hospital	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			812.00
	TOTAL This Period (last page this line number	onlv)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 72 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the state of the st	d Statements may the name and addr	not be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Pe	olitical Action C	ommittee	
Full Name (Last, First, Middle Initial) A Thomas Fleury, Dr.			Date of Receipt
Mailing Address 5608 Overlea Rd			04 09 7 2009
City	State	Zip Code	Transaction ID: SA11AI.33574
<u>Bethesda</u>	MD	20816-1921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sibley Mem Hosp	Occupation Pathologis		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) A David Floering, Dr.			Date of Receipt
Mailing Address Pathology Lab 1 Medical Center Dr			04 03 7 9 9
City	State	Zip Code	Transaction ID: SA11AI.33174
<u>Franklin</u>	OH	45005-2584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Atrium Med Ctr	Occupation Pathologis		
Receipt For:  Primary General  Other (specify) ▼	Aggregate '	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) P. Edward Fody, Dr.			Date of Receipt
Mailing Address Laboratory 602 Michigan Ave			04 16 2009
City	State	Zip Code	Transaction ID: SA11AI.33299
Holland	MI	49423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Holland Community Hosp	Occupation Pathologis	st	
Receipt For: Primary General	Aggregate `	Year-to-Date ▼ 250.00	1
Other (specify)			

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

or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  College of American Pathologists		solicit contributions from such committee.
	hology	
Full Name (Last, First, Middle Initial) W. Steven Freestone, Dr.	hology	Date of Receipt
Mailing Address Department of Pat 1034 N 500 W	noiogy	04 03 7 2009
City	State Zip Code	Transaction ID: SA11AI.33707
Provo  FEC ID number of contributing federal political committee.	UT 84604	Amount of Each Receipt this Period 250.00
Name of Employer Utah Valley Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  A Robert Goldschmidt, Dr.		Date of Receipt
Mailing Address 2650 Ridge Ave		04 03 7 2009
City	State Zip Code	Transaction ID: SA11AI.33264
Evanston  FEC ID number of contributing federal political committee.	IL 60201-1718	Amount of Each Receipt this Period 500.00
Name of Employer Evanston Northwestern Hlt- hcare	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. M Allen Gown, Dr.		Date of Receipt
Mailing Address 551 N 34th St Ste	100	04 23 2009
City Seattle	State Zip Code WA 98103-8675	Transaction ID: SA11AI.33526
FEC ID number of contributing federal political committee.	WA 98103-8675	Amount of Each Receipt this Period  1000.00
Name of Employer PhenoPath Labs	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	1750.00

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

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 72 (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 personant the name and address of any political committee to control of the contro	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Albert Mark Grathwohl, Dr.  Mailing Address 6 Livery Lane		Date of Receipt
City North Salem FEC ID number of contributing	State Zip Code NY 10560	Transaction ID: SA11AI.33475  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	]
Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr.  Mailing Address Dept of Path 1350 E Market St  City Warren	State Zip Code OH 44482	Date of Receipt  M M J D D J 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 Trumbull Memorial Hosp  Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date  250.00	250.00
Full Name (Last, First, Middle Initial) J Cameron Hall Mailing Address 7550 Wolf River Blv	vd # 200	Date of Receipt  0 4 0 1 2 0 0 9
City  Germantown  FEC ID number of contributing federal political committee.	State Zip Code TN 38138-1745  C	Transaction ID: SA11AI.33516  Amount of Each Receipt this Period  500.00
Name of Employer Pathology Group of the Mi- dsouth Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 24 / 72   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	γ 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 Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) O. Edgar Hartle, Dr.			Date of Receipt
Mailing Address Laboratory 171 Fairview Rd			04 23 7 2009
City Mooresville	State NC	Zip Code 28117-9500	Transaction ID: SA11AI.33397
FEC ID number of contributing federal political committee.	C	20117-9300	Amount of Each Receipt this Period 250.00
Name of Employer Lake Norman Regional Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Robert Haugh, Dr.	<b>I</b>		Date of Receipt
Mailing Address 4125 Buckner Lane			04 30 7 2009
City	State	Zip Code	Transaction ID: SA11AI.33738
Paducah	KY	42001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Western Baptist Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) P Randy Hausted, Dr.	<b>I</b>		Date of Receipt
Mailing Address Dept of Path 10 Woodland Rd			04 / 03 / 1 2009
City St Helena	State CA	Zip Code 94574	Transaction ID: SA11AI.33624
FEC ID number of contributing federal political committee.	C	34374	Amount of Each Receipt this Period 250.00
Name of Employer St. Helena Hosp	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu College of American Patho	han using the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	t of Pathology		Date of Receipt  0 4 2 3 2 0 0 9
PO Box 30	480 State	Zip Code	0 4 2 3 2 0 0 9  Transaction ID: SA11AI.33583
Lansing	MI	48909-7980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sparrow Health Sys	Occupation Pathologi		
Receipt For:  Primary Genera  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle In H. Lydia Howard, Dr.	itial)		Date of Receipt
4300 Alton			04 / 30 / 4 2009
City Miami Beach	State FL	Zip Code	Transaction ID: SA11AI.33459
FEC ID number of contributing federal political committee.	C	33140	Amount of Each Receipt this Period 400.00
Name of Employer Mt. Sinai Med Ctr	Occupation Pathologi		
Receipt For:  Primary Genera  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle In S. Herman Hurwitz, Dr.	itial)		Date of Receipt
Mailing Address 1004 Anna	polis Lane		04 23 7 9 9
Charmy Hill	State	Zip Code	Transaction ID: SA11AI.33544
Cherry Hill  FEC ID number of contributing federal political committee.	NJ C	08003-8003	Amount of Each Receipt this Period  250.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologi		
Receipt For:  Primary Genera  Other (specify) ▼		Year-to-Date ▼ 250.00	
	e (optional)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(Crieck offly offe)
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	ng the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  M Daniel Jondle, Dr.  Mailing Address 1661 E Camelbac	sk Rd Ste 140 STE	Date of Receipt
City Phoenix FEC ID number of contributing	State Zip Code AZ 85016-3957	Transaction ID: SA11AI.33359  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   500.0	
Full Name (Last, First, Middle Initial) Barry David Kaminsky, Dr.  Mailing Address 1401 N Palm Car Ste 203  City Palm Springs	yon Dr State Zip Code CA 92262	Date of Receipt  M M J D D J 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 Pathology Inc  Receipt For:  Primary General  Other (specify)	Occupation Pathologist Aggregate Year-to-Date  250.0	250.00
Full Name (Last, First, Middle Initial) Chuang-Shian Kiang  Mailing Address Dept of Path 2800 W 95th St  City Evergreen Park  FEC ID number of contributing federal political committee.	State Zip Code IL 60805-2701	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 Little Co of Mary Hosp & HIth Care Ctr Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.0	0
SUBTOTAL of Receipts This Page (optio	nal)	1000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Re or for commercial purposes, other th	ports and Statements may not be sold or used by any per an using the name and address of any political committee	
1	gists Political Action Committee	
Full Name (Last, First, Middle Init L. Lynn Kleopfer, Dr.	,	Date of Receipt
Mailing Address 200 Portland	State Zip Code	0 4 1 0 2 0 0 9  Transaction ID: SA11AI.33192
Columbia	MO 65201-6525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Boyce & Bynum PS Inc	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Init Teresa Kathryn Knight, Dr. Mailing Address 208 S Goos	·	Date of Receipt
		04 22 2009
City	State Zip Code GA 30740	Transaction ID: SA11AI.33172
Rocky Face FEC ID number of contributing federal political committee.	GA 30740	Amount of Each Receipt this Period
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Init L. Herman Koester, Dr.	al)	Date of Receipt
Mailing Address 26419 Ridge	stone Park Ln	04 24 2009
City	State Zip Code	Transaction ID: SA11AI.33782
Cypress	TX 77433-1279	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer unafilliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page	(optional)	1800.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 72 (check only one)    X   11a
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	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 Po	litical Action	Committee	_
	Full Name (Last, First, Middle Initial) C Nancy Kois, Dr.  Mailing Address 1577 F Holly St			Date of Receipt
	Mailing Address 1577 E Holly St			04 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.33590
	Boise	ID	83712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Alphonsus Regional Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) H Margaret Kowalski, Dr.			Date of Receipt
	Mailing Address 12 Briarwood Ln			04 / 03 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.33715
	New Hartford	NY	13413-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Crouse Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) C Tita Lamm, Dr.			Date of Receipt
	Mailing Address 900 Wellston Ct			04 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.33191
	Glen Allen	VA	23059-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bostwick Laboratories	Occupation Patholog	jist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 29 / 72   (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) R Paula Larson, Dr.			Date of Receipt
Mailing Address 7700 Floyd Curl Dr			04 24 2009
City San Antonio	State TX	Zip Code 78229-3979	Transaction ID: SA11AI.33581  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Southwest Texas Methodist Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Donald Leathers, Dr.			Date of Receipt
Mailing Address Dept of Path 777 Rural Ave			04 30 4 2009
City Williamsport	State PA	Zip Code 17701-3109	Transaction ID: SA11AI.33636
FEC ID number of contributing federal political committee.	C	17701-5109	Amount of Each Receipt this Period  208.00
Name of Employer Susquehanna Health System	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 208.00	
Full Name (Last, First, Middle Initial) H. Won Lee, Dr.			Date of Receipt
Mailing Address Laboratory 3700 Kolbe Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lorain	State OH	Zip Code 44053-1697	Transaction ID: SA11AI.33231  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Community Health Partners West Campus	Occupatio Patholog	ist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
			758.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 72 (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	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elliott John LeeSang, Dr.  Mailing Address Dept of Pathology 1301 Wonder World I	Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Marcos FEC ID number of contributing	State TX	Zip Code 78666-7533	Transaction ID: SA11AI.33208  Amount of Each Receipt this Period  312.00
Receipt For:  Primary  Other (specify) ▼	Occupation Patholog		]
Full Name (Last, First, Middle Initial) W Jessica Leiden, Dr.  Mailing Address 1105 20th St E			Date of Receipt  0 4  0 2  2 0 0 9
City Tifton  FEC ID number of contributing federal political committee.	State GA	Zip Code 31794-3692	Transaction ID: SA11AI.33650  Amount of Each Receipt this Period  250.00
Name of Employer Tifton Pathological Srvcs PC Receipt For:  Primary  Other (specify) ▼	Occupation Patholog		
Full Name (Last, First, Middle Initial) J. Wayne Lennington, Dr.  Mailing Address 4321 Carothers Pkwy	,		Date of Receipt
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067-8542	Transaction ID: SA11AI.33745  Amount of Each Receipt this Period  500.00
Name of Employer Williamson Med Ctr  Receipt For: Primary General	Occupation Patholog Aggregate		1
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	1062.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 72 (check only one)    X
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	he name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) P Joseph Leverone, Dr.  Mailing Address 4800 Markay Rdg  City Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer St Joseph's Hosp  Receipt For:	State MN  C  Occupatior Pathologi Aggregate		Date of Receipt  M M O A O D D O O O O O O O O O O O O O O O
Primary General Other (specify)  Full Name (Last, First, Middle Initial) A. Joe Lewis, Dr. Mailing Address Lab	riggiogate	250.00	Date of Receipt
City  Corpus Christi  FEC ID number of contributing federal political committee.  Name of Employer Christus Spohn Hosp  Receipt For:  Primary General  Other (specify) ▼	State TX  C  Occupation Pathologi  Aggregate		Transaction ID: SA11AI.33217  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) R. Kenneth Lidonnici, Dr.  Mailing Address Laboratory 101 Hospital Rd  City Patchoque  FEC ID number of contributing federal political committee.	State NY	Zip Code 11772	Date of Receipt  M M M O 3 2009  Transaction ID: SA11AI.33197  Amount of Each Receipt this Period  250.00
Name of Employer Brookhaven Memorial Hosp Med Ctr Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologi Aggregate		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli		rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.  Mailing Address Lab Medicine and Patl 701 Park Ave  City Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Hennepin County Med Ctr  Receipt For: Primary General	State Zip Code MN 55415  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt    M M
Other (specify)  Full Name (Last, First, Middle Initial) Ming Liu Mailing Address One Brookdale PIz City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Brooklyn  FEC ID number of contributing federal political committee.  Name of Employer Brookdale Univ Hosp Med Ctr  Receipt For:  Primary General  Other (specify)	Occupation Pathologist Aggregate Year-to-Date  250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Eliud Lopez-Velez  Mailing Address Paseo San Juan Rogativa B7  City  San Juan  FEC ID number of contributing federal political committee.  Name of Employer Centro Citopatologico del Caribe  Receipt For:	State Zip Code PR 00926  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt    M M
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.00	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 72 (check only one)    X   11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	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 Pol	itical Action (	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Vildan Manzo			Date of Receipt
	Mailing Address 26 Marlboro Rd			04 23 2009
	City	State NJ	Zip Code	Transaction ID: SA11AI.33476
	Hewitt  FEC ID number of contributing federal political committee.	C	07421-2412	Amount of Each Receipt this Period 250.00
	Name of Employer Northern Westchester Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Jean Monna Marolt, Dr. Mailing Address 25181 Firefly Ave.			Date of Receipt
	Mailing Address 25181 Firefly Ave			04 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.33683
	Wyoming	MN	55092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Univ of Minnesota Med Ctr, Fairview	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	]
— С.	Full Name (Last, First, Middle Initial) Charles Thomas Martin, Dr.			Date of Receipt
	Mailing Address Dept of Path PO Box 1489			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.33633
	Albemarle FEC ID number of contributing federal political committee.	NC C	28002-1489	Amount of Each Receipt this Period 750.00
	Name of Employer Stanly Memorial Hosp	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	, '	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1500.00
	OTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 72 (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 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 o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) G. Alden McBee, Dr.  Mailing Address Department of Pathology			Date of Receipt
	155 Wilson Avenue	ogy		04 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.33728
	Washington FEC ID number of contributing	PA	15301	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Washington Hosp	Occupation Patholog		
	Receipt For:	<del>, '                                     </del>	e Year-to-Date	
	Primary General Other (specify) ▼	riggiogate	250.00	
В.	Full Name (Last, First, Middle Initial) M Denis McCarthy, Dr.  Mailing Address 2243 Kincaid St	1		Date of Receipt
				04 16 2009
	City	State OR	Zip Code	Transaction ID: SA11AI.33514
	Eugene FEC ID number of contributing federal political committee.	C	97405-3053	Amount of Each Receipt this Period 400.00
	Name of Employer Oregon Medical Laboratori-	Occupation		
	es Receipt For:	<del>, '                                     </del>	e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		400.00	
С.	Full Name (Last, First, Middle Initial) Jane Mary McClements, Dr.			Date of Receipt
	Mailing Address Bayhealth Medical Ce 21 W Clarke Ave	nter		0 4 1 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33451
	Milford	DE	19963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Milford Memorial Hosp	Occupation Pathologo		
	Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional)	1		950.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 35 / 72   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements mar the name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) C Edward McDonald, Dr.			Date of Receipt
Mailing Address Dept of Path 4220 Harding Pike			04 03 7 2009
City	State	Zip Code	Transaction ID: SA11AI.33613
Nashville  FEC ID number of contributing federal political committee.	C	37205-2095	Amount of Each Receipt this Period  300.00
Name of Employer St. Thomas Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) E. Roger McLendon, Dr.	ı		Date of Receipt
Mailing Address Department of Patho PO Box 3712			04 02 7 2009
City Durham	State NC	Zip Code	Transaction ID: SA11AI.33255
FEC ID number of contributing federal political committee.	C	27710	Amount of Each Receipt this Period 250.00
Name of Employer Duke Univ Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R. Benton Middleman, Dr.			Date of Receipt
Mailing Address 5211 Meaders Ln			04 22 7 2009
City	State	Zip Code	Transaction ID: SA11AI.33184
Dallas FEC ID number of contributing federal political committee.	C	75229	Amount of Each Receipt this Period 250.00
Name of Employer Baylor Med Ctr @ Garland	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 72 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to	
College of American Pathologists Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) R. Alex Mitchell, Dr.		Date of Receipt
Mailing Address 4920 Wellington Drive		04 30 2009
City	State Zip Code	Transaction ID: SA11Al.33226
Macon	GA 31210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Coliseum Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) R. Dina Mody, Dr.		Date of Receipt
Mailing Address Laboratory Medicine 6565 Fannin		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.33647
<u>Houston</u>	TX 77030-2707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) G. Jacqueline Monheit, Dr.		Date of Receipt
Mailing Address 5463 Darnell St		04 03 2009
City	State Zip Code	Transaction ID: SA11AI.33183
Houston	TX 77096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baylor College of Medicine	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (Check drily drie)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shahla Moshiri  Mailing Address Department of Patholo 110 Old Padonia Rd S City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Chesapeake Diagnostics Lab  Receipt For: Primary General Other (specify)	Ogy Ste 301 State Zip Code MD 21030-1030  C  Occupation Pathologist  Aggregate Year-to-Date  250	Date of Receipt  M M M D D D Z 2 0 0 9  Transaction ID: SA11AI.33210  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Lee Georgina Murray, Dr.  Mailing Address 4485 Penhurst Ct  City Fayetteville  FEC ID number of contributing federal political committee.  Name of Employer Womack Army Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code NC 28311-6945  C  Occupation Pathologist  Aggregate Year-to-Date ▼	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) Melissa Murray  Mailing Address 3907 46th St  City Sunnyside  FEC ID number of contributing federal political committee.  Name of Employer Memorial Sloan-Kettering Cancer Center  Receipt For:  Primary General Other (specify)	State Zip Code NY 11104-1407  C  Occupation Pathologist  Aggregate Year-to-Date  208	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) .		708.00

	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 ar 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 personal the 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)	onioa noton committee	
L. Diana Nevins, Dr.  Mailing Address Department of Path 8303 Dodge St	nology	Date of Receipt  0 4 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33445
<u>Omaha</u>	NE 68114-4199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. David Nicholson, Dr.	1	Date of Receipt
Mailing Address 2201 Dupont Drive		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33566
Pensacola	FL 32503-4211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Santa Rosa Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) William Robert Novak, Dr.		Date of Receipt
Mailing Address Dept of Path One Perkins Sq		04 10 2009
City	State Zip Code	Transaction ID: SA11AI.33213
Akron  FEC ID number of contributing federal political committee.	OH 44308-1062	Amount of Each Receipt this Period 250.00
Name of Employer Children's Hosp Med Ctr of Akron	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Burkhalter Ann Oaks, Dr.  Mailing Address Department of Patholog 601 North Elm Street  City High Point  FEC ID number of contributing federal political committee.  Name of Employer High Point Regional Hosp  Receipt For: Primary General Other (specify)	State NC C Occupatio Patholog		Date of Receipt  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) Irene Lauren O Brien, Dr.  Mailing Address Path Clin Lab 100 W California Blvd City Pasadena  FEC ID number of contributing federal political committee.  Name of Employer Huntington Mem Hosp  Receipt For: Primary General Other (specify)	State CA C Occupatio Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) J. Michael Odell  Mailing Address Cellnetix Pathology Providence St. Peter He  City Olympia  FEC ID number of contributing federal political committee.  Name of Employer Providence St Peter Hospital Receipt For: Primary General Other (specify)	State WA  C  Occupation 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
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	990.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Otata an anta an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 72 (check only one)    X   11a
1	Any information copied from such Reports and or for 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 of solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) S. John Oehrle, Dr.			Date of Receipt
	Mailing Address Department of Labora 1301 Carlisle St.	tories		04 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.33155
	Natrona Heights  FEC ID number of contributing federal political committee.	C	15065	Amount of Each Receipt this Period  300.00
	Name of Employer Allegheny Valley Hospital	Occupation Pathology		
	Receipt For:  Primary General  Other (specify) ▼	<del>_ '                                   </del>	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial)  Mihaela Onciu  Mailing Address Department of Pathol	Dav		Date of Receipt
	332 N Lauderdale St	04 23 2009		
	City Memphis	State TN	Zip Code 38105	Transaction ID: SA11AI.33626  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30103	250.00
	Name of Employer St. Jude Children's Resea- rch Hosp Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		
С.	Full Name (Last, First, Middle Initial) M. Joon Park, Dr.	<u> </u>		Date of Receipt
	Mailing Address Department of Pathol 269 Portland Way S	ogy		04 09 2009
	City	State	Zip Code	Transaction ID: SA11AI.33271
	Galion  FEC ID number of contributing federal political committee.	C	44833	Amount of Each Receipt this Period 250.00
	Name of Employer Galion Community Hosp	Occupation Patholog		
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			800.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	) FOR LINE NUMBER: PAGE 41 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any page the name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) Corbin Joseph Parker, Dr.		Date of Receipt
Mailing Address 4606 Wolfcreek P	kwy	0 4 0 3 2 0 0 9
City Louisville	State Zip Code KY 40241-5502	Transaction ID: SA11AI.33672  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of Louisville Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. Laurence Parmer. Dr.		Date of Receipt
Mailing Address 83 Fairway Ct Ap	t D	04 03 2009
City	State Zip Code	Transaction ID: SA11AI.33356
Lakewood  FEC ID number of contributing federal political committee.	NJ 08701	Amount of Each Receipt this Period 300.00
Name of Employer Hospital San Pablo	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) O. Jackson Pemberton, Dr.		Date of Receipt
Mailing Address Laboratory Depar 1 Medical Village	tment Dr	04 23 2009
City Edgewood	State Zip Code KY 41017	Transaction ID: SA11AI.33596  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	nal)	850.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e 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.
	College of American Pathologists Poli	tical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) P Lina Perry, Dr.			Date of Receipt
	Mailing Address Dept of Path 110 N Main St			04 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.33702
	Greenville	PA	16125-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UPMC Horizon Greenville	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) P Lina Perry, Dr.			Date of Receipt
	Mailing Address Dept of Path 110 N Main St			04 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.33701
	Greenville  FEC ID number of contributing federal political committee.	C	16125-1726	Amount of Each Receipt this Period
	Name of Employer UPMC Horizon Greenville	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
_ С.	Full Name (Last, First, Middle Initial) Kirilov Nikolay Popnikolov, Dr.			Date of Receipt
	Mailing Address Dept of Path & Lab Me 245 N 15th St MS 435			04 24 2009
	City <u>Philadelphia</u>	State PA	Zip Code 19102-1192	Transaction ID: SA11AI.33251
	FEC ID number of contributing federal political committee.	C	13102-1132	Amount of Each Receipt this Period 250.00
	Name of Employer Drexel Univ College of Med	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			600.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 72 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persoing the name and address of any political committee to solution.	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Puerner Mailing Address Department Of P Columbia Hospit		Date of Receipt  0 4 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33230
Milwaukee	WI 53211-2906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Columbia St Marys Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) E Peter Ramirez, Dr.  Mailing Address 27724 Ranch Ln		Date of Receipt
		04 03 2009
City	State Zip Code	Transaction ID: SA11AI.33446
Boerne FEC ID number of contributing federal political committee.	TX 78006-4816	Amount of Each Receipt this Period 400.00
Name of Employer Ameripath South Texas	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ann Ruth Reardon, Dr.		Date of Receipt
Mailing Address 1915 West Beeb	e Capps Expy	04 23 2009
City Searcy	State Zip Code AR 72143	Transaction ID: SA11AI.33393
FEC ID number of contributing federal political committee.	C 72143	Amount of Each Receipt this Period  250.00
Name of Employer Lab of Path, PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	onal)	2150.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 72 (check only one)    X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) ollege of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>P.</u> M: Ci		State	Zip Code	Date of Receipt  0 4 2 3 2 0 0 9  Transaction ID: SA11AI.33482
FE	aperville EC ID number of contributing deral political committee.	C	60540	Amount of Each Receipt this Period 750.00
_	eceipt For:  Primary  Other (specify)	Occupation Patholog Aggregate		
<b>B.</b> M	ull Name (Last, First, Middle Initial) . Ronald Rhatigan, Dr. ailing Address 13795 Sawpit Rd.			Date of Receipt  0 4 2 4 2 0 0 9
FE	ty acksonville EC ID number of contributing deral political committee.	State FL	Zip Code 32226	Transaction ID: SA11AI.33671 Amount of Each Receipt this Period 250.00
Aı <u>da</u>	ame of Employer meripath Northeast Flori- a eccipt For: Primary Other (specify)	Occupation Patholog Aggregate		
C. <u>M</u>	ull Name (Last, First, Middle Initial) . Robert Ridout, Dr. ailing Address Department of Patholo	ogy		Date of Receipt
	exarkana	State TX	Zip Code 75504-1140	Transaction ID: SA11AI.33218  Amount of Each Receipt this Period
fe Na Cl	EC ID number of contributing deral political committee.  ame of Employer hristus-St. Michael Heal-	Occupatio		250.00
<u>th</u>	Sys eceipt For: Primary General Other (specify) ▼	Patholog Aggregate	e Year-to-Date ▼ 250.00	
SUB	TOTAL of Receipts This Page (optional)		)	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 45 / 72   (check only one)
Any information copied from such Reports and 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) E. James Roberts, Dr.			Date of Receipt
Mailing Address 565 Memorial Circle	)		04 23 2009
City Ormond Beach	State FL	Zip Code 32174	Transaction ID: SA11AI.33720  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Volusia Pathology Group	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Jayne Paula Rogers, Dr.			Date of Receipt
Mailing Address Dept of Pathology 2825 Parklawn Dr			04 03 2009
City Midwest City	State OK	Zip Code 73110	Transaction ID: SA11AI.33450
FEC ID number of contributing federal political committee.	C	73110	Amount of Each Receipt this Period 300.00
Name of Employer Midwest Reg Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) E. David Rubin, Dr.			Date of Receipt
Mailing Address Dept of Path 255 Lafayete Ave			0 4 0 3 2 0 0 9
City Suffern	State NY	Zip Code 10901	Transaction ID: SA11AI.33279  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Good Samaritan Hospital	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	\		900.00

ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 46 / 72   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g 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	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Lee Scott Sargent, Dr.			Date of Receipt
Mailing Address 5292 Newell Cir			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Kettering	State OH	Zip Code 45440-2807	Transaction ID: SA11AI.33350  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Unaffiliated	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. Michael Schaldenbrand, Dr.	I		Date of Receipt
Mailing Address Department of Path PO Box 2500			04 10 2009
City Dearborn	State MI	Zip Code 48123-2500	Transaction ID: SA11AI.33487
FEC ID number of contributing federal political committee.	C	40123-2300	Amount of Each Receipt this Period 250.00
Name of Employer Oakwood Hosp & Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' '</del>	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) J. James Schnabel, Dr.			Date of Receipt
Mailing Address Department of Patl 3300 NW Express	hology way		04 24 2009
City Oklahoma City	State OK	Zip Code 73112	Transaction ID: SA11AI.33371  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Integris Baptist Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	-10		800.00

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)  Corrad Schuerch  Mailing Address Laboratory Medicine 100 North Academy Avenue City State Zip Code Darwille PA 17822-0131  FEC ID number of contributing federal political committee.  Name of Employee Geisriger Health System Pathologist  Receipt For: Primary General Other (specify) ▼  VA Med Cit-NishMille  City State Zip Code Name of Employee Name of Employee Name of Employee Occupation Pathologist  FEU ID number of contributing federal political committee.  City State Zip Code Name of Employee	SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 72 (check only one)    X   11a
A. Full Name (Last, First, Middle Initial) Cornad Schuerch  Mailling Address Laboratory Medicine 100 North Academy Avenue City Danville PA 17822-0131  FEC ID number of contributing federal political committee.    Part   Part   Part   Part   Part	or for commercial purposes, other that  NAME OF COMMITTEE (In Full)	n using the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
City State Zip Code Danville PA 17822-0131  FEC ID number of contributing federal political committee.  Name of Employer Geisinger Health System  Receipt For: Pall Name (Last, First, Middle Initial) J. Stephen Schullenover, Dr. Mailing Address Naphville Campus P&LMS 113  City State Zip Code Transaction ID: SA11AL33714  Amount of Each Receipt this Period  Date of Receipt  Tansaction ID: SA11AL33714  Amount of Each Receipt this Period  Date of Receipt  Tansaction ID: SA11AL33714  Amount of Each Receipt this Period  Date of Receipt  Tansaction ID: SA11AL33714  Amount of Each Receipt this Period  Tansaction ID: SA11AL33714  Amount of Each Receipt this Period  Tansaction ID: SA11AL33714  Tansaction ID: SA11AL33714  Amount of Each Receipt this Period  Tansaction ID: SA11AL33714  Tansaction ID: SA11AL33714  Tansaction ID: SA11AL33300  T	Full Name (Last, First, Middle Initia		Date of Receipt
City Danville PA 17822-0131  FEC ID number of contributing federal political committee.  Name of Employer Gesinger Health System Pathologist  Receipt For:    Primary   General Other (specify) ▼   Pathologist    Pathologist			
FEC ID number of contributing federal political committee.  Name of Employer Geisniger Health System Pathologist  Receipt For: Primary General Other (specify) ▼ Pathologist  Receipt For: Primary General Other (specify) ▼ Pathologist  Receipt For: Pother (specify) ▼ Pathologist  Aggregate Year-to-Date ▼ Pathologist  Date of Receipt  Date of Receipt  M A	City	State Zip Code	
Receipt For:	FEC ID number of contributing		
B. Full Name (Last, First, Middle Initial) J. Stephen Schultenover, Dr. Mailing Address Nashville Campus P. RLMS 113  City State Zip Code T. Nashville TN 37212  FEC ID number of contributing federal political committee.  Name of Employer VA Med Cit-Nashville Perimary General Other (specify) ▼  Occupation P. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Occupation P. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  Occupation P. Date of Receipt  Date of Receipt  M. M. M. D. D. M. Y.		Pathologist	
Mailing Address Nashville Campus P&LMS 113  City State Zip Code TN 37212  FEC ID number of contributing federal political committee.  Name of Employer Naling Address Dept of Path 718 Teaneck Rd.  City State Zip Code TN 37212  Aggregate Year-to-Date ▼  Date of Receipt  M M V D D D Transaction ID: SA11AI.33714  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C.  Full Name (Last, First, Middle Initial) A Richard Schwartz, Dr.  Mailing Address Dept of Path 718 Teaneck Rd.  City State Zip Code NJ 07666  FEC ID number of contributing federal political committee.  C.  Name of Employer Holy Name Hosp Receipt Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  Fathologist  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C.  Name of Employer Holy Name Hosp Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Sou.00	.,	250.00	
City State Zip Code Transaction ID: SA11AI.33714    Nashville	B. J. Stephen Schultenover, Dr.  Mailing Address Nashville Cal	<u></u>	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer VA Med Ctr-Nashville  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) A Richard Schwartz, Dr. Mailing Address Dept of Path 718 Teaneck Rd. City State Zip Code NJ 07666  FEC ID number of contributing federal political committee.  Name of Employer Holy Name Hosp  Receipt For: Primary General Other (specify) ▼  Occupation Pathologist  Aggregate Year-to-Date ▼  Cocupation Pathologist  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period  State Zip Code Transaction ID: SA11AI.33300  Amount of Each Receipt this Period	City	·	
VA Med Ctr-Nashville  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  A Richard Schwartz, Dr.  Mailing Address Dept of Path 718 Teaneck Rd.  City  State Zip Code NJ 07666  FEC ID number of contributing federal political committee.  Name of Employer Holy Name Hosp  Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	FEC ID number of contributing		
Primary General Other (specify) ▼	<u>-</u>	Pathologist	
A Richard Schwartz, Dr.  Mailing Address Dept of Path 718 Teaneck Rd.  City State Zip Code Teaneck NJ 07666  FEC ID number of contributing federal political committee.  Name of Employer Holy Name Hosp  Receipt NJ 0 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City Teaneck NJ 07666  FEC ID number of contributing federal political committee.  Name of Employer Holy Name Hosp  Receipt For: Primary General Other (specify) ▼  State Zip Code NJ 07666  C  C  SA11AI.33300  Amount of Each Receipt this Period  500.00  Aggregate Year-to-Date ▼  1000.00	A Richard Schwartz, Dr.  Mailing Address Dept of Path		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Holy Name Hosp  Pathologist  Receipt For: Primary General Other (specify)  Other (specify)	City	State Zip Code	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  500.00	FEC ID number of contributing	1 1 1 1 1 1	
Primary General Other (specify) ▼ 500.00	Name of Employer Holy Name Hosp	· · · · · · · · · · · · · · · · · · ·	
1000.00	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page	(optional)	1000.00

ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 72 (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 F	the 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)	Unitical Action (	Johnnitee	
L. David Scrivner, Dr.  Mailing Address Department of Path 232 S. Woods Mill I	ology		Date of Receipt  0 4 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.33609
Chesterfield	MO	63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Luke's Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dean Michael Sennett, Dr.	<b>-</b>		Date of Receipt
Mailing Address Nwth 1501 S Coulter St			04 / 03 / 4 2009
City	State	Zip Code	Transaction ID: SA11AI.33157
Amarillo  FEC ID number of contributing federal political committee.	C	79106-1770	Amount of Each Receipt this Period  250.00
Name of Employer Amarillo Pathology Associ- ates	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E. Mei Shen			Date of Receipt
Mailing Address 4 Landau Ln			04 24 2009
City	State	Zip Code	Transaction ID: SA11AI.33354
Andover	MA	01810-4510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Hospital San Pablo	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	l)		800.00

SCHEDULE A ITEMIZED REC	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 72 (check only one)    X   11a
or for commercial purpo	oses, other than using the name and	I address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fir P. Joseph Sleater, Dr	st, Middle Initial)		Date of Receipt
Mailing Address 5  City  Asheville	6 Cedar Hill Dr State NC	e Zip Code 28803-3043	Transaction ID: SA11AI.33507  Amount of Each Receipt this Period
FEC ID number of c			250.00
Name of Employer Mission St Josephs al Receipt For: Primary Other (specify	Aggre General	ation ologist gate Year-to-Date ▼ 250.00	
	Dept of Path 53 W 11Th St		Date of Receipt  0 4 0 3 2 0 0 9
City New York FEC ID number of of federal political com		Zip Code 10011-8305	Transaction ID: SA11AI.33616  Amount of Each Receipt this Period  250.00
Name of Employer St. Vincent's Hosp of Ctr Receipt For: Primary Other (specify	Aggre General	ation  logist  gate Year-to-Date	
Full Name (Last, Fir George Robert Stallin Mailing Address 1			Date of Receipt  0 4 1 6 2 0 0 9
City Rutherfordton	State NC	e Zip Code 28139-3222	Transaction ID: SA11AI.33564
FEC ID number of c	ontributing	20139-3222	Amount of Each Receipt this Period 312.00
Name of Employer Rutherford Hosp Inc	Occup	ation ologist	
Receipt For: Primary Other (specify	General Aggre	gate Year-to-Date ▼ 312.00	
SUBTOTAL of Receip	ts This Page (optional)		812.00
TOTAL This Period (I	ast page this line number only)	,	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 72 (check only one)    X
Any information copied from such Reports 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 pers og the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. David Stanley, Dr. Mailing Address 1150 N 18th St St  City	e 102 State Zip Code	Date of Receipt    M
Abilene FEC ID number of contributing federal political committee.	TX 79601-2931	Amount of Each Receipt this Period 250.00
Name of Employer Abilene Path Assoc  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) D. Michael Stargel, Dr.  Mailing Address Pathology Departion 5665 Peachtree-D City		Date of Receipt  M M O 3
Atlanta  FEC ID number of contributing federal political committee.	GA 30342	Amount of Each Receipt this Period  250.00
Name of Employer St. Joseph's Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) F Janet Stastny, Dr.  Mailing Address PO Box 2484 2400 Susannah S	t Ste A	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Johnson City  FEC ID number of contributing	State Zip Code TN 37601	Transaction ID: SA11AI.33504  Amount of Each Receipt this Period  500.00
federal political committee.  Name of Employer Outpatient Cytopathology Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 51 / /2   (check only one)
Any information copied from such Reports at 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 oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) Jakub Stefka			Date of Receipt
Mailing Address Lab 2301 House Ave Si	e 108		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cheyenne	State WY	Zip Code 82001-3177	Transaction ID: SA11AI.33165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	020010111	300.00
Name of Employer Anapath Diagnostics, Inc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) James David Sterner, Dr.			Date of Receipt
Mailing Address 848 Settlers Circle			0 4 1 0 2 0 0 9
City Sheboygan Falls	State WI	Zip Code 53085	Transaction ID: SA11AI.33571
FEC ID number of contributing federal political committee.	C	33003	Amount of Each Receipt this Period 250.00
Name of Employer Sheboygan Mem Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' </del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) K Rachel Stevens, Dr.			Date of Receipt
Mailing Address 1701 E 23rd Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hutchinson	State KS	Zip Code 67502-1105	Transaction ID: SA11AI.33367  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07302*1103	312.00
Name of Employer Hutchinson Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>''</del>	Year-to-Date ▼ 312.00	
SUBTOTAL of Receipts This Page (optional	- I		862.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 72 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Allen Craig Storm, Dr. Mailing Address 8 Stagecoach Rd			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 Lebanon	State NH	Zip Code 03766	Transaction ID: SA11Al.33237  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dartmouth Hitchcock Med Ctr Receipt For:  Primary  Other (specify) ▼	Occupation Patholog Aggregate		
- 3.	Full Name (Last, First, Middle Initial) J. Jeffrey Tarrand, Dr.  Mailing Address Microbiology 1515 Holcombe Blvd	Linit 084		Date of Receipt  0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33709
	Houston  FEC ID number of contributing federal political committee.	C	77030-4009	Amount of Each Receipt this Period 250.00
	Name of Employer UT MD Anderson Cancer Ctr	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Ann Taylor			Date of Receipt
	Mailing Address Department of Patholo 8th Ave & C St	ogy		04 23 2009
	City Salt Lake City	State UT	Zip Code 84143	Transaction ID: SA11AI.33401 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LDS Hosp	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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	d Statements may not be sold or used by any perso the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Andrew Cullen Taylor, Dr. Mailing Address 4134 Chatham Hill D	Dr .	Date of Receipt  0 4 1 5 2 0 0 9
City Winston Salem FEC ID number of contributing	State Zip Code NC 27104-1439	Transaction ID: SA11AI.33269  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) W. Mark Teague, Dr. Mailing Address 2904 Westcorp Blvd	SW Ste 108	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Huntsville  FEC ID number of contributing federal political committee.	State Zip Code AL 35805-6437	Transaction ID: SA11AI.33511  Amount of Each Receipt this Period  250.00
Name of Employer Pathology Associates PC  Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Marie Denise Tritz, Dr.  Mailing Address Laboratory	250.00	Date of Receipt
100 St Marys Med P City Jefferson City FEC ID number of contributing federal political committee.	State Zip Code MO 65101	Transaction ID: SA11AI.33630  Amount of Each Receipt this Period  250.00
Name of Employer St. Mary's Health Center  Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 54 / 72   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (	Committee	
Full Name (Last, First, Middle Initial) J. Michael Trump, Dr.			Date of Receipt
Mailing Address 100 3rd Ave S Uni	t 2802		04 09 2009
City Minneapolis	State MN	Zip Code 55401-2724	Transaction ID: SA11AI.33658  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33401-2724	250.00
Name of Employer United Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Allan Tucker			Date of Receipt
Mailing Address Department of Pat 2451 Fillingim Stre			04 / 22 / 2009
City Mobile	State AL	Zip Code 36617-2293	Transaction ID: SA11AI.33692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55017 2255	250.00
Name of Employer Univ of S Alabama Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) G. Warren Tucker, Dr.			Date of Receipt
Mailing Address Department of Pat 316 Calhoun Street	:hology et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State SC	Zip Code 29401	Transaction ID: SA11AI.33560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
Name of Employer Roper Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 72 (check only one)    X
A	ny information copied from such Reports and some for 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.
/	Full Name (Last, First, Middle Initial)	IIICAI ACIION	Committee	
۱.	N. Paul Valenstein, Dr.  Mailing Address Department of Pathology			Date of Receipt
	5301 E. Huron River I			04 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.33602
	Ann Arbor FEC ID number of contributing	C	48106-0955	Amount of Each Receipt this Period 312.00
	federal political committee.			
	Name of Employer St Joseph Mercy Hosp	Occupatio Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 312.00	1
	☐ Other (specify) ▼		312.00	
 3.	Full Name (Last, First, Middle Initial) A Leonard Valentino, Dr.			Date of Receipt
	Mailing Address 105A Cooper Ct			04 23 2009
	City	State	Zip Code	Transaction ID: SA11AI.33169
	Los Gatos	CA	95032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Associated Path Med Group, Inc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Paul Michael Viglione, Dr.			Date of Receipt
	Mailing Address 44 E Elm St			0 4 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.33396
	Chicago	IL	60611-1016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Forest Hosp	Occupatio Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	_ ·	e Year-to-Date ▼ 250.00	
Г				812.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the (Check only one)
or for commercial purposes, other than using the	Statements may not be sold or used by a mame and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Pol	tical Action Committee	
Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.		Date of Receipt
Mailing Address Path Dept School of N 3601 Fourth St	led	04 24 2009
City	State Zip Code	Transaction ID: SA11AI.33639
Lubbock  FEC ID number of contributing federal political committee.	TX 79430	Amount of Each Receipt this Period  350.00
Name of Employer Texas Tech Univ HSC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) H Gail Walker, Dr.		Date of Receipt
Mailing Address 1354 Drakie Ct		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33262
<u>Lilburn</u>	GA 30047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Emory Eastside Med Ctr	Occupation Pathologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) L. Michael Wallace, Dr.		Date of Receipt
Mailing Address 203 Grandview Dr N		$\begin{bmatrix} M & M $
City	State Zip Code	Transaction ID: SA11AI.33548
Pittsburgh	PA 15215-1515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rabkin Dermatopathology	Occupation Pathologist	
Lab Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250	0.00
SUBTOTAL of Receipts This Page (optional) .	1	1100.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 72 (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)	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.
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial)  Karls Bretta Warren, Dr.		Date of Receipt
Mailing Address 800 W Central Rd		04 24 2009
City	State Zip Code	Transaction ID: SA11AI.33481
Arlington Heights	IL 60005-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	312.00
Name of Employer Northwest Cmnty Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.00	
Full Name (Last, First, Middle Initial) S. Carolyn Watson, Dr.		Date of Receipt
Mailing Address Department of Pathol 2501 Kentucky Ave	logy	04 / 16 / Y Y Y Y Y Y Y Y
City	State Zip Code  KY 42003-3200	Transaction ID: SA11AI.33737
Paducah  FEC ID number of contributing federal political committee.	KY 42003-3200	Amount of Each Receipt this Period 300.00
Name of Employer Western Baptist Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Thomas Gerald Wedemeyer, Dr.		Date of Receipt
Mailing Address 811 Lawman Ave		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.33659
Bridgeport	WV 26330-1222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer United Hosp Ctr	Occupation Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional)		862.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
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 perso the name and address of any political committee to control of the control of the committee of the control	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Alice Werner, Dr.  Mailing Address 601 Childrens Ln  City Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Children's Hosp of the Kings Daughters Receipt For: Primary General	State Zip Code VA 23507-1971  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 / 2 0 0 9  Transaction ID: SA11AI.33214  Amount of Each Receipt this Period  300.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) A. Bruce Werness, Dr.  Mailing Address Path 3600 Joseph Siewic		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 Fairfax  FEC ID number of contributing federal political committee.  Name of Employer Inova Fair Oaks Hosp  Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22033  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Transaction ID: SA11AI.33370  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Brian Alexander West, Dr.  Mailing Address Dept of Path 310 Cedar St PO Br  City  New Haven  FEC ID number of contributing federal political committee.  Name of Employer Yale University  Receipt For:  Primary General Other (specify)	Ox 208023 State Zip Code CT 06520-8023  C  Occupation Pathologist  Aggregate Year-to-Date  312.00	Date of Receipt  M 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	l) <b>&gt;</b>	862.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 72 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne 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.
	NAME OF COMMITTEE (In Full)  College of American Pathologists Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial)  Aaron Lamont Wettstein, Dr.  Mailing Address PO box 72059			Date of Receipt
				04 03 2009
	City Eugene	State OR	Zip Code 97401	Transaction ID: SA11AI.33513
	FEC ID number of contributing federal political committee.	C	97401	Amount of Each Receipt this Period  300.00
	Name of Employer Pathology Consultants PC	Occupation		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) C. Ross Wheeler, Dr.			Date of Receipt
	Mailing Address 834 Brightwater Cir			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.33267
	Maitland	FL	32751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) H. Michael Whittaker, Dr.			Date of Receipt
	Mailing Address W204 N11959 Golde	ndale Road		0 4 1 0 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.33733
	Germantown	WI	53022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Waukesha Mem Hosp	Occupation Patholog	jist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 72 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any pe g the name and address of any political committe	
NAME OF COMMITTEE (In Full)  College of American Pathologists I		
Full Name (Last, First, Middle Initial) N. Rebecca Williams, Dr.		Date of Receipt
Mailing Address 355 Firetown Rd		0 4 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33288
Simsbury	CT 06070-1219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.00
Name of Employer Hartford Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.00	
Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr.		Date of Receipt
Mailing Address Dept of Pathology 4755 Ogletown-Sta	anton Rd	04 09 7 2009
City	State Zip Code	Transaction ID: SA11AI.33215
<u>Newark</u>	DE 19718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Christiana Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Shumate Anne Witson, Dr.		Date of Receipt
Mailing Address Dept of Path 100 Medical Dr		04 03 7 2009
City	State Zip Code	Transaction ID: SA11AI.33193
<u>Lake Jackson</u>	TX 77566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Brazosport Regional Health System	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
	I	708.00

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 61 / 72 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Pol	itical Action Committee	
Full Name (Last, First, Middle Initial)  B William Woodward, Dr.		Date of Receipt
Mailing Address Dept of Path Po Box 3011		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.33200
Gillette	WY 82717-3011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Campbell County Memorial	Occupation	7
Hosp Receipt For:	Pathologist	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) V Anjana Yeldandi, Dr.		Date of Receipt
Mailing Address Department of Pathol 251 E Huron St	ogy	0 4
City	State Zip Code	Transaction ID: SA11AI.33484
Chicago	IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Northwestern Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Saeed Syed Zaman, Dr.		Date of Receipt
Mailing Address Dept of Path 2209 Genesee St		04 03 7 2009
City	State Zip Code NY 13501-5999	Transaction ID: SA11AI.33595
Utica  FEC ID number of contributing federal political committee.	NY 13501-5999	Amount of Each Receipt this Period 250.00
Name of Employer St Elizabeth Medical Cent- er	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		850.00
TOTAL This Period (last page this line numbe	·	56350.00

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SCHEDULE A (FEC Form 3X)	11	-l-1-(-)	FOR LINE NUMBER: PAGE 62 / 72								
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ITEMIZED RECEIPTS	Detailed Summary		11a 11b 11c 12								
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Any information copied from such Reports and State or for commercial purposes, other than using the r	tements may not be sold or used be ame and address of any political c	oy any person ommittee to	n for the purpose of soliciting contributions solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
College of American Pathologists Politic	al Action Committee										
Full Name (Last, First, Middle Initial) H Paul Hartel, Dr.			Date of Receipt								
Mailing Address Dept of Path Reed St & Gorman Ave			04 01 2009								
City	State Zip Code		Transaction ID: SA16.35675								
Elkins	WV 26241		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer Davis Memorial Hosp	Occupation Pathologist		Refund of Contrbution Made 3/19/09								
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00									

SUBTOTAL of Receipts This Page (optional)	 250.00
SOBIOTAL OF NECESPES THIS Fage (optional)	 250.00
TOTAL This Period (last page this line number only)	250.00

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SCHEDULE B (FEC Form 3X)		rate schedule(s)		OR LIN			R:			PA	AGE	63 /	72				
ITEMIZED DISBURSEMENTS		ategory of the Summary Page	Š	_		22 28a		23 28b	F	24 28c		25 29	П	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													3				
NAME OF COMMITTEE (In Full) College of American Pathologists Political A	Action Cor	mmittee															
Full Name (Last, First, Middle Initial) Sun Trust Bank						Date o		isburs				3808 2 0 ŏ 9	Y				
Mailing Address P.O. Box 85024																	
	State VA	Zip Code 23285			Amount of Each Disbursement this Period  754.40												
Purpose of Disbursement Moneris ACH Discount Candidate Name				egory/					0		. 7	54.40	)				
Office Sought:  Senate President State:  Disburse	ment For: Primary Other (spec	General   Cify) ▼	 1)	rpe													
Full Name (Last, First, Middle Initial) Sun Trust Bank						Date o		isburs				809 0 0 9	Y				
Mailing Address P.O. Box 85024						0 4	_		) (		, _	008	,				
,	State VA	Zip Code 23285				Amou	nt o	f Each	D	isburse	-			d			
Purpose of Disbursement Bank Service Charges						L.				-		27.56	5				
Candidate Name				egory/ vpe													
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General															
Full Name (Last, First, Middle Initial)					+	Trans	acti	on ID:	:	SB21	3.33	8810					
Sun Trust Bank  Mailing Address P.O. Box 85024							of D	isburs	en 7		( ž	0 0 9	) Y				
	21-1-	7:- Cada			_												
Richmond	State VA	Zip Code 23285				Amou	nt o	reach	ı	isburse		13.40		a T			
Purpose of Disbursement Bank Service Charges								_		-	. 1	13.40					
Candidate Name				egory/ vpe													
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General															
State: District:		· •															
SUBTOTAL of Disbursements This Page (optional) .			 	<u> </u>							8	95.36	<b>;</b>				

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LI			R:		PA	72					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	Ė	22 23 24 25 28a 28b 28c 29						26 30b			
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name											5			
NAME OF COMMITTEE (In Full)														
College of American Pathologists Political														
Full Name (Last, First, Middle Initial) Sun Trust Bank							on ID:	SB21E ement	3.33	811				
Mailing Address P.O. Box 85024					0 <sup>M</sup> 4	М	<sup>/</sup> 2	D / Y	2009					
City Richmond	State Zip Code VA 23285				Amount of Each Disbursement this Period									
Purpose of Disbursement Bank Service Charges					L.					83.75	5			
Candidate Name			egory/ ype											
Senate President	ement For:  Primary General  Other (specify) ▼													
State: District: Full Name (Last, First, Middle Initial)								0001						
Sun Trust Bank					Date	of Di	isburse				V			
Mailing Address P.O. Box 85024					0 <sup>M</sup> 4	М	<sup>/</sup> 2	0 /	Ž	0 ŏ s	)			
City Richmond	State Zip Code VA 23285				Amou	int o	f Each	Disburse		-	-			
Purpose of Disbursement Bank Service Charges					L.					50.50	)			
Candidate Name			egory/ ype											
Senate President	ement For: Primary General Other (specify)													
State: District: Full Name (Last, First, Middle Initial)					_			0004		.0.1.0				
Sun Trust Bank					Date of		isburse				V			
Mailing Address P.O. Box 85024					0 4		້ 2	4 /	2	o ŏ s	9			
City Richmond	State Zip Code VA 23285				Amou	int o	f Each	Disburse	men					
Purpose of Disbursement Bank Service Charges										1.58	3			
Candidate Name			tegory/											
Senate President	ement For:  Primary  Other (specify)													
State: District:														
SUBTOTAL of Disbursements This Page (optional)			)	<u>.</u>					13	35.83				

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

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В.

### **SCHEDULE B (FEC Form 3X)**

President

District:

FOR LINE NUMBER: PAGE 65/72 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.33814 Sun Trust Bank Date of Disbursement 24 0 4 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 143.58 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.33815 Sun Trust Bank Date of Disbursement o<sup>™</sup> 4 3 Ŏ 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 14.35 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	157.93
TOTAL This Period (last page this line number only)	•	1189.12

Other (specify)

State:

ITEMIZED DIS	(FEC FOIII 3A)		e schedule(s)		check on	E NUMBER: lv one)		AGE 66 / 72		
	SBURSEMENTS	for each cate Detailed Sun	nmary Page		21b 27	22 28a		24 28c	25 29	
	ed from such Reports and Sta poses, other than using the n									
NAME OF COM										
College of Ame	erican Pathologists Politic	al Action Comn	nittee							
Full Name (Last, AmeriPAC	First, Middle Initial)						tion ID: S		85	
						M M M 0 4			0 0 9 °	
Mailing Address	499 South Capitol St, #414	SW				0 4	20	. 2	009	
City Washington			ip Code 10003			Amount	of Each Dist	oursement	this Perio	
Purpose of Disbu	rsement			-	-			500	00.00	
Candidate Name				Cate	gory/					
				Ту						
Office Sought:	House Disbu	rsement For:	2009 X General							
	President	Other (specify								
State:	District: First, Middle Initial)									
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