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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				111011711	Authori	200 0011111			Office Use	Only
1.	NAME OF COMMITTEE (in full)			IAILING LAI DR PRINT 🗑	BEL	Example:If typover the lines	oing, type			]
l ,	College of American Path	nologists P	olitical	Action Com	mittee			1 1 1 1		<b>.</b>
Ш										
AD	DRESS (number and street)	Ш		treet, NW						
	Check if different	Su	uite 590	) 						
L	than previously reported. (ACC)	L W	ashing	ton				DC	200	05
2.	FEC IDENTIFICATION N	NUMBER	*		CITY 🛕			STATE	<b>≜</b> ZI	PCODE 🛕
	C00274944				3. IS THI REPC	- X	NEW (N) <b>O</b>	R	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(1	b) Moi Rep	oort	Feb 20 (	M2)	May 20 (N	M5) X	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	On:	Mar 20 (	M3)	Jun 20 (M	16)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (	M4)	Jul 20 (M	7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Repo	rt(Q1)	(c)	12-Day		Primary (	12P)	Ge	neral (12G)	Runoff (12R)
	July 15 Quarterly Repo	rt(Q2)	(0)	PRE-Election	on 📙	· ······a··y (	,		110101 (120)	Transm (TET)
	October 15			Report for t	he:	Convention	on (12C)	Sp	ecial (12S)	
	Quarterly Repo January 31 Quarterly Repo	` ′		1	Election on					the state of
	July 31 Mid-Yea	ar	(4)	30-Day						
	Report(Non-ele Year Only) (MY	MY)	(d)	Post -Elec Report for t		General (	(30G)	Ru	noff (30R)	Special (30S)
	Termination Re (TER)	port							ir	n the
				I	Election on			L	S	state of
5.	Covering Period	07	0 1	201	0	throug	gh 0	7 3 1	2010	
l ce	ertify that I have examined the	his Report	and to	the best of r	nv knowled	dge and belief	it is true. corr	ect and com	plete.	
	pe or Print Name of Treasu			ee R. Ellerbr	-				,	
Sia	nature of Treasurer Ele	ctronically	Filed b	by Dr. Ren	ee R. Eller	broek		Date	08 17	2010
-19										
NO	TE : Submission of false, e	erroneous,	or inc	omplete infor	mation may	y subject the p	erson signin	g this Repor	to the penalties of	2 U.S.C 437g.
	Office Use								<b>I</b>	FORM 3X
	Only	1	- 1		I		I	1	(Rev.	12/2004)

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 23

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

F	Report Covering the Period: From:	01 2010	To: 0 7 3 1 2 0 1 0
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		387407.60
	(b) Cash on Hand at Begining of Reporting Period	365154.97	
	(c) Total Receipts (from Line 19)	29937.00	230791.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	395091.97	618198.60
7.	Total Disbursements (from Line 31)	15065.50	238172.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380026.47	380026.47
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

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

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

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

FE6AN026

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 23

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From: 0 7

D D D

2010

.<sub>0</sub>.

м°м 0 7 D D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	23025.00	169735.00
(ii) Unitemized	6912.00	61056.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29937.00	230791.00
(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)	29937.00	230791.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29937.00	230791.00
Total Federal Receipts     (subtract Line 18(c) from Line 19)	29937.00	230791.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	65.50	1481.35
Expenditures	65.50	1461.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	65.50	1481.35
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	15000.00	236690.78
. Independent Expenditure	2.22	0.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15065.50	238172.13
	1,11,100	
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15065.50	238172.13
HOITI LINE 31)	13003.30	200172.10

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 23

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	29937.00	230791.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	29937.00	230791.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65.50	1481.35
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	65.50	1481.35

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists P	Political Action (	Committee	
Full Name (Last, First, Middle Initial) W Matthew Andres, Dr.			Date of Receipt
Mailing Address Lab  1111 Sixth Ave		7: 0 1	07 12 2010
City	State	Zip Code	Transaction ID: SA11AI.38271
Des Moines	IA	50314-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Med Ctr-Des Moines	Occupatio Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Lintelman Lauren Anthony, Dr.			Date of Receipt
Mailing Address 750 S 2nd Apt 302			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.38214
<u>Minneapolis</u>	MN	55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Allina Med Labs	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B Julius Askew, Dr.			Date of Receipt
Mailing Address 6219 Sugar Hill Dr			07 15 7 9 10
City	State	Zip Code	Transaction ID: SA11AI.38254
Houston	TX	77057-1144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Houston Northwest Med Ctr	Occupatio Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	l)		1250.00

# SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	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 Politics	name and ad	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)  M Janis Atkinson, Dr.  Mailing Address Dept of Path  355 Ridge Ave			Date of Receipt  0 7 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.38307
	Evanston  FEC ID number of contributing federal political committee.	C	60202-3399	Amount of Each Receipt this Period 250.00
	Name of Employer St. Francis Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
- В.	Full Name (Last, First, Middle Initial) Nadarajah Balasubramaniam Mailing Address Dept. of Pathology			Date of Receipt  0 7 0 2 2 0 1 0
	1101 Nott St.	State	Zip Code	Transaction ID: SA11AI.38244
	<u>Schenectady</u>	NY	12308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ellis Hospital	Occupation Pathologo		
	Receipt For:  Primary  General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt
	Mailing Address Department of Patholo 2260 Wrightsboro Rd.	gy		07 15 2010
	City	State	Zip Code	Transaction ID: SA11AI.38215
	Augusta	GA	30904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00
t	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 8 / 23 (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)	tatements ma 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 Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) R Donn Burns, Dr.			Date of Receipt
	Mailing Address Dept of Pathology  1 Medical Village Dr			07 23 2010
	City	State KY	Zip Code	Transaction ID: SA11AI.38304
	Edgewood  FEC ID number of contributing federal political committee.	C	41017-3403	Amount of Each Receipt this Period 250.00
	Name of Employer St Elizabeth Med Ctr	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial)  A. Desiree Carlson, Dr.  Mailing Address, Olivida ( D. N.)			Date of Receipt
	Mailing Address Chief of Pathology 680 Centre Street			07 27 2010
	City Brockton	State MA	Zip Code	Transaction ID: SA11AI.38301
	FEC ID number of contributing federal political committee.	C	02302-3395	Amount of Each Receipt this Period  2500.00
	Name of Employer Brockton Hosp	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
C.	Full Name (Last, First, Middle Initial) Riley Deborah Citron, Dr.			Date of Receipt
	Mailing Address Lab/Pathology 1504 Taub Loop			07 26 2010
	City Houston	State TX	Zip Code 77030-1608	Transaction ID: SA11AI.38221  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77000 1000	500.00
	Name of Employer Ben Taub Gen Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			3250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one)    X
or for commercial p	urposes, other than using the MITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of Am	nerican Pathologists Politi	cal Action (	Jommittee	
Joseph Thomas (	<u> </u>	a. t		Date of Receipt
	5620 East El Parque S	ıreei		07 / 15 / 2010
City <u>Long Beach</u>		State CA	Zip Code 90815-4129	Transaction ID: SA11AI.38233  Amount of Each Receipt this Period
FEC ID number federal political of		C	30013 4123	100.00
Name of Employ Centinela Hosp	er Med Ctr	Occupation Patholog		
Receipt For: Primary Other (spe	General		Year-to-Date ▼ 500.00	
Full Name (Last	First, Middle Initial) zell, Dr.			Date of Receipt
Mailing Address	Clin Lab M524 Box 010 505 Parnassus Ave	00		07 12 7 7 7 7
City		State	Zip Code	Transaction ID: SA11AI.38321
San Francisco FEC ID number federal political of	of contributing	CA	94143-0100	Amount of Each Receipt this Period 400.00
Name of Employ Univ of Californi ancisco	er a San Fr-	Occupation Patholog		
Receipt For: Primary Other (spe	General	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last P. Edward Fody,	First, Middle Initial) Dr.			Date of Receipt
Mailing Address	Laboratory 602 Michigan Ave			07 15 7 9 9 10
City <u>Holla</u> nd		State MI	Zip Code 49423	Transaction ID: SA11AI.38252
FEC ID number federal political of		C	49425	Amount of Each Receipt this Period  1000.00
Name of Employ Holland Commu	er nity Hosp	Occupation Patholog		
Receipt For: Primary Other (spe	General General		Year-to-Date ▼ 1000.00	
SUBTOTAL of Re	Leipts This Page (optional)		<b>\</b>	1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one)    X   11a
	Any information copied from such Reports and Si or 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.
<b>A.</b>	Full Name (Last, First, Middle Initial) Lee Cynthia Foss-Bowman, Dr.  Mailing Address CH20 Clinical Lab 27005 76th Ave  City  New Hyde Park  FEC ID number of contributing federal political committee.  Name of Employer Long Island Jewish Med Ctr  Receipt For: Primary General Other (specify)	State NY  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
В.	Full Name (Last, First, Middle Initial) C Juan Gonzalez-Vitale, Dr.  Mailing Address Dept of Path 2801 N Gantenbein Av. City Portland  FEC ID number of contributing federal political committee.  Name of Employer Emanuel Hosp  Receipt For: Primary General Other (specify)	State OR C Occupation Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: SA11AI.38245  Amount of Each Receipt this Period  1000.00
С.	Full Name (Last, First, Middle Initial) T. Clarke Harding, Dr.  Mailing Address 85 Evergreen Ln  City Glen Carbon  FEC ID number of contributing federal political committee.  Name of Employer Unaffiliated  Receipt For: Primary General Other (specify)	State IL  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
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	1750.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	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	
•	Full Name (Last, First, Middle Initial) T. Clarke Harding, Dr.  Mailing Address 85 Evergreen Ln			Date of Receipt
				07 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.38354
	Glen Carbon	IL	62034	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:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.			Date of Receipt
	Mailing Address The Pathology Cente 8303 Dodge St	r		07 15 2010
	City	State	Zip Code	Transaction ID: SA11Al.38274
	Omaha	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Methodist Hospital	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) F. William Hickey, Dr.			Date of Receipt
	Mailing Address Dept of Path/Borwell 1 Medical Center Dr			07 11 2010
	City	State	Zip Code	Transaction ID: SA11AI.38238
	<u>Lebanon</u>	NH	03756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dartmouth Hitchcock Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г				725.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (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 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) Rapp Amy Hudson, Dr. Mailing Address 78 Lakeview Dr		Date of Receipt
City	State Zip Code	0 7 2 3 2 0 1 0 Transaction ID: SA11AI.38290
Conway  FEC ID number of contributing federal political committee.	AR 72032	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Labs of Arkansas	Occupation Pathologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S. Herman Hurwitz, Dr. Mailing Address 1004 Annapolis Lan	ne	Date of Receipt
City Cherry Hill	State Zip Code NJ 08003-8003	Transaction ID: SA11AI.38296  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Quest Diagnostics Inc  Receipt For:	Occupation Pathologist	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R.P. Gareth Johnson, Dr.		Date of Receipt
Mailing Address 13111 E 57th Street		07 12 7 2010
City Kansas City	State Zip Code MO 64133	Transaction ID: SA11AI.38352  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	1000.00

NAME OF COMMITTEE (in Ful)   Name (Committee)   Name of Committee   Name of Employer   Name of Employe	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 13 / 23 (check only one)    X
A. Abbott Denies Kennedy, Dr.  Mailing Address Lab 3100 Shore Dr  City State Zip Code Marinette WI 54143  FEC ID number of contributing federal political committee.  Pagregate Year-to-Date ▼  Name of Employer Northeast Georgia Med Ctr  Receipt For: Qainesville Gainesville Gainesville FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 255  Date of Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 256  Date of Receipt  Transaction ID: SA11Al.3822  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 256  Date of Receipt  Transaction ID: SA11Al.3822  Transaction ID: SA11Al.3822  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 256  Date of Receipt  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 256  Date of Receipt  Transaction ID: SA11Al.3822  Transaction ID: SA11Al.3822  Amount of Each Receipt to: 256  Date of Receipt  Transaction ID: SA11Al.3822  Amount of Each Receipt this Fer  Transaction ID: SA11Al.3822  Transaction ID: SA11Al.38	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
State Zip Code Marinette Wi 54143  FEC ID number of contributing federal political committee.  Name of Employer Bay Area Med Cir Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) L Linton Kuchler, Dr.  Malling Address Dept. of Pathology 743 Spring St. NE City Gainesville FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr Primary General Otcupation Pathologist  Receipt For: Primary General Other (specify) ▼  Date of Receipt Tanasaction ID: SA11AI.3828 Amount of Each Receipt Tanasaction ID: Tana	Abbott Denise Kennedy, Dr.		╡ '
Marinette  WI 54143  Amount of Each Receipt this Per FEC ID number of contributing (ederal political committee.  Name of Employer Bay Area Med Ctr  Primary General Other (specify) ▼  City State Zip Code Gainesville Geral political committee.  Name of Employer Northeast Georgia Med Ctr  Pathologist  Receipt For: Aggregate Year-to-Date ▼  Occupation Pathologist  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Date of Receipt  Transaction ID: SA11AI.3828  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Amount of Each Receipt in Per  Date of Receipt  Transaction ID: SA11AI.3828  Transaction ID: S	3100 Shore Dr		07 26 2010
FEC ID number of contributing federal political committee.  Name of Employer Bay Area Med Ctr  Pitlin Name (Last, First, Middle Initial)  L. Linton Kuchler, Dr.  Mailing Address Dept. of Pathology 743 Spring St. NE  City State Zip Code Gainesville GA 30501  FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr  Primary General Other (specify) ▼  City State Zip Code Gainesville GA 30501  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code Transaction ID: SA11AI.3828  Amount of Each Receipt this Per State Zip Code In Gaines State State Zip Code In Gaines State State Zip Code In Gaines State State State Zip Code In Gaines State Stat	-		
Bay Area Med Ctr  Receipt For:  Primary General Other (specify) ▼  Pathologist  Aggregate Year-to-Date ▼  Pathologist  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Pathology  Full Name (Last, First, Middle Initial) L. Linton Kuchler, Dr.  Mailing Address Dept. of Pathology 743 Spring St. NE  City State Zip Code GA 30501  FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11A1.3828  Amount of Each Receipt this Per  Pull Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: SA11A1.3828  Amount of Each Receipt this Per  Pull Name (Last, First, Middle Initial)  C. My Ronald Lam, Dr.  Mailing Address 800 W Central Rd  City State Zip Code Arlington Heights  FEC ID number of contributing federal political committee.  C. Name of Employer Northwest Cimity Hosp  Pathologist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pathologist  Amount of Each Receipt this Per  250.00	FEC ID number of contributing		250.00
Primary	Name of Employer Bay Area Med Ctr	· ·	
L. Linton Kuchler, Dr.  Mailing Address Dept. of Pathology 743 Spring St. NE  City State Zip Code Gainesville GA 30501  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  Pull Name (Last, First, Middle Initial)  M.Y Ronald Lam, Dr.  Mailing Address 800 W Central Rd  City Addington Heights  FEC ID number of contributing federal political committee.  C.  State Zip Code Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Pathologist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	Primary General		
City State Zip Code GA 30501  FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr Primary General Other (specify) ▼  City State Zip Code GA 30501  Full Name (Last, First, Middle Initial)  City State Zip Code IL 60005  Full Name (Last, First, Middle Initial)  City State Zip Code IL 60005  FEC ID number of contributing federal political committee.  City State Zip Code IL 60005  FEC ID number of contributing federal political committee.  City Arlington Heights IL 60005  Receipt For: Primary General Occupation Pathologist  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt this Per Sain ID: SA11AI.3828  Amount of Each Receipt Transaction ID: SA11AI.3828			Date of Receipt
Gainesville  GA 30501  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) M.Y Ronald Lam, Dr.  Mailing Address 800 W Central Rd  City State Zip Code IL 60005  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmrnly Hosp  Receipt For:  Primary General  Occupation  Pathologist  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.3828  Amount of Each Receipt this Per  Transaction ID: SA11Al.3828  Amount of Each Receipt this Per  Transaction ID: SA11Al.3828  Amount of Each Receipt this Per  Transaction ID: SA11Al.3828  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	743 Spring St. NE		07 12 2010
FEC ID number of contributing federal political committee.  Name of Employer Northeast Georgia Med Ctr Pathologist  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) M.Y Ronald Lam, Dr. Mailing Address 800 W Central Rd  City State Zip Code IL 60005  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmnty Hosp  Receipt For: Primary General Occupation Pathologist  Receipt For: Aggregate Year-to-Date ▼  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Pathologist  Receipt For: Primary General Occupation Pathologist  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	•	•	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  M.Y Ronald Lam, Dr.  Mailing Address 800 W Central Rd  City State Zip Code Arlington Heights IL 60005  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmnty Hosp  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Pathologist  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  250.00	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General Other (specify) ▼    Date of Receipt	Name of Employer Northeast Georgia Med Ctr	·	
M.Y Ronald Lam, Dr.  Mailing Address 800 W Central Rd  City State Zip Code Arlington Heights IL 60005  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmnty Hosp  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Transaction ID: SA11Al.3828  Amount of Each Receipt this Per  250  Aggregate Year-to-Date ▼  250.00	Primary General		
City  Arlington Heights  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmrty Hosp  Receipt For:  Primary  Other (specify) ▼  State Zip Code IL 60005  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  250  Aggregate Year-to-Date ▼  250.00			Date of Receipt
City Arlington Heights IL 60005  FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmrty Hosp  Receipt For: Primary Other (specify) ▼  Pathologist  Aggregate Year-to-Date  Transaction ID: SA11AI.3828  Amount of Each Receipt this Per  250  Aggregate Year-to-Date  250  Transaction ID: SA11AI.3828	Mailing Address 800 W Central Rd		07 12 2010
FEC ID number of contributing federal political committee.  Name of Employer Northwest Cmnty Hosp  Receipt For:  Primary General Other (specify) ▼  Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	City	State Zip Code	Transaction ID: SA11AI.38283
Receipt For:  Primary General Other (specify) ▼  Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	Arlington Heights	IL 60005	Amount of Each Receipt this Period
Northwest Cmnty Hosp  Pathologist  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00		C	250.00
Primary General Other (specify) ▼  250.00	Northwest Cmnty Hosp	· ·	
750	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	<b>.</b>	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 14 / 23 (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 P	d Statements may not be sold or used by any personant the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) K W David Lieu, Dr.  Mailing Address 837 Country Rd.		Date of Receipt  0 7 2 3 2 0 1 0		
City  Monterey Park  FEC ID number of contributing federal political committee.	State Zip Code CA 91755-4976	Transaction ID: SA11AI.38246  Amount of Each Receipt this Period  1000.00		
Name of Employer Fine Needle Aspiration Med Group Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   1000.00			
Full Name (Last, First, Middle Initial) J. Paul McCarthy, Dr.  Mailing Address Department of Path 400 W. 16th St.  City	Date of Receipt  0 7 0 2 2 1 0  Transaction ID: SA11AI.38287			
Pueblo  FEC ID number of contributing federal political committee.  Name of Employer Parkview Med Ctr  Receipt For:  Primary General	CO 81003  C Occupation Pathologist  Aggregate Year-to-Date   500.00	Amount of Each Receipt this Period  500.00		
Full Name (Last, First, Middle Initial) W William Mims, Dr.  Mailing Address Dept of Path 1700 Skylyn Dr  City	State Zip Code	Date of Receipt  0 7 2 6 2 0 1 0  Transaction ID: SA11AI.38268		
Spartanburg  FEC ID number of contributing federal political committee.  Name of Employer Mary Black Memorial Hosp	C 29304 Occupation	Amount of Each Receipt this Period 750.00		
Receipt For: Primary General Other (specify)	Pathologist  Aggregate Year-to-Date ▼  750.00			
SUBTOTAL of Receipts This Page (optional	)	2250.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A Stuart Monroe, Dr.  Mailing Address Dept of Path 1840 Amherst St  City Winchester  FEC ID number of contributing federal political committee.  Name of Employer Winchester Med Ctr  Receipt For:	State VA  C Occupatio Patholog Aggregate		Date of Receipt  M M / 26 / 2010  Transaction ID: SA11AI.38340  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.  Mailing Address 1000 E 21st St Ste	4100 State	250.00 Zip Code	Date of Receipt    M M
Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Physicians Laboratory Ltd  Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Russell Stephen Nash, Dr. Mailing Address 7346 S Alton Way U  City Centennial  FEC ID number of contributing federal political committee.  Name of Employer Colorado GI Pathology  Receipt For: Primary General Other (specify)	State CO C Occupatio Patholog		Date of Receipt    M   M   D   D   2 0 1 0
SUBTOTAL of Receipts This Page (optional	)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (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 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 olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. Laurence Parmer, Dr.  Mailing Address Fairway Court Apt 8	33D	Date of Receipt
City <u>Lakewood</u> FEC ID number of contributing	State Zip Code NJ 08701	Transaction ID: SA11AI.38353  Amount of Each Receipt this Period  300.00
Name of Employer Unaffiliated  Receipt For:	Occupation Pathologist  Aggregate Year-to-Date	300.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) L Carl Parrott, Dr.	300.00	Date of Receipt
Mailing Address 3994 Rose Hill Aver  City  Cincinnati  FEC ID number of contributing federal political committee.	State Zip Code OH 45229-1484	Transaction ID: SA11AI.38362  Amount of Each Receipt this Period  250.00
Name of Employer Highland District Hosp  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) A Luke Perkocha, Dr.  Mailing Address Dept of Path 1600 Divisadero St	B-221	Date of Receipt  0 7
City San Francisco FEC ID number of contributing federal political committee.	State Zip Code CA 94143-1785  C	Transaction ID: SA11AI.38319  Amount of Each Receipt this Period  350.00
Name of Employer UCSF Mount Zion Medical Center Clin Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  350.00	
SUBTOTAL of Receipts This Page (optional	)	900.00

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 17/23   (check only one)
Any information copied from such F or for commercial purposes, other t	Reports and Statements man using the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful College of American Patho	•	Committee	
Full Name (Last, First, Middle In B. John Schweitzer, Dr.	itial)		Date of Receipt
Mailing Address Departmen PO Box 705	t of Pathology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Johnson City	State TN	Zip Code 37614-0568	Transaction ID: SA11AI.38243  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer East Tennessee State Univ	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle In S Gregory Severson, Dr. Mailing Address 1907 S 182			Date of Receipt  0 7 2 6 2 0 1 0
City	State	Zip Code	07 26 2010  Transaction ID: SA11Al.38212
<u>Omaha</u>	NE	68130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Alegent Health Lakeside Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle In B. Kailash Sharma, Dr.	itial)		Date of Receipt
<del></del>	t of Pathology n Way		0 7 2 1 2 0 1 0
City <u>Augusta</u>	State GA	Zip Code 30910-2629	Transaction ID: SA11AI.38320  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Univ Hosp-Augusta	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	e (ontional)		1150.00

# SCHEDULE A (FEC Form 3X)

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 23 (check only one)    X
or for commercial pur	poses, other than using the r	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, F David Smirnow Mailing Address	First, Middle Initial)			Date of Receipt  0 7 1 2 2 0 1 0
City Kalispell	310 Sunny View Lane	State MT	Zip Code 59901	Transaction ID: SA11AI.38257  Amount of Each Receipt this Period
FEC ID number of federal political col		C	39901	500.00
Name of Employer Kalispell Regional  Receipt For:  Primary  Other (speci	General	Occupation Pathologi Aggregate		
Full Name (Last, F Winbern John Turn Mailing Address				Date of Receipt  0 7 1 5 2 0 1 0
City		State	Zip Code	Transaction ID: SA11Al.38235
Midlothian FEC ID number of federal political col		C	23113-2516	Amount of Each Receipt this Period
Name of Employer Commonwealth Lants Receipt For:	ab Consulta-	Occupation Pathologi Aggregate		
Other (speci			700.00	
Full Name (Last, F Sunita Vempati	irst, Middle Initial)			Date of Receipt
-	816 Fairview Ave. Unit E			07 DD / YYYY 23 2010
City <u>Arcadia</u>		State CA	Zip Code 91007	Transaction ID: SA11AI.38247  Amount of Each Receipt this Period
FEC ID number of federal political col		C	31007	250.00
Name of Employer Queen of the Valle	ey Hosp	Occupation Pathologic		
Receipt For: Primary Other (speci	General fy) ▼		Year-to-Date ▼ 250.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(3)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 23 (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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.  Mailing Address 219 Lamont Ave			Date of Receipt
City San Antonio FEC ID number of contributing	State TX	Zip Code 78209-3753	Transaction ID: SA11AI.38218  Amount of Each Receipt this Period  1000.00
Name of Employer Baptist Med Ctr  Receipt For: Primary General Other (specify)	Occupation Patholog		]
Full Name (Last, First, Middle Initial) Scott Jeffrey Warren, Dr.  Mailing Address 1715 Newport Creel	Date of Receipt  0 7 2 6 2 0 1 0		
City Ann Arbor FEC ID number of contributing	State MI	Zip Code 48103-2207	Transaction ID: SA11AI.38324  Amount of Each Receipt this Period  400.00
Name of Employer Univ of Michigan Med Ctr  Receipt For: Primary General Other (specify)	Occupation Patholog		]
Full Name (Last, First, Middle Initial) Thomas Gerald Wedemeyer, Dr.  Mailing Address 811 Lawman Ave			Date of Receipt
City  Bridgeport  FEC ID number of contributing federal political committee.	State WV	Zip Code 26330-1222	Transaction ID: SA11AI.38264  Amount of Each Receipt this Period  500.00
Name of Employer United Hosp Ctr  Receipt For:	Occupation Patholog		
Primary General Other (specify) ▼	Aggregate	500.00 <b>5</b>	
SUBTOTAL of Receipts This Page (optional	)		1900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 23 (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 olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stuart Geoffrey Weisbaum, Dr. Mailing Address 9450 E Broadview D	)r	Date of Receipt  0 7 1 2 2 0 1 0
City  Bay Harbor Islands  FEC ID number of contributing federal political committee.	State Zip Code FL 33154-1916  C	Transaction ID: SA11AI.38229  Amount of Each Receipt this Period  500.00
Name of Employer Broward Gen Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Anne Lisa Wills-Frank, Dr.  Mailing Address 1102 Rostrevor Cir		Date of Receipt  0 7 1 6 2 0 1 0
City  Louisville  FEC ID number of contributing	State Zip Code KY 40205-1742	Transaction ID: SA11AI.38285  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) T John Yamashita, Dr.  Mailing Address PO Box 9600		Date of Receipt  M M M / D D / Y Y Y Y Y
City  Mission Hills  FEC ID number of contributing federal political committee.	State Zip Code CA 91346-9600	0 7 1 2 2 0 1 0  Transaction ID: SA11AI.38293  Amount of Each Receipt this Period  750.00
Name of Employer Providence Holy Cross Med Ctr Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  750.00	
SUBTOTAL of Receipts This Page (optional	)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 23 (check only one)    X
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	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Z Nadim Youssef, Dr.  Mailing Address Dept of Path 355 Ridge Ave			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Evanston  FEC ID number of contributing federal political committee.	State IL C	Zip Code 60202-3328	Transaction ID: SA11AI.38306  Amount of Each Receipt this Period  250.00
Name of Employer St Francis Hosp  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) T. Ralph Zade, Dr.  Mailing Address 44201 Dequindre			Date of Receipt  0 7 2 6 2 0 1 0
City Troy	State MI	Zip Code 48085	Transaction ID: SA11AI.38339  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer William Beaumont Hosp	Occupation Pathologi	ist	
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) W. Richard Zuehl, Dr.			Date of Receipt
Mailing Address 2721 33rd St		7: 0 1	07 29 2010
City Two Rivers	State WI	Zip Code 54241-1509	Transaction ID: SA11AI.38216  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Aurora Med Ctr-Manitowoc County Receipt For:	Occupation Pathologi	ist	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	1		1000.00
TOTAL This Period (last page this line number			23025.00

В.

President District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUM	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 2	· — — — —
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial) Sun Trust Bank		D	ransaction ID: SB21B.38366 ate of Disbursement
Mailing Address P.O. Box 85024		(	$ \begin{bmatrix} 0 & 7 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 6 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Richmond	State Zip Code VA 23285	A	mount of Each Disbursement this Period
Purpose of Disbursement Suntrust Bank Moneris ACH	Γ		15.00
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For:    Primary   General     Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank		D	ransaction ID: SB21B.38367 ate of Disbursement
Mailing Address P.O. Box 85024			M 7 M / 21 / Y 2010 Y
City Richmond	State Zip Code VA 23285	A	mount of Each Disbursement this Period
Purpose of Disbursement Suntrust Account Analysis Fee			50.50
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		

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SUBTOTAL of Disbursements This Page (optional)	•				65.5	O ,	
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TOTAL This Period (last page this line number only)	•		_		65.5	Ų	_

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 23 / 23			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b			
	y Information copied from such Reports and State for commercial purposes, other than using the nar							
\	NAME OF COMMITTEE (In Full)	LAction Committee						
<u>/</u>	College of American Pathologists Politica	Action Committee						
	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL	COMMITTEE		Transaction ID: SB23.38365 Date of Disbursement				
	Mailing Address 425 SECOND STREET	NE		$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$	2 0 1 0 Y			
	City WASHINGTON	State Zip Code DC 20002		Amount of Each Di	isbursement this Period			
	Purpose of Disbursement				15000.00			
	Candidate Name		Category/ Type					
	Office Sought: House Disburs Senate President	ement For: 2010 Primary X General Other (specify)						
	State: District:	• • • • • • • • • • • • • • • • • • • •						

SUBTOTAL of Disbursements This Page (optional)	•	15000.00
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