11/19/2009 15:31

(Rev. 12/2004)

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2009 05 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 11 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 49

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

D D " D 05 0 1 2009 0.5 31 2009 From: Report Covering the Period: 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 131308.42 Begining of Reporting Period 58152.50 278128.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 189460.92 362935.16 6(a) and 6(c) for Column B) 39322.74 212796.98 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 150138.18 150138.18 (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 / 49

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

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2009

та.

м м 0 5 D D 31

^Y 2009

	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)	43195.00	197128.00
	(ii) Unitemized	14957.50	75250.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	58152.50	272378.50
(k	o) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	58152.50	272378.50
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other colitical Committees	0.00	5750.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	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))	58152.50	278128.50
	otal Federal Receipts ubtract Line 18(c) from Line 19)	58152.50	278128.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 49

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1642.96	4367.20
	Expenditures(c) Total Operating Expenditures	1042.90	4307.20
	(add 21(a)(i), (a)(ii) and (b))	1642.96	4367.20
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	37679.78	208179.78
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
		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	0.00	250.00
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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,	20002 7/	2/2002
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39322.74	212796.98
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	39322.74	212796.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 49

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)	58152.50	272378.50
4. Total Contribution Refunds (from Line 28(d))	0.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58152.50	272128.50
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1642.96	4367.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1642.96	4367.20

FE6AN026

ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.			Date of Receipt
Mailing Address Lab 11136 800 E 28th St			05 13 2009
City	State MN	Zip Code	Transaction ID: SA11AI.33821
Minneapolis FEC ID number of contributing federal political committee.	C	55407-3731	Amount of Each Receipt this Period 1000.00
Name of Employer Abbott Northwestern Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) J Ulysses Arretteig, Dr.			Date of Receipt
Mailing Address 18931 Sweet Pepper Ct			05 13 7 2009
City State Jupiter FL		Zip Code	Transaction ID: SA11AI.34138
FEC ID number of contributing federal political committee.	C	33458-3753	Amount of Each Receipt this Period 250.00
Name of Employer unaffiliated	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' ' `	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Jeffrey Mark Barcelo, Dr.			Date of Receipt
Mailing Address Department of Path 36000 Euclid Avenu			05 29 7 2009
City Willoughby	State OH	Zip Code 44094-4625	Transaction ID: SA11AI.33948
FEC ID number of contributing federal political committee.	C	44034-4023	Amount of Each Receipt this Period 250.00
Name of Employer Lake Hosp System - Lakewe- st	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	<u> </u>		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	the name and address of any pol	used by any perso itical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr. Mailing Address 1255 W Washingto	n St		Date of Receipt
City Tempe FEC ID number of contributing	State Zip Code AZ 85281-12	10	Transaction ID: SA11AI.34047 Amount of Each Receipt this Period 208.00
federal political committee. Name of Employer Clin-Path Associates, P.C. Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	624.00	
Full Name (Last, First, Middle Initial) W Paul Biddinger, Dr. Mailing Address Dept of Path 1120 15th St Rm BAE 2580 City State Zip Code			Date of Receipt M M
Augusta FEC ID number of contributing federal political committee. Name of Employer Med College of Georgia	GA 30912 C Occupation Pathologist		Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Initial) Lee Gordon Bills, Dr. Mailing Address 9293 Witherbone Court			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45242 C		Transaction ID: SA11AI.33908 Amount of Each Receipt this Period 400.00
Name of Employer Good Samaritan Hosp Receipt For:	Occupation Pathologist Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼	1.93.03210 104 10 5410	400.00	
SUBTOTAL of Receipts This Page (optional	(ll	.	858.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persole name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A Thomas Bolton, Dr. Mailing Address Dept of Path 300 Butler St City West Palm Beach FEC ID number of contributing federal political committee. Name of Employer Palm Beach Path Receipt For: Primary General	State Zip Code FL 33407-6006 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) H. John Burgess, Dr. Mailing Address Dept of Lab 335 Glessner Ave City Mansfield FEC ID number of contributing federal political committee. Name of Employer MedCentral Health System Receipt For: Primary General Other (specify)	State Zip Code OH 44903-2269 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) G. Alvaro Candel, Dr. Mailing Address Dept of Pathology 200 Berteau Avenue City Elmhurst FEC ID number of contributing federal political committee. Name of Employer Elmhurst Memorial Hosp Receipt For: Primary General Other (specify)	State Zip Code IL 60126-2966 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F College of American Path	than using the name and add	ress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle H George Cannon, Dr. Mailing Address Dept Of F 5121 Cott			Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.34106
Murray FEC ID number of contributing federal political committee.	UT C	84107	Amount of Each Receipt this Period 250.00
Name of Employer Utah Pathology Services Inc Receipt For: Primary Gener Other (specify) ▼			
Full Name (Last, First, Middle K. Pramod Carpenter, Dr. Mailing Address Dept of P	athology		Date of Receipt 0 5 1 3 2 0 0 9
700 Broad	iway State	Zip Code	Transaction ID: SA11AI.34067
<u>Ft Wayne</u>	IN	46802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Joseph Hospital	Occupation Pathologi		
Receipt For: Primary Gener Other (specify) ▼	00 0	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle D. Douglas Chausow, Dr. Mailing Address N118W15	Initial) 490 Catherine Ct		Date of Receipt 05 08 09 09 09 09 09 09 09 09 09
City	State	Zip Code	Transaction ID: SA11AI.33837
Germantown	WI	53022-2067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer West Allis Memorial Hosp	Occupation Pathologi	st	
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 49 (check only one) X
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements mane 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 Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) A. Atwell Coleman			Date of Receipt
	Mailing Address Department of Patho Taylor @ Marion St	05 27 2009		
	City	State	Zip Code	Transaction ID: SA11AI.34006
	Columbia	SC	29220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 200 Portland St			05 06 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.33856
	<u>Columbia</u>	MO	65201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Patholog		
	Receipt For:	_ ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Herrick Carl Critz, Dr.			Date of Receipt
	Mailing Address Dept of Path 6001 Norris Canyon	Rd		05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.34032
	San Ramon	CA	94583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Ramon Regional Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г	SUBTOTAL of Receipts This Page (optional)	ı		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 11 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to difficult Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Chandra Rajesh Dash, Dr. Mailing Address Dept of Path Box 3712 City Durham FEC ID number of contributing federal political committee. Name of Employer Duke Univ Hosp & Health System Receipt For:	State Zip Code NC 27710 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
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. Christopher Donahue, Dr. Mailing Address 2201 Wadebridge Ro	250.00	Date of Receipt
City Midlothian FEC ID number of contributing federal political committee. Name of Employer Henrico Doctors Hosp Receipt For: Primary General	State Zip Code VA 23113 C Occupation Pathologist Aggregate Year-to-Date	Transaction ID: SA11AI.33918 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Allen Christopher Dowling, Dr. Mailing Address Spectrum Medical Gr 22 Bramhall St City Portland	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Maine Medical Center	Occupation Pathologist	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Dusenbery Mailing Address Lab 900 Seton Dr City Cumberland FEC ID number of contributing federal political committee. Name of Employer Western Maryland HIth Sys Receipt For: Primary General Other (specify)	State Zip Code MD 21502-1854 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) N. Richard Eisen, Dr. Mailing Address Department of Para 5 Perryridge Rd City Greenwich FEC ID number of contributing federal political committee. Name of Employer Greenwich Hosp Receipt For: Primary General Other (specify)	State Zip Code CT 06830-4697 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rosana Eisenberg Mailing Address 472 Summit Oaks City Nashville FEC ID number of contributing federal political committee. Name of Employer Univ Hosp of Cleveland Receipt For: Primary General Other (specify)	State Zip Code TN 37221-1316 C Occupation Pathologist Aggregate Year-to-Date 250.00	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 (option	nal)	1000.00

SCHEDULE A (FEC FOI	·m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 49 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that	ports and Statements may an using 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 Patholo	gists Political Action (Committee	
Full Name (Last, First, Middle Initi B James Elston, Dr.	al)		Date of Receipt
Mailing Address 9420 Greg C	05 13 2009		
City River Ridge	State LA	Zip Code 70123-2520	Transaction ID: SA11AI.33895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer East Jefferson Genl Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initi Evan Grant Eudy, Dr. Mailing Address 3918 Montol	Date of Receipt 0 5 1 3 2 0 0 9		
City State Zip Code			Transaction ID: SA11Al.33886
Birmingham AL		35213-2417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dermatopathology Services PC	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi	al)		Date of Receipt
Mailing Address Dept of Path MS 205			M M / D D / Y Y Y Y Y O 9
City Houston	State TX	Zip Code 77030-2703	Transaction ID: SA11AI.34070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17000 2700	1000.00
Name of Employer The Methodist Hospital	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	(ontional)		1325.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 49 (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 a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (Committee	
Full Name (Last, First, Middle Initial) J. Carol Fehmian, Dr.			Date of Receipt
Mailing Address 178 Redwood Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ramsey	State NJ	Zip Code 07446-1183	Transaction ID: SA11AI.33912 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Hackensack Univ Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) H Andrew Fischer, Dr.	I		Date of Receipt
Mailing Address 6 Sudbury Rd			05 22 2009
City	State MA	Zip Code	Transaction ID: SA11AI.34077
Stow FEC ID number of contributing federal political committee.	C	01775-1514	Amount of Each Receipt this Period 250.00
Name of Employer UMass Mem Hith Care	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ ' '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Georg Edgar Fischer, Dr.			Date of Receipt
Mailing Address Dept of Pathology One University of N	New Mexico		05 29 2009
City Albuquerque	State NM	Zip Code 87131	Transaction ID: SA11AI.34088 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07.101	250.00
Name of Employer Univ of New Mexico HSC	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		800.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may g the name and add	η 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 I	Political Action (Committee	
Full Name (Last, First, Middle Initial) E Jack Garon, Dr.			Date of Receipt
Mailing Address Dept of Path 1500 S Calif Ave		71.0	05 20 2009
City <u>Chicago</u>	State IL	Zip Code 60608-1797	Transaction ID: SA11AI.33982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt Sinai Hosp Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.			Date of Receipt
Mailing Address 96 Museum Way			05 20 7 2009
City San Francisco	State CA	Zip Code 94114	Transaction ID: SA11AI.34114
FEC ID number of contributing federal political committee.	C	34114	Amount of Each Receipt this Period
Name of Employer Doctors Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) W. Fredrick Gilkey, Dr.			Date of Receipt
Mailing Address Department of Path 2401 W Belvedere	hology Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baltimore	State MD	Zip Code 21215-5271	Transaction ID: SA11AI.34046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sinai Hosp of Baltimore	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	_	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Anne Cathryn Goldberg, Dr. Mailing Address 3938 Glendenning F	24	Date of Receipt
City	State Zip Code	0 5 0 6 2 0 0 9 Transaction ID: SA11Al.33897
Downers Grove	IL 60515-2229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Edward Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Jeffrey Goldstein, Dr.		Date of Receipt
Mailing Address Dept of Pathology 800 Prudential Dr		05 / 08 / 2009
City	State Zip Code	Transaction ID: SA11AI.33840
<u>Jacksonville</u>	FL 32207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Baptist Med Ctr/Wolfson Children's Hos	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) A. Manuel Gomez, Dr.		Date of Receipt
Mailing Address 202 Maplewood Ave PO Box 497		05 / 22 / 2009
City	State Zip Code	Transaction ID: SA11AI.33910
Ronceverte	WV 24970-0497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Greenbrier Valley Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
care (epoony) •		
SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 49 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F College of American Path	than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle R. Richard Gomez, Dr.	nitial)		Date of Receipt
1500 SW	nt of Pathology 10th St		05 22 2009
City Topeka	State KS	Zip Code 66604	Transaction ID: SA11AI.34060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004	500.00
Name of Employer Stormont-Vail Reg Health Ctr Receipt For:			
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Jackson Andrew Goodwin, Dr. Mailing Address 22 Bilodea	, 		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.33995
Burlington	VT	05401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Northeastern Vermont Reg Hosp	Occupati Patholo		
Receipt For: Primary General Other (specify)	Aggrega	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Rafael David Guillen, Dr. Mailing Address 3301 C St			Date of Receipt
			05 22 2009
City <u>Sacramento</u>	State CA	Zip Code 95816-3363	Transaction ID: SA11AI.33887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Diagn Path Med Grp Inc	Occupati Patholo		
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ne (ontional)		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 18 / 49 (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 per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frances Mary Hahn, Dr. Mailing Address Dept of Path 350 W Thomas Rd		Date of Receipt M
City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85012	Transaction ID: SA11AI.34062 Amount of Each Receipt this Period 800.00
Name of Employer St Josephs Hosp and Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B Robert Hall, Dr. Mailing Address 2318 E Lake Bluff B	Blvd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Shorewood	State Zip Code WI 53211-1763	Transaction ID: SA11AI.33836 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Aurora St Luke's Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) J. Daniel Hanson, Dr. Mailing Address 5347 Farmington Re	4	Date of Receipt
City	State Zip Code	0 5 2 9 2 0 0 9 Transaction ID: SA11AI.34130
Toledo FEC ID number of contributing federal political committee.	OH 43623	Amount of Each Receipt this Period 500.00
Name of Employer unafilliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	1	1600.00

		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports an 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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	Political Action (Committee	
Full Name (Last, First, Middle Initial) M. Don Hemelt, Dr.			Date of Receipt
Mailing Address 115 Downing Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Belle Chasse	State LA	Zip Code 70037-2358	Transaction ID: SA11AI.34014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 0007 2000	250.00
Name of Employer Pathology Consultants, LLC	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R. Glenn Hessel			Date of Receipt
Mailing Address 2800 W 95 th Stree	et		05 29 2009
City	State	Zip Code	Transaction ID: SA11AI.33952
Evergreen Park FEC ID number of contributing federal political committee.	C	60805	Amount of Each Receipt this Period 500.00
Name of Employer Little Co. of Mary Hosp.	Occupation Patholog		
Receipt For: Primary General Other (specify)	_ , ' 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) George Michael Hitchcock, Dr.			Date of Receipt
Mailing Address 3195 Maplewood A	ve Ste 102		05 29 2009
City Winston Salem	State NC	Zip Code 27103-3903	Transaction ID: SA11AI.34008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27103-3900	400.00
Name of Employer Path Diag Lab	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optiona	J)		1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) W. Jonathon Homeister, Dr. Mailing Address Dept of Pathology		Date of Receipt
920 Brinkhous-Bulli	t Bld, CB 7525	05 22 2009
City	State Zip Code	Transaction ID: SA11AI.34089
Chapel Hill	NC 27599-7525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of North Carolina	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Yvonne Sharon Hook, Dr.		Date of Receipt
Mailing Address 2106 NW 23rd Ter		05 / 06 / 2009
City	State Zip Code	Transaction ID: SA11AI.33993
Gainesville	FL 32605-3838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer North Florida Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lee Daniel House, Dr.		Date of Receipt
Mailing Address 1000 N. 16th Street		05 06 7 2009
City	State Zip Code	Transaction ID: SA11AI.33919
New Castle	IN 47362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Henry County Memorial Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line numl	·	

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Robert Hubbard, Dr. Mailing Address Dept. of Laboratory			Date of Receipt
1805 Medical Cente	r Drive		05 22 2009
City	State	Zip Code	Transaction ID: SA11AI.34031
San Bernardino	CA	92411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer San Bernardino Community Hosp	Occupation Pathologist	t	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Lynn Jessica Jacobson, Dr.	L		Date of Receipt
Mailing Address Blood Bank 11N31A 462 1st Ave			05 20 7 2009
City	State	Zip Code	Transaction ID: SA11Al.33847
New York FEC ID number of contributing federal political committee.	NY C	10016-9196	Amount of Each Receipt this Period 250.00
Name of Employer Bellevue Hosp	Occupation Pathologist	t	7
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W Bradden Jensen, Dr.			Date of Receipt
Mailing Address Dept of Path PO Box 1600			05 22 7 2009
City	State	Zip Code	Transaction ID: SA11AI.34057
Vancouver	WA	98668-1600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southwest Washington Med Ctr	Occupation Pathologist	t	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
SUBTOTAL 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 22 / 49 (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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) L. Gordon Johnson, Dr. Mailing Address Department of Pathol 10101 Forest Hill Blo			Date of Receipt 0 5 0 6 2 0 0 9
City West Palm Beach FEC ID number of contributing federal political committee.	State FL	Zip Code 33414	Transaction ID: SA11AI.34113 Amount of Each Receipt this Period 300.00
Name of Employer Wellington Regional Med Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) P. Roby Joyce, Dr. Mailing Address 1092 Madeline St			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 New Braunfels FEC ID number of contributing federal political committee.	State TX	Zip Code 78132	Transaction ID: SA11AI.34112 Amount of Each Receipt this Period 500.00
Name of Employer Village Oaks Pathology Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate]
Full Name (Last, First, Middle Initial) J Edward Kane, Dr. Mailing Address Mail Drop 211C 10666 N Torrey Pine	oc Pd		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City La Jolla FEC ID number of contributing federal political committee.	State CA	Zip Code 92037	Transaction ID: SA11AI.34037 Amount of Each Receipt this Period 250.00
Name of Employer Scripps Clinic Medical La- boratory Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional))		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 49 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may 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
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) J David Keep, Dr.			Date of Receipt
Mailing Address Dept of Path 89 E High St Ste 9			05 13 7 2009
City Painesville	State OH	Zip Code 44077	Transaction ID: SA11AI.33889
FEC ID number of contributing federal political committee.	C	44077	Amount of Each Receipt this Period 250.00
Name of Employer Drs. Hill & Chapnick Inc	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) H Robert Knapp, Dr.			Date of Receipt
Mailing Address 2990 Franklin SW			05 06 7 2009
City Grandville	State MI	Zip Code 49418	Transaction ID: SA11AI.34015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	+3+10	2000.00
Name of Employer Pathology Laboratory, PC	Occupatio Patholog		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) A Keith Krabill, Dr.			Date of Receipt
Mailing Address Pathology - Laborate Kaleida Health	ory Administra	t	05 08 2009
City Buffalo	State NY	Zip Code 14203-1154	Transaction ID: SA11AI.33860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14203-1134	1050.00
Name of Employer Buffalo General Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optional))		3300.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
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 pers the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Alyssa Krasinskas, Dr. Mailing Address Dept of Pathology A	.610	Date of Receipt
200 Lothrop St City	State Zip Code	0 5 2 9 2 0 0 9 Transaction ID: SA11Al.34099
Pittsburgh	PA 15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer UPMC Presbyterian	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) F. George Kwass, Dr.		Date of Receipt
Mailing Address Department of Path	ology	05 / 22 / 2009
City	State Zip Code	Transaction ID: SA11AI.33971
Haverhill FEC ID number of contributing federal political committee.	MA 01830-6700	Amount of Each Receipt this Period 250.00
Name of Employer Merrimack Valley Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. John Laczin, Dr.		Date of Receipt
Mailing Address 1950 Mulsanne Driv	re	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.33883
Zionsville	IN 46077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Covance Central Lab Svcs, Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) L Kathryn Lane, Dr. Mailing Address Ste 108 2904 Westcorp Blvd S	SW		Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.34011
	<u>Huntsville</u>	AL	35805-6436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pathology Associates PC	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) D Jonathan Levine, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 28 Crescent St	2: :	7.0.1	05 22 2009
	City Middletown	State CT	Zip Code 06457-3650	Transaction ID: SA11AI.33973
	FEC ID number of contributing federal political committee.	C	00437-3030	Amount of Each Receipt this Period 1000.00
	Name of Employer Middlesex Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
-).	Full Name (Last, First, Middle Initial) W. Kenneth Linville			Date of Receipt
	Mailing Address 5517 Queensborough	Circle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.33924
	Corpus Christi	TX	78413-6203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Histopath Inc	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
	TOTAL This Period (last page this line numbe	r only)		

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 49 (check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Marie Diane Mackie, Dr.			Date of Receipt
Mailing Address 5130 Cameron Stre	et		05 29 YYYY 2009
City La Porte	State IN	Zip Code 46350	Transaction ID: SA11AI.33878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Community Hosp of Bremen	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.			Date of Receipt
Mailing Address Department of Pathology 2900 N Lake Shore			05 08 YYYYY 2009
City Chicago	State IL	Zip Code 60657-5640	Transaction ID: SA11AI.34061 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) ▼	_,'	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Denis McCarthy, Dr.			Date of Receipt
Mailing Address 2243 Kincaid St			05 06 2009
City Eugene	State OR	Zip Code 97405-3053	Transaction ID: SA11AI.34012 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37403 0000	250.00
Name of Employer Oregon Medical Laboratori- es	Occupation Patholog		7
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 49 (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 NAME OF COMMITTEE (In Full) College of American Pathologists Policy (In Full)	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) J. Wendy McLaughlin, Dr. Mailing Address 10515 E Olla Ave			Date of Receipt
City Mesa FEC ID number of contributing	State AZ	Zip Code 85212	Transaction ID: SA11AI.33838 Amount of Each Receipt this Period 400.00
Receipt For: Primary Other (specify)	Occupatio Patholog Aggregate		400.00
Full Name (Last, First, Middle Initial) E. Richard McLendon, Dr. Mailing Address 1211 Union Ave	0 0		Date of Receipt 0 5 0 6 2 0 0 9
City Memphis FEC ID number of contributing federal political committee.	State TN	Zip Code 38104-6600	Transaction ID: SA11AI.33890 Amount of Each Receipt this Period 250.00
Name of Employer Duckworth Pathology Group Receipt For: Primary General Other (specify) ▼	Occupatio Patholog Aggregate]
Full Name (Last, First, Middle Initial) Adalberto Mendoza Mailing Address PO Box 10729			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 Ponce FEC ID number of contributing federal political committee.	State PR	Zip Code 00732	Transaction ID: SA11AI.33977 Amount of Each Receipt this Period 250.00
Name of Employer Southern Pathology Servic- es Inc Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional)		900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 49 (check only one) X 11a
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) P Willard Milby, Dr.			Date of Receipt
Mailing Address 7101 Jahnke Rd			05 06 YYYYY 05 06 2009
City Richmond	State VA	Zip Code 23225-4044	Transaction ID: SA11AI.33870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Chippenham/Johnston-Willis Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S Sidney Murphree, Dr.			Date of Receipt
Mailing Address 4500 Conaem Dr			05 29 2009
City	State	Zip Code	Transaction ID: SA11AI.33943
Louisville	KY	40213-1961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Laboratory Corporation of America	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) N. William Nguyen, Dr.			Date of Receipt
Mailing Address PO Box 18743			05 29 2009
City	State	Zip Code	Transaction ID: SA11AI.33880
Anaheim	CA	92817-8743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Corona Reg Med Ctr	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00]
			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 29 / 49 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any pers the name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan Kent Nickell, Dr. Mailing Address 1825 Logan Ave City Waterloo FEC ID number of contributing federal political committee. Name of Employer Allen Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code IA 50703-1999 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jo Amy Owen, Dr. Mailing Address 801 Virginia PI City Clinton FEC ID number of contributing	State Zip Code MO 64735-3076	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) D. Pamela Pierce, Dr. Mailing Address Department of Patho 1701 E 23rd St City	logy State Zip Code	Date of Receipt M M D D C C C C
Hutchinson FEC ID number of contributing federal political committee.	KS 67502-7502	Amount of Each Receipt this Period 500.00
Name of Employer Hutchinson Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		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 30 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pole		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. Christine Piller, Dr. Mailing Address 18616 Dembridge Dr City	State Zip Code	Date of Receipt M
Davidson FEC ID number of contributing federal political committee.	NC 28036	Amount of Each Receipt this Period 250.00
Name of Employer NorthEast Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	1 0
Full Name (Last, First, Middle Initial) R. Rafael Ramirez-Weiser, Dr. Mailing Address G.PO Box 36-6258	. L	Date of Receipt 0 5 2 9 2 0 0 9
City San Juan FEC ID number of contributing	State Zip Code PR 00936	Transaction ID: SA11AI.34127 Amount of Each Receipt this Period 500.00
Name of Employer unaffiliated Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date 500.00	300.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Newman Apple Rice, Dr. Mailing Address Dept of Path	300.00	Date of Receipt 05 29 2009
City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73109	Transaction ID: SA11AI.33933 Amount of Each Receipt this Period 400.00
Name of Employer Integris Southwest Medical Center Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date ▼ 400.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sandner John Rice, Dr. Mailing Address 3384 Sierra Oaks D)r	Date of Receipt
City Sacramento FEC ID number of contributing	State Zip Code CA 95864-5729	Transaction ID: SA11AI.33939 Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente Sacramento Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rosemary Diana Rogers, Dr. Mailing Address 1601 Camino Lindo		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City South Pasadena	State Zip Code CA 91030-4129	Transaction ID: SA11AI.34136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Unaffiliated	Occupation Pathologist	250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W. David Scharnhorst, Dr. Mailing Address Department of Path 9300 Valley Chilidre		Date of Receipt 0 5 2 9 2 0 0 9
City Madera	State Zip Code CA 93638	Transaction ID: SA11AI.33867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Children Hosp Central Cal-	Occupation	250.00
Children Hośp Central Cal- ifornia Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	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 32 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po	d Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. Joseph Semple, Dr. Mailing Address Laboratory 28 Crescent St		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 Middletown FEC ID number of contributing federal political committee.	State Zip Code CT 06457-3650	Amount of Each Receipt this Period 250.00
Name of Employer Middlesex Hosp Receipt For: Primary General Other (specify)	Occupation Pathologists Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Y. William Shang, Dr. Mailing Address Department of Patho 134 Homer Ave City Cortland	State Zip Code NY 13045-1206	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Cortland Regional Medical Center Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 312.00	312.00
Full Name (Last, First, Middle Initial) Carol Susan Sharp, Dr. Mailing Address Dept of Path 2210 Troy Rd City Niskayuna	State Zip Code NY 12309	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Bellevue Woman's Hosp	Occupation Pathologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	812.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 49 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Charles Short, Dr. Mailing Address 12855 N 40 Dr Ste	e 375	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis	State Zip Code MO 63141-8657	Transaction ID: SA11AI.34101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Urology Consultants, Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Howard Byron Simmons, Dr. Mailing Address PO Box 25036	-	Date of Receipt
City	State Zip Code	0 5 0 8 2 0 0 9 Transaction ID: SA11Al.33866
Woodbury	MN 55125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Central Reg Pathology Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Susan Simonton, Dr.	- -	Date of Receipt
Mailing Address Department of Pai 2525 Chicago Ave	S	05 / 29 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City <u>Minneapolis</u>	State Zip Code MN 55404	Transaction ID: SA11AI.33868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Children's Hosp of Minnea- polis	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (option	nal)	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 34 / 49 (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 o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W John Skinner, Dr. Mailing Address Dept of Path 300 Main St		Date of Receipt M
City Lewiston FEC ID number of contributing federal political committee.	State Zip Code ME 04240-7027	Transaction ID: SA11AI.33865 Amount of Each Receipt this Period 250.00
Name of Employer Central Maine Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Taylor Carl Smedberg, Dr. Mailing Address 1855 W Hibiscus Bl	vd	Date of Receipt 0 5 1 3 2 0 0 9
City Melbourne FEC ID number of contributing federal political committee.	State Zip Code FL 32901-2622	Transaction ID: SA11AI.34058 Amount of Each Receipt this Period 2000.00
Name of Employer Space Coast Pathologists, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 2000.00]
Full Name (Last, First, Middle Initial) W Eric Stark, Dr. Mailing Address 3 Castellan Dr		Date of Receipt
City <u>Lafayette</u> FEC ID number of contributing federal political committee.	State Zip Code IN 47905-8880 C	Transaction ID: SA11AI.33927 Amount of Each Receipt this Period 250.00
Name of Employer Home Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	g the 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) Edward Paul Steele, Dr. Mailing Address Pathology & Lab N 3333 Burnet Ave	Med MLC 1010		Date of Receipt 0 5 2 2 2 2 0 0 9
City Cincinnati FEC ID number of contributing federal political committee.	State OH	Zip Code 45229	Transaction ID: SA11AI.33871 Amount of Each Receipt this Period 250.00
Name of Employer Cincinnati Children's Hosp Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog		
Full Name (Last, First, Middle Initial) W. Jan Steiner, Dr. Mailing Address 3410 Vintage Valle	Date of Receipt 0 5 0 6 2 0 0 9		
City	City State Zip Code		
Ann Arbor	MI	48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		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) T. Timothy Stenzel, Dr.			Date of Receipt
Mailing Address 2150 Woodward S	St Ste 100		05 29 2009
City	State	Zip Code	Transaction ID: SA11AI.33835
Austin FEC ID number of contributing federal political committee.	C	78744-1840	Amount of Each Receipt this Period 250.00
Name of Employer Asuragen Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	I (and)		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 36 / 49 (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)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
	College of American Pathologists Poli	tical Action	Committee			
Α.	Full Name (Last, First, Middle Initial) Todd Kevin Stieglbauer, Dr. Mailing Address Dept of Path	Todd Kevin Stieglbauer, Dr.				
	4050 Coon Rapids Blv	d		05 29 2009		
	City	State	Zip Code	Transaction ID: SA11Al.33967		
	Coon Rapids	MN	55433	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Mercy Hosp	Occupation Patholog				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Nedjema Sustento-Reodica	Date of Receipt				
	Mailing Address 1 Franklin Town Blvd Apt 1717			05 06 2009		
	City Philadelphia	State PA	Zip Code 19103	Transaction ID: SA11AI.33983 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		19100	250.00		
	Name of Employer Mt Sinai Hosp Med Ctr	Occupation Patholog				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	250.00			
с. С.	Full Name (Last, First, Middle Initial) E Paula Szypko, Dr.	Date of Receipt				
	Mailing Address Dept of Path 601 N Elm St PO Box	05 20 2009				
	City High Point	State NC	Zip Code 27261	Transaction ID: SA11AI.33923 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	27201	1000.00		
	Name of Employer High Point Regional Hosp	Occupation Patholog				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
	SUBTOTAL of Receipts This Page (optional)			1500.00		
	TOTAL This Period (last page this line number		<u> </u>			

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 37 / 49 (check only one) X
An or	y information copied from such Reports and for commercial purposes, other than using th	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
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action (Committee	
•	Full Name (Last, First, Middle Initial) F. Benjamin Tancinco, Dr.			Date of Receipt
	Mailing Address Department of Pathol 18697 Bagley Rd.	ogy		05 / 22 / 2009
	City Middlehows Heights	State	Zip Code	Transaction ID: SA11AI.34055
	Middleburg Heights FEC ID number of contributing federal political committee.	ОН	44130	Amount of Each Receipt this Period 300.00
	Name of Employer Southwest Gen Hith Ctr	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Noel Elmer Thompson, Dr. Mailing Address Outpatient Diagnostic	Contor		Date of Receipt
	900 Seton Drive	Genter		05 13 2009
	City	State MD	Zip Code	Transaction ID: SA11AI.34119
	Cumberland FEC ID number of contributing federal political committee.	C	21502	Amount of Each Receipt this Period 250.00
	Name of Employer Western Maryland HIth Sys- tem	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) H. Norman Thompson, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 3260 Hospital Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.33842
	Juneau FEC ID number of contributing federal political committee.	C	99801	Amount of Each Receipt this Period 1000.00
	Name of Employer Bartlett Reg Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	<u>, ' </u>	Year-to-Date ▼ 1000.00	
SI	UBTOTAL of Receipts This Page (optional) .			1550.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 49 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) M James Thornbery, Dr. Mailing Address General Medical Lab	c	Date of Receipt
36 S Brooks Street City	State Zip Code	0 5 2 9 2 0 0 9 Transaction ID: SA11AI.33970
Madison FEC ID number of contributing federal political committee.	WI 53715	Amount of Each Receipt this Period 250.00
Name of Employer Meriter Health Services Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) E. Stuart VanMeter, Dr. Mailing Address Department of Patho 1924 Alcoa Highway	logy	Date of Receipt M
City Knoxville	State Zip Code TN 37920	Transaction ID: SA11AI.33894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Roman Velez		Date of Receipt
Mailing Address Dept of Anat Path Carr 22		05 DD / YYYYY 05 2009
City <u>Rio Piedras</u>	State Zip Code PR 00935	Transaction ID: SA11AI.33832 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ASEM	Occupation pathologists	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ontional)		1000.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F Full Name (Last, First, Middle Initial) E. Stephen Vernon, Dr.	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)	Ontiod Action (
ctopc voc,			Date of Receipt
Mailing Address JMH East Tower Rr 1611 NW 12th Ave	n 2042		05 / 06 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.33934
Miami FEC ID number of contributing federal political committee.	FL C	33136-1005	Amount of Each Receipt this Period 50.00
Name of Employer Univ of Miami-School of Med Receipt For: Primary General	Occupation Patholog Aggregate	ist e Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Miluse Vitkova		250.00	Date of Receipt
Mailing Address 1284 Poker Flat Pl			0 5 2 9 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.33941
San Jose FEC ID number of contributing federal political committee.	CA	95120-1766	Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Santa Clara Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr.	I		Date of Receipt
Mailing Address 6110 North Oak Le	af Court		05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Peoria	State IL	Zip Code 61615-2240	Transaction ID: SA11AI.33972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Graham Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)		550.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 49 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	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) Howard John Wolk, Dr.			Date of Receipt
Mailing Address Department of Pat 95 Grasslands Rd			05 29 2009
City Valhalla	State NY	Zip Code 10595-1652	Transaction ID: SA11AI.34116 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 1002	300.00
Name of Employer Westchester Medical Center	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	 '	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) E Joan Woodward, Dr.			Date of Receipt
Mailing Address Lab 2001 Medical Pkw	у		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Annapolis	State MD	Zip Code 21401-3280	Transaction ID: SA11AI.33831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	214010200	250.00
Name of Employer Anne Arundel Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. George Worsham, Dr.			Date of Receipt
Mailing Address Department of Pat 316 S. Calhoun St	thology		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.34029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25401	1000.00
Name of Employer Roper Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	 '	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)		1550.00

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 49 (check only one) X
Any information copied from such Reports around for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Delane Wycoff, Dr.		Date of Receipt
Mailing Address 500 W Leota		05 06 7 2009
City	State Zip Code	Transaction ID: SA11AI.34018
N Platte	NE 69103-1289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Services, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. James Zimring, Dr.	- 1	Date of Receipt
Mailing Address Department of Path 1364 Clifton Rd NE		05 22 YYYY 2009
City	State Zip Code	Transaction ID: SA11Al.33901
Atlanta	GA 30322-1059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Emory Univ Hosp	Occupation Pathologist	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	43195.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 42/49 Use separate schedule(s) (check only one) 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.34184 Sun Trust Bank Date of Disbursement 11 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 424.62 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.34185 Sun Trust Bank Date of Disbursement 18 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond V۸ 23285 34.48 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.34186 Sun Trust Bank Date of Disbursement 25 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 104.21 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 563.31 SUBTOTAL of Disbursements This Page (optional) ... \triangleright

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 43 / 49 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.34187 Sun Trust Bank Date of Disbursement 25 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 1041.15 Purpose of Disbursement Bank Services 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.34188 Sun Trust Bank Date of Disbursement 25 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 38.50 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

CURTOTAL of Diabute excepts This Date (actions)		1079.65
SUBTOTAL of Disbursements This Page (optional)		1073.00
TOTAL This Period (last page this line number only)	•	1642.96

Other (specify)

State:

Any In or for a St.	commercial purposes, other than use AME OF COMMITTEE (In Full) college of American Pathologist ull Name (Last, First, Middle Initial) cittizens FOR ALTMIRE lailing Address 499 South Cap Suite 404	Detailed so and Statements may sing the name and add as Political Action (Control of Street, SW) State DC Disbursement For X Primary	Zip Code 20003		Transaction ID: SB23.34157 Date of Disbursement M M / D D D / Y Y Y O Y 9 Amount of Each Disbursement this Perior
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