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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 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 06 0 1 2009 06 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 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 (Rev. 12/2004) Only

FE6AN026

Write or Type Committee Name

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 42

<sup>®</sup>D

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

D D

06 0 1 2009 0.6 3 0 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 150138.18 Begining of Reporting Period ..... 36966.50 315095.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 187104.68 399901.66 6(a) and 6(c) for Column B) ..... 288695.43 75898.45 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 111206.23 111206.23 (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 / 42

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

м м 0 6 D D 1

2009

то.

м м

<sup>D</sup> 30

<sup>Y</sup> 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)	27120.00	224248.00
	(ii) Unitemized	9846.50	85097.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	36966.50	309345.00
(	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36966.50	309345.00
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	5750.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	36966.50	315095.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	36966.50	315095.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1398.45	5765.65
	Expenditures(c) Total Operating Expenditures	1330.43	3703.03
	(add 21(a)(i), (a)(ii) and (b))	1398.45	5765.65
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	74500.00	282679.78
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
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
	(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	250.00
	(add Lines 28(a), (b), and (c))		
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	0.00	0.00
	With Federal Funds		3.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	75898.45	288695.43
32.	Total Federal Disbursements		
<i>_</i>	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	75898.45	288695.43

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 42

	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)	36966.50	309345.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	36966.50	309095.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1398.45	5765.65
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1398.45	5765.65

FE6AN026

## 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 6 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee	
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) H. Herbert Anderson, Dr.  Mailing Address 115 Grouse Lane		Date of Receipt
City	State Zip Code	0 6 0 9 2 0 0 9 Transaction ID: SA11Al.34379
Sewickley	PA 15143	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Paul Bannister	1	Date of Receipt
Mailing Address 6339 Riverview Ln		06 24 2009
City	State Zip Code	Transaction ID: SA11Al.34208
<u>Dallas</u>	TX 75248-2841	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Baylor Med Ctr @ Garland	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Leon Errol Berman, Dr.		Date of Receipt
Mailing Address 94 Old Short Hills Ro		06 09 2009
City Livingston	State Zip Code NJ 07039-5672	Transaction ID: SA11AI.34329  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St Barnabas Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
CUPTOTAL of Decide The December (celling)		1000.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full)  College of American Pathologic	ts and Statements may not be sold or used by any persusing the name and address of any political committee to sts Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Richard Bernert, Dr.  Mailing Address 1255 W Washi  City	ngton St State Zip Code	Date of Receipt    M   M   D   D   C   P   P   P   P   P   P   P   P   P
Tempe FEC ID number of contributing federal political committee.	AZ 85281-1210	Amount of Each Receipt this Period 208.00
Name of Employer Clin-Path Associates, P.C.  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   832.00	
Full Name (Last, First, Middle Initial) Dr. Paul J. Biggs, MD Mailing Address 5008 Grand Ro	ck Road	Date of Receipt  0 6 2 5 2 0 0 9
City  Mountain Brook  FEC ID number of contributing federal political committee.	State Zip Code AL 35223	Transaction ID: SA11AI.34206  Amount of Each Receipt this Period  250.00
Name of Employer BMC Pathology  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) M David Borel, Dr. Mailing Address 5650 SW 29th	St	Date of Receipt  0 6 0 9 2 0 0 9
City Topeka FEC ID number of contributing	State Zip Code KS 66614-2443	Transaction ID: SA11AI.34309  Amount of Each Receipt this Period  1000.00
Name of Employer Pathology Services PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (or	tional)	1458.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)    X   11a		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee			
Α.	Full Name (Last, First, Middle Initial) Scott David Brink, Dr.  Mailing Address Department of Pathology	Scott David Brink, Dr.				
	Mailing Address Department of Patholo 1465 S Grand Blvd	06 09 2009				
	City	State	Zip Code	Transaction ID: SA11AI.34328		
	St Louis	MO	63104-1003	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer SSM Cardinal Glennon Chil- dren's Hosp	Occupation Pathologo				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
- В.	Full Name (Last, First, Middle Initial) J Jeffrey Bulson, Dr.	1		Date of Receipt		
	Mailing Address 6800 Pebble Beach Lr	06 09 2009				
	City Stat		Zip Code	Transaction ID: SA11Al.34340		
	Seminole	FL	33777-4505	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		2000.00		
	Name of Employer Surgical Pathology Labora- tories	Occupation Patholog				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-		
	Other (specify)		2000.00			
с. С.	Full Name (Last, First, Middle Initial) Andres Candela			Date of Receipt		
		Mailing Address 1717 North E St Ste 227				
	City	State	Zip Code	Transaction ID: SA11AI.34343		
	Pensacola	FL	32901	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer The Pathology Group	Occupation Patholog	pist			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	SUBTOTAL of Receipts This Page (optional)			2500.00		
ŀ	TOTAL This Period (last page this line number		<u> </u>			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 42 (check only one)    X	
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e 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 Pol	itical Action (	Committee		
Α.	Full Name (Last, First, Middle Initial)  A. Desiree Carlson, Dr.  Mailing Address Chief of Pathology			Date of Receipt	
	Mailing Address Chief of Pathology 680 Centre Street	06 19 2009			
	City	State	Zip Code	Transaction ID: SA11AI.34326	
	Brockton	MA	02302-3395	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Brockton Hosp	Occupatio Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
— В.	Full Name (Last, First, Middle Initial) B. Lawrence Carr, Dr.	<b>-</b>		Date of Receipt	
	Mailing Address PO Box 213			06 09 7 2009	
	City State		Zip Code	Transaction ID: SA11Al.34383	
	Ross	CA	94957-0213	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer unaffiliated	Occupatio Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
_ C.	Full Name (Last, First, Middle Initial) Alexander Castiello			Date of Receipt	
	Mailing Address Lab 100 North Crest Dr			06 19 2009	
	City Springfield	State TN	Zip Code 37172	Transaction ID: SA11AI.34302	
			3/1/2	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer NorthCrest Med Ctr	Occupatio Patholog	jist		
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		500.00		
Γ,	SUBTOTAL of Receipts This Page (optional) .			1750.00	
F	TOTAL This Period (last page this line numbe		<u> </u>		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 42   (check only one)
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	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions
College of American Pathologists F	Political Action (	Committee	_
Full Name (Last, First, Middle Initial) K Samuel Caughron, Dr.			Date of Receipt
Mailing Address 1605 Cobble Creek	0 6 2 4 2 0 0 9		
City Billings	State MT	Zip Code 59106	Transaction ID: SA11AI.34378  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Yellowstone Pathology Ins- titute Inc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Philip Chen, Dr.			Date of Receipt
Mailing Address 6490 Hazeltine Nat	06 24 2009		
City Orlando	State FL	Zip Code 32822-5155	Transaction ID: SA11AI.34228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02022 0100	1000.00
Name of Employer Cognoscenti Health Inst	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) S. Gregory Collins, Dr.			Date of Receipt
Mailing Address Department of Pathology One Genesys Parkway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Blanc	State MI	Zip Code 48439-3699	Transaction ID: SA11AI.34245  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.100 0000	250.00
Name of Employer Genesys Regional Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		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 11 / 42 (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)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
College of American Pathologists Politi	tical Action Committee			
Full Name (Last, First, Middle Initial) J Timothy Collins, Dr.  Mailing Address Dept of Path		Date of Receipt		
142 W 5th St	01-1- 7'- 01-	06 09 2009		
City Cookeville	State Zip Code TN 38501-1760	Transaction ID: SA11AI.34233		
FEC ID number of contributing federal political committee.	C 36501-1760	Amount of Each Receipt this Period 300.00		
Name of Employer Cookeville Pathology Labo- ratory Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  300.00			
Full Name (Last, First, Middle Initial) D. Dilipkumar Dharkar, Dr.  Mailing Address 11 E Pleasant Ave		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Zin Code			
City	State Zip Code	Transaction ID: SA11AI.34369		
Sandwich	IL 60548-1100	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Valley West Community Hosp	Occupation Pathologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) F Paul Edmonson, Dr.		Date of Receipt		
Mailing Address 200 NW 143rd St		06 / 24 / 2009		
City	State Zip Code	Transaction ID: SA11AI.34221		
Seattle	WA 98177-3935	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2000.00		
Name of Employer Northwest Pathology Servi- ces, Inc.	Occupation Pathologist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	2000.00			
SUBTOTAL of Receipts This Page (optional)		2550.00		
TOTAL This Period (last page this line number	<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (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 Polit	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Arlene Eisenberg, Dr.  Mailing Address 1074 S La Luna Ave  City Ojai  FEC ID number of contributing federal political committee.  Name of Employer Community Pathology Laboratory  Receipt For:  Primary General Other (specify)	State Zip Code CA 93023-3516  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) T Brendan Fitzpatrick, Dr. Mailing Address Dept of Path 1600 Haddon Ave City Camden  FEC ID number of contributing federal political committee.  Name of Employer Our Lady of Lourdes Med Ctr Receipt For:	State Zip Code NJ 08103-3101  C Occupation Pathologist	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) G Kenneth Flanagan, Dr.  Mailing Address Dept of Pathology 1000 Willow Creek Rd  City Prescott  FEC ID number of contributing federal political committee.	State Zip Code AZ 86301-1645	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Yavapai Reg Med Ctr  Receipt For:  Primary General  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Occupation Pathologist  Aggregate Year-to-Date  250.00	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/42   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persol lress 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 C	Committee	
Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.			Date of Receipt
Mailing Address 524 E 20th St Apt	06 16 2009		
City New York	State NY	Zip Code 10009	Transaction ID: SA11AI.34294  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer NYU Med Ctr	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) S. James Heath, Dr.	<b> </b>		Date of Receipt
Mailing Address 1 Prospect St			0 6 1 9 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.34297
Nashua  FEC ID number of contributing federal political committee.	C	03060-3900	Amount of Each Receipt this Period 250.00
Name of Employer Nashua Pathology Associat-	Occupation Pathologi		
es Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L. Alden Hostetter, Dr.			Date of Receipt
	Mailing Address Department of Pathology		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID: SA11AI.34319  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Rockingham Memorial Hosp	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	l		550.00

## 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 14 / 42 (check only one)    X
A oı	ny information copied from such Reports and S 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 persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Poli	tical Action (	Committee	
	Full Name (Last, First, Middle Initial) Loyd James Humphreys, Dr.  Mailing Address 107 Rio Sedona Way			Date of Receipt
		06 09 2009		
	City	State	Zip Code	Transaction ID: SA11AI.34201
	Helotes	TX	78023-4492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ameripath South Texas	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) F Keith Izban, Dr.	1		Date of Receipt
	Mailing Address 200 Berteau Ave	06 11 7 2009		
	City	State	Zip Code	Transaction ID: SA11AI.34239
	Elmhurst	<u>IL</u>	60126-2966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Elmhurst Mem Hosp	Occupatio Patholog	ist	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial) P Wayne Jessee, Dr.			Date of Receipt
	Mailing Address PO Box 80			06 09 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.34212
	Verona	VA	24482-0080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Blue Ridge Pathologists	Occupatio Patholog	ist	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		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 15 / 42   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the 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.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) O. Dervila Jonas, Dr.			Date of Receipt
Mailing Address 418 Mosby Dr. S.W			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Leesburg	State VA	Zip Code 20175	Transaction ID: SA11AI.34262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Inova Loudoun Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L Jon Keller, Dr.			Date of Receipt
Mailing Address Dept of Path 199 Reedsdale Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milton	State MA	Zip Code 02186-3926	Transaction ID: SA11AI.34292
FEC ID number of contributing federal political committee.	C	02100-3920	Amount of Each Receipt this Period 250.00
Name of Employer Milton Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R Paul Kirchgraber, Dr.			Date of Receipt
Mailing Address 6325 Lawrence Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46226-1032	Transaction ID: SA11AI.34235
FEC ID number of contributing federal political committee.	C	40220-1032	Amount of Each Receipt this Period 250.00
Name of Employer Covance Central Lab Svcs, Inc	Occupatio Patholog	ist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER:   PAGE 16/42   (check only one)     X   11a
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not being the name and address o	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial) Vladimirov Petio Kotov, Dr.			Date of Receipt
Mailing Address Dept of Path 500 Campus Dr			06 05 7 2009
City Hancock		ip Code 9930	Transaction ID: SA11AI.34313
FEC ID number of contributing federal political committee.	C	9930	Amount of Each Receipt this Period 250.00
Name of Employer Portage View Hosp	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Shannon Kratzer			Date of Receipt
Mailing Address 2323 Matador Cir			06 24 7 2009
City		ip Code	Transaction ID: SA11AI.34226
Austin  FEC ID number of contributing federal political committee.	TX 7	8746	Amount of Each Receipt this Period 500.00
Name of Employer Clinical Pathology Assoc	Occupation Pathologist		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Ragini Lakhia, Dr.			Date of Receipt
Mailing Address 1140 Business C	r Dr 370		06 11 2009
City		ip Code	Transaction ID: SA11AI.34293
Houston  FEC ID number of contributing federal political committee.	TX 7	7043-2737	Amount of Each Receipt this Period 500.00
Name of Employer Applied Diagnostics, Inc	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	500.00	
SUBTOTAL of Receipts This Page (option	nal)		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 17 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) D. Craig Lariscy, Dr.		Date of Receipt
Mailing Address 1354 Lakeland Hills  City	State Zip Code	0 6 0 9 2 0 0 9  Transaction ID: SA11AI.34276
Lakeland	FL 33805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lakeland Regional Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) T. John Latham, Dr.		Date of Receipt
Mailing Address 122 Parkins Lake R	d	06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34214
Greenville	SC 29607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bon Secours St Francis HI- th Sys	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Antonio Manuel Leal, Dr.		Date of Receipt
Mailing Address Department of Path 131 SW 15th St	ology	06 09 7 2009
City	State Zip Code	Transaction ID: SA11AI.34295
Ocala	FL 34471-6529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Munroe Regional Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	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 18 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) G.B. Debra Leonard, Dr.		Date of Receipt
Mailing Address Weill Cornell Med C 525 E 68th St City	State Zip Code	0 6 1 6 2 0 0 9 2 0 0 9
New York	NY 10021	Transaction ID: SA11AI.34300  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New York Presbyterian Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) F. Edward Loeb, Dr. Mailing Address Laboratory		Date of Receipt
Mailing Address Laboratory 1200 Pleasant		06 03 2009
City	State Zip Code	Transaction ID: SA11AI.34263
Des Moines	IA 50309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Iowa Methodist Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) M. Jerome Loew, Dr.		Date of Receipt
Mailing Address Department of Path 1750 W Harrison St		06 09 7 9 2009
City	State Zip Code	Transaction ID: SA11AI.34320
Chicago  FEC ID number of contributing federal political committee.	IL 60612	Amount of Each Receipt this Period 250.00
Name of Employer Rush University Medical Center	Occupation Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼	230.00	
	)	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 19 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pole	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Owen Michael Lovell, Dr.  Mailing Address Path Dept 7700 Floyd Curl Dr  City San Antonio  FEC ID number of contributing	State TX	Zip Code 78229-3902	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Receipt For:  Primary  Other (specify)	Occupation Patholog		
Full Name (Last, First, Middle Initial) S John McCullough, Dr.  Mailing Address PO Box 31629  City Clarksville  FEC ID number of contributing federal political committee.  Name of Employer Gateway Med Ctr  Receipt For: Primary General Other (specify)	State TN C Occupation Patholog Aggregate		Date of Receipt  M M M D D D 24 2009  Transaction ID: SA11AI.34244  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr.  Mailing Address Dept of Pathology 315 S Manning Blvd  City  Albany  FEC ID number of contributing federal political committee.  Name of Employer St Peter's Hosp  Receipt For: Primary General Other (specify)	State NY  C  Occupation Patholog  Aggregate		Date of Receipt  M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 42 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) P. William Newman, Dr.			Date of Receipt
	Mailing Address 4625 Taft Park  City	State	Zip Code	0 6 2 4 2 0 0 9  Transaction ID: SA11AI.34282
	Metairie  FEC ID number of contributing federal political committee.	C	70002	Amount of Each Receipt this Period  300.00
	Name of Employer LSU Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		
В.	Full Name (Last, First, Middle Initial) E. Lucien Nochomovitz, Dr.  Mailing Address Path 300 Community Dr  City	State	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Manhasset  FEC ID number of contributing federal political committee.	NY C	11030	Amount of Each Receipt this Period  500.00
	Name of Employer North Shore Univ Hosp Receipt For:	Occupation Patholog Aggregate		
_	Primary General Other (specify)	0 0	500.00	
C.	Full Name (Last, First, Middle Initial)  E. Robert Petras, Dr.  Mailing Address 7730 First Pl Ste A			Date of Receipt  0 6 1 9 2 0 0 9
	City Oakwood Village	State OH	Zip Code 44146	Transaction ID: SA11AI.34198  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer AmeriPath	Occupation Pathologo		
	Receipt For: Primary General Other (specify)	<del>, '                                     </del>	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		······	1100.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42 (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	I Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
College of American Familiologists Fo	onical Action Committee	
Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr.		Date of Receipt
Mailing Address Dept of Path 70 Med Ctr Cir Ste 3	09	06 24 2009
City	State Zip Code	Transaction ID: SA11Al.34213
<u>Fishersville</u>	VA 22939-2273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Blue Ridge Pathologists	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mazhar Rishi		Date of Receipt
Mailing Address 701 N Clayton St		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.34331
Wilmington	DE 19805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Francis Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J Gary Roloson, Dr.		Date of Receipt
Mailing Address Department of Patho 1305 W Jefferson St		06 / 09 / 2009
City	State Zip Code	Transaction ID: SA11AI.34209
Waxahachie	TX 75165-2255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Baylor Univ Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		800.00

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

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) A. David Sadler, Dr.			Date of Receipt
	Mailing Address Dept of Path 5301 E Huron River D	r PO Box 30	158	06 09 2009
	City	State	Zip Code	Transaction ID: SA11AI.34333
	Ann Arbor	MI	48106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		312.00
	Name of Employer St Joseph Mercy Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		312.00	
В.	Full Name (Last, First, Middle Initial) J. Edward Shumski, Dr.	1		Date of Receipt
	Mailing Address 1103 Halstead Bayou	Drive		06 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.34210
	Ocean Springs	MS	39564	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Biloxi Reg Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.			Date of Receipt
	Mailing Address 1514 Jefferson Hwy			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.34304
	New Orleans	LA	70121-2483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ochsner Clinic Foundation	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1562.00
ļ	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) H. William Talbot, Dr.		Date of Receipt
Mailing Address 1400 Lakeshore Dr.		06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34303
Anniston  FEC ID number of contributing federal political committee.	AL 36207	Amount of Each Receipt this Period  1000.00
Name of Employer Northeast Alabama Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) U. Dino Vallera, Dr.		Date of Receipt
Mailing Address 143 Lakeland Drive		06 09 2009
City	State Zip Code	Transaction ID: SA11AI.34256
Palos Park	IL 60464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hinsdale Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E. Stephen Vernon, Dr.		Date of Receipt
Mailing Address JMH East Tower Rr 1611 NW 12th Ave		06 03 7 2009
City Miami	State Zip Code FL 33136-1005	Transaction ID: SA11AI.34264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Univ of Miami-School of Med	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (entions	)	1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	Statements may not be sold or used by any personal ename and address of any political committee to itical Action Committee	
Full Name (Last, First, Middle Initial)  M. Arthur Vogel, Dr.  Mailing Address 6825 216th Street SW Suite E  City  Lynnwood  FEC ID number of contributing federal political committee.  Name of Employer Cytolab Pathology Svcs, Inc PS  Receipt For:  Primary General  Other (specify)   General		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.34236  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) H Arthur Williams, Dr.  Mailing Address 1115 N Bundy Dr  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer San Gabriel Valley Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code CA 90049-1512  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) M. Dorothy Willis, Dr.  Mailing Address 533 College St  City Bellaire  FEC ID number of contributing federal political committee.  Name of Employer Alliance Path Consultants  Receipt For: Primary General Other (specify)	State Zip Code TX 77401  C  Occupation Pathologist  Aggregate Year-to-Date  300.00	Date of Receipt  M M O D D O D O D O D O D O D O D O D O
SUBTOTAL of Receipts This Page (optional) .		1050.00

		FOR LINE AND ADED DACE OF 112
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 42
· · · · · · · · · · · · · · · · · · ·	for each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
College of American Pathologists Politi	cal Action Committee	
	odi / totion committee	
Full Name (Last, First, Middle Initial)		
J. Michael Wilson		Date of Receipt
Mailing Address Dept of Path		M M / D D / Y Y Y Y
5900 Byron Center Ave	SW	06 24 2009
City	State Zip Code	Transaction ID: SA11Al.34291
Wyoming	MI 49519	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer Metro Health Hospital	Occupation	
	Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	1
Other (specify)	1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	27120.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(	s) FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	- a perme		
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.34451
Sun Trust Bank			Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement		•	55.91
Bank Service Charges Amex Candidate Name		Cotomory	
Candidate Name		Category/ Type	
Senate President	ement For:  Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.34452 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
,	State Zip Code		Amount of Each Disbursement this Period
Richmond Purpose of Disbursement	VA 23285		886.41
Bank Service Charges Moneris ACH			
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)	ı	
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.34453 Date of Disbursement
Mailing Address P.O. Box 85024			$ \begin{bmatrix} M & M \\ 0 & M \end{bmatrix}  \begin{bmatrix} D & D & B \\ 0 & 0 & M \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Services Charges Amex			176.40
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:    Primary	1	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1118.72

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

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SCHEDULE B (FEC Form 3X)	11	FOR LINE 1	NUMBER:	PAGE 27 / 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b	22 23	24 25 26
Any Information copied from such Reports and Stater	ments may not be sold or used by	27 27 any person fo	28a 28b	28c 29 30b
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: Date of Disbursen	
Mailing Address P.O. Box 85024			06 13	B / Y 2009
City Richmond	State Zip Code VA 23285		Amount of Each D	Disbursement this Period
Purpose of Disbursement Bank Services Charges Amex		•		113.78
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: Date of Disburser	nent
Mailing Address P.O. Box 85024			06 15	2009
City Richmond	State Zip Code VA 23285		Amount of Each D	Disbursement this Period
Purpose of Disbursement Bank Services Charges Amex				7.88
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID:  Date of Disbursem	nent
Mailing Address P.O. Box 85024			06 18	3 / Y 2009
City Richmond	State Zip Code VA 23285		Amount of Each D	isbursement this Period
Purpose of Disbursement	Г		L	74.50
Bank Service Charges Account Analysis  Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		<u></u>		196.16

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR L			R:	PA	AGE	28 / 4	12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check X 21t 27	Ė	22 28a	23 28b	24 28c	$\vdash$	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any pers		the pu	rpose of s	soliciting c	ontribu	utions	
NAME OF COMMITTEE (In Full)									
College of American Pathologists Political	Action Committee								
Full Name (Last, First, Middle Initial) Sun Trust Bank					action ID	: SB21	B.344	157	
Mailing Address P.O. Box 85024				0 <sup>M</sup> 6	M / D	20 /	ž	o ŏ 9	Y
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NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS  Mailing Address 830 NE Holladay, #105  City State: OR District: 03  Purpose of Disbursement  Candidate Name  Office Sought: X House Post Office Box 28001 PO BOX 28001  City State: NC District: 02  Full Name (Last, First, Middle Initial) BC ETHENIDGE FOR CONGRESS COMMITTEE  Mailing Address P.O.Box 2106  City Manne (Last, First, Middle Initial) BRIGHT FOR CONGRESS.  Disbursement For: 2010 Primary X General Other (specify) ▼  Transaction ID: SB23.34411 Date of Disbursement timis Perio  Catogory/ Type  Transaction ID: SB23.34411 Date of Disbursement timis Perio  Catogory/ Type  Transaction ID: SB23.34411 Date of Disbursement timis Perio  Category/ Type  Office Sought: X House President State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM  Mailing Address P.O.Box 2106  City Senate President State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM  Mailing Address P.O.Box 2106  City Sanate President State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM  Mailing Address P.O.Box 2106  City Sanate President State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM  Mailing Address P.O.Box 2106  City Sanate President State: AL District: 02  Sanate President State: AL District: 02  SubstortAL of Disbursement For: 2010 X Primary General Cother (specify) ▼  State: AL District: 02  SubstortAL of Disbursement This Page (optional)  ***SubstortAL of Disbursements This Page (optional)  ***SubstortAL of Disbursements This Page (optional)  ***District: 02  ***SubstortAL of Disbursements This Page (optional)  ***District: 02  ***SubstortAL of Disbursements This Page (optional)  ***District: 02  ***SubstortAL of Disbursements This Page (optional)		Detailed Summary Page	27 2	8a 28b 28c 29
BLUMENAUER FOR CONGRESS  Mailing Address 830 NE Holladay, #105  City State Zip Code Portland OR 97232  Purpose of Disbursement  Candidate Name  City Senate Primary X General Other (specify) ▼  Category' Type  Disbursement this Perior  Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS COMMITTEE  Mailing Address POST OFFICE BOX 28001  Purpose of Disbursement  Candidate Name  City Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS COM  Mailing Address P.O.Box 2106  City Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS COM  Mailing Address P.O.Box 2106  City Senate President  State: NC District: 02  Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS COM  Mailing Address P.O.Box 2106  City State Zip Code Nother (specify) ▼  Transaction ID: SB23.34413  Date of Disbursement this Perior  Transaction ID: SB23.34413  Date of Disbursement this Perior  Transaction ID: SB23.34413  Date of Disbursement this Perior  AL 36102  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President  Candidate Name  Office Sought: X House Senate President  State: AL District: 02  Substortal of Disbursements This Page (optional)	or for commercial purposes, other than using the nan  NAME OF COMMITTEE (In Full)	ne and address of any political		
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee		
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NAME OF COMMITTEE (in Full)  NAME OF COMMITTEE (in Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2000  Mailing Address P.O.BOX 423  City MIDLAND Mill District: 04  Full Name (Last, First, Middle Initial) Fresident State: WY District: 04  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 05  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 00  Full Name (Last, First, Middle Initial) Friesident State: WY District: 01  Full Name (Last, First, Middle Initial) Friesident State: WY District: 01  Full Name (Last, First, Middle Initial) Friesident State: WY District: 01  Full Name (Last, First, Middle Initial) Friesident State: WY District: 02  Full Name (Last, First, Middle Initial) Friesident State: WY District: 01  Full Name (Last, First, Middle Initial) Friesident State: WY District: 01  Full Name (Last, First, Middle Initial) Friesident State: WY District: 0		Detailed	Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
DAVE CAMP FOR CONGRESS 2000  Mailing Address P.O.BOX 423  City State Zip Code MI 48640  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: MI District: 04  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN BARRASSO  Mailing Address 406 Virginia Avenue  City State Zip Code VA 22302  City State Alexandria VA 22302  Purpose of Disbursement  Candidate Name  Office Sought: X House President State: WY District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN BARRASSO  Disbursement For: 2010  Amount of Each Disbursement 1000.00  Transaction ID: SB23.34420  Date of Disbursement 1000.00  Amount of Each Disbursement 1000.00  Transaction ID: SB23.34421  Date of Disbursement 1000.00  Transaction ID: SB23.34420  Date of Disbursement 1000.00  Transaction ID: SB23.34420  Date of Di	or for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)	name and addre	ss of any political		
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Office Sought:  House  X Senate  Primary  X General  Other (specify) ▼  State: WY District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW  Mailing Address PO Box 8166  City State Zip Code  Savannah  GA 31412  Purpose of Disbursement  Candidate Name  Office Sought:  X House  Senate  President  Senate  President  Senate  President  Other (specify) ▼  State: GA District: 12					1000.00
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<u>/</u>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER					Transaction ID: SB23.34422 Date of Disbursement	
	Mailing Address 7908-I Cincinnati	Dayton Road				06 M / 24 / Y 2009	9 <sup>Y</sup>
	City West Chester	State OH	Zip Code 45069			Amount of Each Disbursement this	
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	State: OH District: 08  Full Name (Last, First, Middle Initial)  FRIENDS OF JOHN TANNER					Transaction ID: SB23.34423	
	Mailing Address P. O. Box 1996					Date of Disbursement  O 6 A 2 4 Y 2 0 0 9	9 <sup>Y</sup>
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	Mailing Address PO BOX 812					06 / 24 / 2009	9 <sup>Y</sup>
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# SCHEDULE B (FEC Form 3X)

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NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE  Mailing Address PO BOX 1000  City State Zip Code IA 50304 Purpose of Disbursement Candidate Name  Office Sought: House President IA 50304  Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE  Mailing Address PO BOX 1000  City State Zip Code IA 50304 Purpose of Disbursement  Category/ Type  Office Sought: House President IA 50304  Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE  Mailing Address PO BOX 1000  City State Zip Code IA 50304  Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE  Mailing Address PO BOX 1000  City State Zip Code IA 50304  Furpose of Disbursement  Candidate Name  Office Sought: House President IA 50304  Furpose of Disbursement  Candidate Name  Office Sought: Abouse IA 50304  Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC  Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 Suite 650  City State Zip Code IA 50304  Furpose of Disbursement  Category/ Type  Office Sought: House IDisbursement For: 2010  Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 Suite 650  City State Zip Code IA 50304  Transaction ID: SB23.34430  Date of Disbursement this Poite  Transaction ID: SB23.34430  Date of Disbursement this Poite  Amount of Each Disbursement this Poite  Transaction ID: SB23.34430  Date of Disbursement this Poite  Amount of Each Disbursement this Poite  Transaction ID: SB23.34430  Date of Disbursement this Poite  Amount of Each Disbursement this Poite  Category/ Type  Office Sought: House X Primary X General  Office Sought: President Y Primary X G		Detailed Sumr	mary Page	21b 27	22 X 23 28a 28b	28c 29
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College of American Pathologists Political	Action Committee													
Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (L	INC PAC)		<b>Transa</b> Date o		sburse		3.34	407						
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City WASHINGTON	State Zip Code DC 20002		Amour	nt of	Each	Disburs	eme	nt this	Period					
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Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE			Date o	f Dis	sburse		3.34	435						
Mailing Address P.O. Box 3370			0 6 M / D 2 4 / Y 2 0 0					žoó	9 <sup>Y</sup>					
City Palm Springs	State Zip Code CA 92263		Amount			Amount of Each Disbursement this Period								
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City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
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NAME OF COMMITTEE (In Full)															
College of American Pathologists Politica	Action Commit	tee													
Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS				Transa Date o			SB23.	344	42						
Mailing Address P.O. BOX 5130				0 6	И /	<sup>D</sup> 2	D / \	Ž	o ŏ s	) Y					
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Mailing Address 2501 Wisconsin Avenue	, NW #304			06											
City Washington	State Zip Code hington DC 20007				Amount of Each Disbursement this Period										
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Mailing Address 700 12th Street, NW				0 6	И /	<sup>D</sup> 2	<sup>D</sup> / [`	ž	0 0 9	) Y					
City Pttsburgh	State Zip 0 PA 152	Code 234		Amour	nt of	Each I	Disburse	men	t this f	Period					
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$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee										
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE  Mailing Address P.O. Box 3498						n ID: Sourseme	ent / Y		43 0 ŏ 9	Y	
	City PORTLAND Purpose of Disbursement	State Zip Code OR 97208	•	7	Amou	int of E	ach Di	sburse	-	t this P		d
	Candidate Name		Category Type	y/								
	Office Sought:    House   C     X   Senate   President	isbursement For: 2010  X Primary General  Other (specify) ▼										
	State: OR District: 00											

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b></b>	74500.00