04/20/2009 10:35

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For C	Other Thai	n An Autho	rized Comm	ittee		Office Use Or	ıly
1.	NAME OF COMMITTEE (in full)		FEC MAILING YPE OR PRI		Example:If typover the lines	ping, type			
L	College of American Patholo	gists Po	olitical Action	Committee					
Ш									
ADE	DRESS (number and street)		50 I Street, N	W				1 1 1 1	
	Check if different	Su	ite 590						
L	than previously reported. (ACC)	Wa	ashington				DC	20005	<u>-</u>
2.	FEC IDENTIFICATION NUM	/IBER	₩	CITY	4		STATE	ZIPO	CODE A
	C00274944			3. IS TI REP	HIS X	NEW (N) OR		AMENDED A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20	(M2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due On:	Mar 20	(M3)	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			X Apr 20	(M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	(1)	(c) 12-Da	ay	Primary (12P)	General	(12G)	Runoff (12R)
	Quarterly Report(C	(2)		Election t for the:	Convention	on (12C)	Special	(12G)	
	Quarterly Report(C January 31 Quarterly Report(Y	.		Election o	nn .			in th	
	July 31 Mid-Year							<u>Sta</u>	te of
	Report(Non-election Year Only) (MY)	n		Election t for the:	General (30G)	Runoff	(30R)	Special (30S)
	Termination Repor (TER)	t	Порог	Election o	on			in th Sta	he te of
5.	Covering Period 0	3	0 1	2009	throug	nh 03	3 1	2009	
l cer	rtify that I have examined this	Report	and to the be	st of my knowle	edge and belief	it is true, correct	and complete	1.	
Тур	e or Print Name of Treasurer	D	r. Renee R. E	Ellerbroek					
Sigr	nature of Treasurer Electro	nically	Filed by Dr	. Renee R. Elle	erbroek		Date 0.4	20	2009
NO	ΓE : Submission of false, erro	neous,	or incomplete	information m	ay subject the p	erson signing th	is Report to th	e penalties of 2	U.S.C 437g.
	Office Use							FEC FC	

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(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines

6(a) and 6(c) for Column B)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name College of American Pathologists Political Action Committee [®] D " D 0.3 2009 0 1 2009 0.3 3 1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 80766.96 2009 January 1 (b) Cash on Hand at 146094.82 Begining of Reporting Period 57892.00 129237.00 (c) Total Receipts (from Line 19)

7.	Total Disbursements (from Line 31)	97567.98	
8.	Cash on Hand at Close of		

Reporting Period 106418.84 106418.84 (subtract Line 7 from Line 6(d))

203986.82

210003.96

103585.12

9. 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)

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

0 1 3^D1 М М М М 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 97583.00 45408.00 (i) Itemized (use Schedule A) 12484.00 26154.00 (ii) Unitemized (iii) TOTAL (add 57892.00 123737.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 57892.00 123737.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 57892.00 129237.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 57892.00 129237.00

(subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees

(such as PACs)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 1567.98 2235.12 1567.98 2235.12 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 96000.00 101000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 250.00 0.00 0.00 0.00 0.00 0.00 250.00 (add Lines 28(a), (b), and (c)) 0.00 100.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 97567.98 103585.12

97567.98

103585.12

FE6	۱A۶	۱02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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)	57892.00	123737.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	57892.00	123487.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1567.98	2235.12
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1567.98	2235.12

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 51 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Othon Almanza Mailing Address Hendrick Medical Cent			Date of Receipt 0 3 2 6 2 0 0 9
	Pathology Department City	State	Zip Code	Transaction ID: SA11AI.32799
	Abilene FEC ID number of contributing federal political committee.	C	79605	Amount of Each Receipt this Period 250.00
	Name of Employer Hendrick Health System Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Patholog Aggregate		
 3.	Full Name (Last, First, Middle Initial) Ebrahim Amir-Mokri Mailing Address Department of Patholo 5645 W Addison St	gy		Date of Receipt 0 3 2 4 2 0 0 9
	City Standard Standar	State	Zip Code	Transaction ID: SA11AI.32880
	Chicago FEC ID number of contributing federal political committee.	C	60634	Amount of Each Receipt this Period 250.00
	Name of Employer Our Lady of the Resurrect- ion Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
_	Full Name (Last, First, Middle Initial) Leonor Hazel Awalt, Dr.			Date of Receipt
	Mailing Address Laboratory 18220 State Highway 2			03 26 2009
	City Houston	State TX	Zip Code 77070-4347	Transaction ID: SA11AI.32854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Methodist Willowbrook Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify)	,	e Year-to-Date ▼ 250.00	
\[\frac{1}{5}\]	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee sts Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial N Stephen Bauer, Dr. Mailing Address Lab 6501 Coyle Av City Carmichael FEC ID number of contributing federal political committee. Name of Employer Mercy San Juan Med Ctr Receipt For: Primary General		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) Chafik Bengana Mailing Address 2323 N Lake D		Date of Receipt
City Milwaukee FEC ID number of contributing federal political committee. Name of Employer St. Mary's Hosp of Milwaukee Receipt For: Primary General Other (specify)	State Zip Code WI 53211 C Occupation Pathologist Aggregate Year-to-Date 1000.00	Transaction ID: SA11AI.32945 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial B. Robert Benyo, Dr. Mailing Address Department of 18901 Lake St City Euclid FEC ID number of contributing federal political committee. Name of Employer Euclid Hosp Receipt For: Primary General Other (specify)	Pathology	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	otional)	3900.00

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s	FOR LINE NUMBER: PAGE 8/51
	TEMIZED RECEIPTS	for each category of the	(Crieck only one)
	I EWIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any lame and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Politic	cal Action Committee	
Α.	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.		Date of Receipt
	Mailing Address 1255 W Washington St		03 / 20 / 4 4 4 4 4
	City	State Zip Code	Transaction ID: SA11AI.32761
	Tempe	AZ 85281-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.00
	Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	208.00	
	Other (specify) ▼	208.00	
- В.	Full Name (Last, First, Middle Initial) F. Lynn Blake, Dr.		Date of Receipt
	Mailing Address 1601 Ailor Ave		03 / 27 / 2009
	City	State Zip Code	Transaction ID: SA11AI.32840
	Knoxville	TN 37921-6702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Medic Regional Blood Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	250.00	
с. С.	Full Name (Last, First, Middle Initial) Mulkey Melissa Blann, Dr.		Date of Receipt
	Mailing Address 3810 152nd St		03 26 2009
	City	State Zip Code	Transaction ID: SA11AI.32861
	Lubbock	TX 79423-6310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Covenant Med Ctr-Lakeside	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		1458.00
L			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 51 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Marco Burenko Mailing Address Laboratory Services PO Box 320069			Date of Receipt 0 3 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.32750
	Cocoa Beach	FL	32932-0069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cape Canaveral Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Strong Susan Cannon, Dr. Mailing Address Department of Pathol	OGV.		Date of Receipt
	1220 Jefferson Street			03 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.32920
	Laurel FEC ID number of contributing federal political committee.	MS C	39441-0607	Amount of Each Receipt this Period 250.00
	Name of Employer South Central Regional Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
· —	Full Name (Last, First, Middle Initial) J. William Castellani, Dr.			Date of Receipt
	Mailing Address Department of Pathol 500 University Dr			03 / 27 / Y Y Y Y Y Y Y
	City	State PA	Zip Code 17033-2360	Transaction ID: SA11AI.32885
	Hershey FEC ID number of contributing federal political committee.	C	17033-2360	Amount of Each Receipt this Period 250.00
	Name of Employer Penn State Hershey Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	- · · · · · · · · ·	e Year-to-Date ▼ 250.00	
	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 10 / 51 (check only one) X 11a
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) J. Camilla Cobb, Dr. Mailing Address 2085 Shannon Ct # City	State Zip Code	Date of Receipt 0 3
Diamond Bar FEC ID number of contributing federal political committee.	CA 91765	Amount of Each Receipt this Period 250.00
Name of Employer LAC + USC Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr. Mailing Address Dept of Path 3401 W Gore Blvd City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lawton FEC ID number of contributing federal political committee.	OK 73502	Transaction ID: SA11AI.32765 Amount of Each Receipt this Period 600.00
Name of Employer Comanche County Mem Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) F. William Cox, Dr. Mailing Address Department of Path 1024 Central Park I		Date of Receipt 0 3 2 6 2 0 0 9
City Steamboat Springs	State Zip Code CO 80487	Transaction ID: SA11AI.33046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yampa Valley Medical Ctr Receipt For:	Occupation Pathologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona)	1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 51 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Abou Samer Dola, Dr. Mailing Address Ingalls Memorial Hosp Pathology Dept.	ital		Date of Receipt 0 3 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11Al.32937
	Harvey	IL	60426-3558	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Luke's Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Katherine Jane Dry, Dr. Mailing Address DEpt of Path			Date of Receipt
	1978 Industrial Blvd City	State	Zip Code	0 3 2 6 2 0 0 9 Transaction ID: SA11AI.32818
	Houma	LA	70363	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Leonard J. Chabert Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) I James Duff, Dr.			Date of Receipt
	Mailing Address 1150 N 18th St Ste 103	2		03 12 YYYY 2009
	City	State	Zip Code	Transaction ID: SA11AI.32759
	Abilene	TX	79601-2931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Clinical Pathology Associ- ates	Occupation Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 51 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Tarek Mohamed Elghetany, Dr.			Date of Receipt
	Mailing Address 301 University Blvd			03 / 18 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.33001
	Galveston	TX	77555-0743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ of Texas Med Branch	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
. –	Full Name (Last, First, Middle Initial) W. Kay Fellows, Dr.			Date of Receipt
	Mailing Address 104 Hanson Ct			03 11 2009
	City	State	Zip Code	Transaction ID: SA11Al.32893
	Interlachen	FL	32148-4243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Putnam Community Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) R. Marc Filstein, Dr.			Date of Receipt
	Mailing Address Department of Patho PO Box 16052	logy		03 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.32900
	Reading	PA	19612-6052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Reading Hosp & Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Г				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 13 / 51 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Michael Christopher Flynn, Dr.			Date of Receipt
Mailing Address 175 College St			03 / 02 / 4 2009
City	State	Zip Code	Transaction ID: SA11AI.32903
Battle Creek	MI	49017-3432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RML Pathologist, PC	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Sunil Sujata Gaitonde, Dr.	•		Date of Receipt
Mailing Address 840 S Wood St Ste	130		03 12 2009
City	State	Zip Code	Transaction ID: SA11AI.33013
Chicago	<u> </u>	60612-4325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer University of Illinois Me- dical Center	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W. Daniel Garland, Dr.			Date of Receipt
Mailing Address Dept of Pathology 2800 Godwin Blvd			03 / 24 / 2009
City	State	Zip Code	Transaction ID: SA11AI.32912
Suffolk	VA	23434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Louise Obici Mem Hosp	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		250.00	
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 14 / 51 (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 addres	ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. John Gerometta, Dr. Mailing Address 113 E Fourth Street PO Box 583 City Michigan City	State IN	Zip Code 46360	Date of Receipt M M M
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Pathology Consultants Inc Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) V Michael Grabowski, Dr. Mailing Address Dept of Pathology 2520 Cherry Ave City	State	Zip Code	Date of Receipt M
Bremerton FEC ID number of contributing federal political committee.	WA C	98310-4229	Amount of Each Receipt this Period 250.00
Name of Employer Harrison Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Vito Gulli, Dr. Mailing Address 1 Channel Dr Unit 12	10		Date of Receipt
		Zin Codo	03 27 2009
City Monmouth Beach	State NJ	Zip Code 07750	Transaction ID: SA11AI.33065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Unaffiliated	Occupation Pathologist	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 51 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Darren Harris, Dr. Mailing Address Dept Of Pathology 4605 Maccorkle Ave	e SW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Charleston	State WV	Zip Code 25309-1311	Transaction ID: SA11AI.33071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cocupation		250.00
Name of Employer unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) Paul Jason Heese, Dr. Mailing Address Dept of Path 900 Illinois Ave			Date of Receipt O 3
City	State	Zip Code	Transaction ID: SA11AI.32941
Stevens Point FEC ID number of contributing federal political committee.	C	54481-3114	Amount of Each Receipt this Period 300.00
Name of Employer St. Michaels Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Alan Robin Helmuth, Dr.			Date of Receipt
Mailing Address 8819 Shetland Ln			03 12 2009
City	State	Zip Code	Transaction ID: SA11AI.32795
Indianapolis FEC ID number of contributing federal political committee.	C	46278-1069	Amount of Each Receipt this Period 250.00
Name of Employer Hancock Regional Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	n		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 51 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any person 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) E Andrew Horvath, Dr. Mailing Address Lab 1100 Central Ave S City	E State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Albuquerque	NM 87106	Transaction ID: SA11AI.32888
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Presbyterian Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) Ellen Jeanne Hryciuk, Dr. Mailing Address 4539 A Da Hi Court	<u> </u>	Date of Receipt 0 3 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.33039
<u>Hubertus</u>	WI 53033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Wheaton Franciscan Labs	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C Dennis Hwang, Dr.		Date of Receipt
Mailing Address Dept of Path 1601 Ygnacio Valle	y Rd	03 26 2009
City	State Zip Code	Transaction ID: SA11AI.32806
Walnut Creek	CA 94598-3122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer John Muir Med Ctr-Walnut Creek	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	l)	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 17 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	
College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) N. Charles Iknayan, Dr.		Date of Receipt
Mailing Address E6385 Gheller Dr		03 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.32791
Bessemer	MI 49911-9754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Grandview Hospital	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) I. Mikhail Kantius, Dr.		Date of Receipt
Mailing Address 79-18 164th Street		03 24 2009
City	State Zip Code	Transaction ID: SA11AI.32918
<u>Jamaica</u>	NY 11432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sophora Diagnostic Labora- tory	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) W Scott Kelley, Dr.	.1	Date of Receipt
Mailing Address PO Box 2090		03 12 2009
City	State Zip Code	Transaction ID: SA11AI.32772
Brookfield	WI 53008-2090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dermpathdiagnostics	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usi 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	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Daniel Kerr, Dr. Mailing Address Department of Pa 820 N. Chelan Av City		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Wenatchee FEC ID number of contributing federal political committee.	WA 98801	Amount of Each Receipt this Period 500.00
Name of Employer Wenatchee Valley Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) C Patrick Kippenbrock, Dr. Mailing Address 7850 N Illinois St		Date of Receipt 0 3
City	State Zip Code	Transaction ID: SA11AI.32930
Indianapolis	IN 46260-3663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St John's Hith Sys	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R Thomas Kluzak, Dr.		Date of Receipt
Mailing Address 3219 Keywest Ct		03 26 2009
City	State Zip Code	Transaction ID: SA11AI.33021
Wichita FEC ID number of contributing federal political committee.	KS 67204-2364	Amount of Each Receipt this Period 250.00
Name of Employer Via Christi Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	l nal)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 51 (check only one) X 11a
An	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) H. Cynthia Krueger, Dr. Mailing Address 1434 Argyle Crescent City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Univ of Michigan Med Ctr Receipt For: Primary General Other (specify)	State MI C Occupation Patholog Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) A Barbara Lines, Dr. Mailing Address Path Dept MC4-265 6720 Bertner City Houston FEC ID number of contributing federal political committee. Name of Employer St Lukes Episcopal Hosp Receipt For: Primary General Other (specify)	State TX C Occupation Patholog Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	Full Name (Last, First, Middle Initial) E Charles Mangum, Dr. Mailing Address PO Box 1709 North Texas Pathology City Rowlett FEC ID number of contributing federal political committee. Name of Employer North Texas Path Labs Receipt For: Primary General Other (specify)	State TX C Occupation Patholog	Zip Code 75030-1709	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL 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 20/51 (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 persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee		
Full Name (Last, First, Middle Initial) S. Larry Mapow, Dr.			Date of Receipt	
Mailing Address 1312 Chickadee Lar	ne		03 18 2009	
City Millville	State NJ	Zip Code 08332	Transaction ID: SA11AI.32921 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer South Jersey Healthcare RMC	Occupation Patholog			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Francis James Martinchick, Dr.			Date of Receipt	
Mailing Address Dept of Pathology 255 N 30th Street	03 / 26 / 2009			
City				
Laramie FEC ID number of contributing federal political committee.	C	02012	Amount of Each Receipt this Period 250.00	
Name of Employer Ivinson Memorial Hosp	Occupation Patholog			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) G. Guillermo Martinez-Torres, Dr.			Date of Receipt	
Mailing Address Department of Patho 2025 E Newport Ave			03 / 09 / 19 2009	
City <u>Milwaukee</u>	State WI	Zip Code 53211	Transaction ID: SA11AI.32764 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			1000.00	
Name of Employer Columbia St. Marys Hosp	Occupation Patholog			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)		1500.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/51 (check only one)	
Any information copied from such Reports an or for commercial purposes, other than using	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.	
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee		
Full Name (Last, First, Middle Initial) C Roger Mathewson, Dr.			Date of Receipt	
Mailing Address Pathology 401 N Ewing St			03 26 2009	
City Lancaster	State OH	Zip Code 43130-3371	Transaction ID: SA11AI.32784 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10100 007 1	300.00	
Name of Employer Fairfield Med Ctr	Occupatio Patholog			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr.			Date of Receipt	
Mailing Address #1105 285 Centennial Olyr	03 26 2009			
City	City State Zip Code Atlanta GA 30313			
FEC ID number of contributing federal political committee.	C	30313	Amount of Each Receipt this Period 1200.00	
Name of Employer Newnan Hosp	Occupatio Patholog			
Receipt For: Primary General Other (specify)	_ , '	e Year-to-Date ▼ 1200.00		
Full Name (Last, First, Middle Initial) W. Philip McGuire, Dr.			Date of Receipt	
Mailing Address 1660 Hogan Avenue	е		03 18 2009	
City Chesterton	State IN	Zip Code 46304-9378	Transaction ID: SA11AI.32943 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	40004 3070	1000.00	
Name of Employer St. Anthony Mem Hith Ctr	Occupatio Patholog			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optiona			2500.00	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soldic for for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicits of Formatical purposes, other than using the name and address of any political committee to solicit contributions from solicits of the purpose of solicit contributions from solicits and address of any political committee. Name (Last, First, Middle Initial)	PAGE 22/51 11c 12 15 16 1
Full Name (Last, First, Middle Initial) I. Arthur McTighe, Dr. Mailing Address Cheif, Dept of Pathology 201 E University Pkwy City Baltimore FEC ID number of contributing federal political committee. Name of Employer Union Memorial Hospital Receipt For: Primary General Other (specify) ▼ City State Zip Code MD 21218-2895 Amount of Each Receipt For: Pathologist Receipt For: Mailing Address 4444 Giddings Rd City State Zip Code MD 21218-2895 Date of Receipt Mil 48326-1533 Amount of Each Receipt Mil 48326-1533 Amount of Each Receipt Transaction ID: SA Amount of Each Receipt Mil 48326-1533 Amount of Each Receipt Mil 48326-1533 Amount of Each Receipt Mil Aggregate Year-to-Date ▼ Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Mayam Mohammackhani Mailing Address 1000 E Primrose St Ste 300 City Springfield City State Zip Code MO 65807-5178 Date of Receipt Mil 3 1 1 8 Transaction ID: SA Amount of Each Receipt Mil 3 1 1 8 Transaction ID: SA Amount of Each Receipt Mil 3 1 1 8 Transaction ID: SA Amount of Each Receipt Mil 3 1 1 8 Transaction ID: SA Amount of Each Receipt Mil 3 1 1 8 Amount of Each Receipt Mil 48326-1533 Amount of Each Receipt Mil 48326	ang contributions such committee.
Mailing Address Cheif, Dept of Pathology 201 E University Pkwy City Baltimore MD 21218-2895 FEC ID number of contributing federal political committee. Name of Employer Outer (specify) ▼ Full Name (Last, First, Middle Initial) O Nacia Metwall, Dr. Mailing Address 4444 Giddings Rd City Auburn Hills M1 48326-1533 FEC ID number of contributing federal political committee. Name of Employer Outer (specify) ▼ Full Name (Last, First, Middle Initial) O Nacia Metwall, Dr. Mailing Address 4444 Giddings Rd City State PEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ Aggregate Year-to-Date Pathologist Aggregate Year-to-Date Transaction ID: SA Amount of Each Receipt Date of Receipt Transaction ID: SA Amount of Each Receipt Transaction ID: S	
City State Zip Code MD 21218-2895 Amount of Each Rec FEC ID number of contributing federal political committee. Name of Employer Union Memorial Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Pathologist Full Name (Last, First, Middle Initial) O Nadia Metwalli, Dr. Mailing Address 4444 Giddings Rd City State Zip Code MI 48326-1533 FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Receipt For: Primary General Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: Occupation Pathologist Amount of Each Receipt For: Occupation Pathologist	2009
Baltimore MD 21218-2895 Amount of Each Rec FEC ID number of contributing federal political committee. Name of Employer Union Memorial Hospital Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Rec Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Transaction ID: SA Amount of Each Rec Date of Receipt Date of Rec	
FEC ID number of contributing federal political committee. Name of Employer Union Memorial Hospital Receipt For: Primary General Other (specify) ▼ Indiana (Last, First, Middle Initial) O Nadia Metwalli, Dr. Mailing Address 4444 Giddings Rd City State Zip Code Alburn Hills Mills Address Pathologist FeC ID number of contributing federal political committee. Name of Employer Occupation Pathologist Receipt For: Primary General Other (specify) ▼ Indiana (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA Amount of Each Receipt Transaction ID: SA Amount of Eac	
Receipt For:	1000.00
Primary	
O Nadia Metwalli, Dr. Mailing Address 4444 Giddings Rd City State Zip Code Auburn Hills MI 48326-1533 FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Receipt For: Primary General Other (specify) ▼ City State Zip Code Admount of Each Receipt Transaction ID: SA Amount of Each Receipt For: Primary General Other (specify) ▼ City State Zip Code Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Occupation Pathologist Aggregate Year-to-Date ▼ Transaction ID: SA Transaction ID: SA Amount of Each Receipt M M M J D D D D D D D D D D D D D D D D	
Mailing Address 4444 Giddings Rd City State Zip Code Auburn Hills MI 48326-1533 FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City State Zip Code Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathologist Receipt For: Occupation Pathologist Aggregate Year-to-Date ▼ Transaction ID: SA Amount of Each Receipt M M M M M M M M M M M M M M M M M M M	
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FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City State Zip Code MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General Occupation Pathologist Receipt Transaction ID: SA Amount of Each Receipt Receipt Primary General	A11AI.32897
Name of Employer Quest Diagnostics Receipt For: Primary General Other (specify) ▼ Pathologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Aggregate Year-to-Date ▼ C C Aggregate Year-to-Date ▼ Amount of Each Receipt Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ceipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City State Zip Code Springfield MO 65807-5178 Transaction ID: SA Amount of Each Receipt Pathologys Occupation Pathologist Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City State Zip Code Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General Aggregate Year-to-Date ▼ 1000.00	
Maryam Mohammadkhani Mailing Address 1000 E Primrose St Ste 300 City State Zip Code Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General Date of Receipt M M M D D D D D D D D D D D D D D D D	
City State Zip Code Springfield MO 65807-5178 FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General O 3 18 Transaction ID: SA Amount of Each Receipt Factor Aggregate Year-to-Date ▼	
Springfield MO 65807-5178 Amount of Each Rec FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General Amount of Each Rec Amount of Each Rec Amount of Each Rec Agregate Year-to-Date ▼	2009
FEC ID number of contributing federal political committee. Name of Employer Pathology Services of Springfield Receipt For: Primary General C Occupation Pathologist Aggregate Year-to-Date	
Name of Employer Pathology Services of Springfield Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date 1000 00	ceipt this Period
Pathology Services of Springfield Receipt For: Primary General Pathologist Aggregate Year-to-Date 1000 00	1000.00
Primary General	
1 1000 00 1 1	
Other (specify)	
SUBTOTAL of Receipts This Page (optional)	2250.00

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) A. A. Edward Moscovic, Dr. Maling Address 3077 Cross Bronx Expy Apt 6K City State Zip Code Bronx NY 10465 FEC ID number of contributing federal political committee. Name of Employer and political committee. Name of Employer Qccupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Gould-Institution Maling Address Dept of Pathology 450 W II Route 22 City Barrington FEC ID number of contributing federal political committee. C State Zip Code Tansaction ID: SA11 Al. 32790 Transaction ID: SA11 Al. 327	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. A. Edward Moscovic, Dr. Mailing Address 3077 Cross Bronx Expy Apt 6K City State Zip Code Bronx NY 10465 FEC ID number of contributing federal political committee. Name of Employer undfiliated Pathologist Receipt For: Politiname (Last, First, Middle Initial) Mailing Address Dept of Pathology 450 W II Route 22 City State Zip Code Barrington II. 60010-1919 FEC ID number of contributing federal political committee. C Date of Receipt Name of Employer C Docupation Pathologist Receipt For: Politiname of Employer Good Shepherd Hosp Receipt For: Politiname of Employer C Docupation Pathologist Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Dotte (specify) ▼ Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Mailing Address S287 Poola Street City State Zip Code HI 96821 FEC ID number of contributing federal political committee. C Joseph James Navin, Dr. Mailing Address S287 Poola Street C Joseph James Navin, Dr. Mailing Address S287 Poola Street C Joseph James Navin, Dr. Mailing Address S287 Poola Street C Joseph James Navin, Dr. Mailing Address S287 Poola Street C Joseph James Navin, Dr. Mailing Address S287 Poola Street C Joseph James Navin, Dr. Mailing Address S287 Poola Street Aggregate Year-to-Date ▼ Transaction ID: SA11AI, 32950 Amount of Each Receipt this Period Pathologist Amount of Each Receipt this Period Amount of Each Receipt this Period Pathologist Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Pathologist Amount of Each Receipt this Period	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
City Bronx PEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Tariq Murad, Dr. Malling Address Barrington FEC ID number of contributing federal political committee. City Barrington FEC ID number of contributing City Barrington Full Name (Last, First, Middle Initial) M. Tariq Murad, Dr. Malling Address Dept of Pathology 450 W II Route 22 City Barrington FEC ID number of contributing federal political committee. City Barrington FEC ID number of contributing federal political committee. City Brimary General Other (specify) ▼ City City City City City City City Cit	∠ A .	A. Edward Moscovic, Dr.	v Ant GV		┥
Bronx NY 10465 FEC ID number of contributing tederal political committee. Name of Employer unaffiliated Pathologist Receipt For: Primary General Other (specify) ▼		Walling Address 5077 Closs Biolix Exp	y Api on		
FEC ID number of contributing federal political committee. Name of Employer unaffiliated Pathologist Receipt For: Primary General Occupation Pathologist Polity State Zip Code Polity General Pottical committee. Name of Employer General Occupation Pathologist Polity State Zip Code Polity State Zip Code Polity State Zip Code Polity General State S				·	
Receipt For: Primary		FEC ID number of contributing		10465	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) M. Tang Murad, Dr. Malling Address Dept of Pathology 450 W II Route 22 City Barrington IL 60010-1919 FEC ID number of contributing federal political committee. Name of Employer Good Shepherd Hosp Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Malling Address 5287 Poola Street C. Pill Name (Last, First, Middle Initial) Joseph James Navin, Dr. Malling Address 5287 Poola Street C. Pill Name (Last, First, Middle Initial) Joseph James Navin, Dr. Malling Address 5287 Poola Street C. Name of Employer Firature Contributing federal political committee. C. Name of Employer Stratub Clinic & Hosp Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Name of Employer unaffiliated			
M. Tariq Murad, Dr. Mailing Address Dept of Pathology 450 W II Route 22 City Barrington FEC ID number of contributing federal political committee. Name of Employer Ground Street City State Zip Code IL 60010-1919 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Mailing Address 5287 Poola Street City Honolulu FEC ID number of contributing federal political committee. C State Zip Code HI 96821 FEC ID number of contributing federal political committee. C State Zip Code HI 96821 FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11Al.32768 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00		Primary General	Aggregate		
City State Zip Code Barrington IL 60010-1919 FEC ID number of contributing federal political committee. Name of Employer Good Shepherd Hosp Pathologist Receipt For: Primary General Other (specify) State Zip Code Honolulu HI 96821 FEC ID number of contributing federal political committee. C. State Zip Code Pathologist Aggregate Year-to-Date V Transaction ID: SA11AI.32790 Amount of Each Receipt this Period 500.00 Date of Receipt Name of Employer State Zip Code HI 96821 FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) Primary Ge	– В.				Date of Receipt
Barrington L 60010-1919		=			
FEC ID number of contributing federal political committee. Name of Employer Good Shepherd Hosp Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Mailing Address 5287 Poola Street City State Zip Code Honolulu Hi 96821 FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		•		•	
Receipt For: Primary		FEC ID number of contributing		60010-1919	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph James Navin, Dr. Mailing Address 5287 Poola Street City State Zip Code Honolulu HI 96821 FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Name of Employer Good Shepherd Hosp			
Date of Receipt Mailing Address 5287 Poola Street City State Zip Code Honolulu HI 96821 FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.32768 Amount of Each Receipt this Period 250.00		Primary General	Aggregate		
City Honolulu FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary O3 27 2009 Transaction ID: SA11AI.32768 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date Aggregate Year-to-Date Other (specify) ▼ Aggregate Year-to-Date	- C.	,			Date of Receipt
City Honolulu FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary Other (specify) ▼ State Zip Code HI 96821 Amount of Each Receipt this Period C 250.00 Transaction ID: SA11AI.32768 Amount of Each Receipt this Period 250.00		Mailing Address 5287 Poola Street			
FEC ID number of contributing federal political committee. Name of Employer Straub Clinic & Hosp Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00		•		·	Transaction ID: SA11AI.32768
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		FEC ID number of contributing		00021	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Name of Employer Straub Clinic & Hosp			
SUBTOTAL of Receipts This Page (optional)		Primary General	, ' `	e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last. First, Middle Initial) I. Magner Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code Transaction ID: SA11A1.32809 Tallahassee FL 32308 FEC ID number of contributing federal political committee. C C Primary General Other (specify) ▼ C C City State Zip Code Transaction ID: SA11A1.32809 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) T. Lawrence Natisen, Dr. Mailing Address Laboratory City State Zip Code Austin Mn Ss912 FEC ID number of contributing federal political committee. C C Clay Austin Mn Ss912 FEC ID number of contributing federal political committee. C C Clay Austin Mn Ss912 FEC ID number of contributing federal political committee. C C Clay Austin Mcd Ctr Pathologist Recept For: Primary General Other (specify) ▼ C C Clay State Zip Code Austin Mcd Ctr Pathologist Recept For: Primary General Other (specify) ▼ C C Clay State Zip Code C C Transaction ID: SA11A1.32811 Amount of Each Receipt this Period EC C Transaction ID: SA11A1.32811 Amount of Each Receipt this Period EC C Clay State Zip Code Transaction ID: SA11A1.32811 Amount of Each Receipt this Period EC D number of contributing federal political committee. C C Clay Carp of America C C Clay Carp o	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 51 (check only one) X
College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code FL 32308 FEC 10 number of contributing federal political committee. C C		Statements may re name and addre	not be sold or used by any persons of any political committee to	
H. Margaret Neal, Dr. Mailing Address 1899 Eider Ct City State Zip Code Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer Kurb Pathologist Pathologist Primary General Other (specify) ▼ 2500.00 City State Zip Code MNN 55912 FEII Name (Last, First, Middle Initial) T. Lawrence Nelsen, Dr. Mailing Address Laboratory 1000 First Dr NW City State Zip Code MNN 55912 FEC ID number of contributing federal political committee. C Scoupation Pathologist Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Scott Pathologist Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: SA11AI.32732 Amount of Each Receipt this Period Pathologist Receipt For: Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: SA11AI.32732 Amount of Each Receipt this Period Pathologist Receipt For: Primary General Occupation Pathologist Receipt For: P		itical Action Co	ommittee	
City State Zip Code Tallahassee FL 32308 FEC ID number of contributing federal political committee. C C	H. Margaret Neal, Dr.			Date of Receipt
Tallahassee FL 32308 FEC ID number of contributing federal political committee. Name of Employer Kawar of Employer Austin Med Ctr Primary General Other (specify) ▼ Date of Receipt This Period Date of Receipt Date Primary General Other (specify) ▼ Date of Receipt Date Primary General Date of Receipt Date Primary Date of Receipt Date Primary Date of Receipt Date Date of Rece				03 30 2009
FEC ID number of contributing federal political committee. C	•		Zip Code	
Name of Employer Agregate Year-to-Date ▼ Date of Receipt	<u>Tallahassee</u>	FL	32308	Amount of Each Receipt this Period
Receipt For: Primary General Cupacity Transaction ID: SA11Al.32732 Amount of Each Receipt this Period Aggregate Year-to-Date Transaction ID: SA11Al.32811 Full Name (Last, First, Middle Initial) Transaction ID: SA11Al.32732 Austin		C		2500.00
Primary General Other (specify) ▼	Name of Employer KWB Pathology Associates		t	7
Primary General Other (specify) ▼	Receipt For:	, ' 		7
T. Lawrence Nelsen, Dr. Mailing Address Laboratory 1000 First Dr NW City Austin FEC ID number of contributing federal political committee. Name of Employer Austin Med Ctr Primary General Other (specify) ▼ City State Zip Code MN 55912 Amount of Each Receipt this Period C 250.00 Full Name (Last, First, Middle Initial) Susan Mary Olney, Dr. Mailing Address 115 Blackcherry Ln City Chapel Hill NC 27514-1613 FEC ID number of contributing federal political committee. C 250.00 Date of Receipt Transaction ID: SA11AI.32732 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.32811 Amount of Each Receipt this Period C 250.00 Transaction ID: SA11AI.32811 Amount of Each Receipt this Period C 27514-1613 FEC ID number of contributing federal political committee. Name of Employer Lab Corp of America Pathologist Receipt For: Primary General Pathologist Aggregate Year-to-Date ▼				
City State Zip Code Austin MN 55912 FEC ID number of contributing federal political committee. Name of Employer Austin Med Ctr Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan Mary Olney, Dr. Mailing Address 115 Blackcherry Ln City State Zip Code Chapel Hill NC 27514-1613 FEC ID number of contributing federal political committee. C 350.00 Date of Receipt Transaction ID: SA11Al.32732 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.32811 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.32811 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00	,	•		Date of Receipt
Austin MN 55912 FEC ID number of contributing federal political committee. Name of Employer Austin Med Ctr Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan Mary Olney, Dr. Mailing Address 115 Blackcherry Ln City State Zip Code NC 27514-1613 FEC ID number of contributing federal political committee. Name of Employer Lab Corp of America Name of Employer Coccupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Coccupation Pathologist Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt M 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 Austin Med Ctr	City		Zip Code	Transaction ID: SA11Al.32732
Name of Employer Austin Med Ctr	Austin	MN	55912	Amount of Each Receipt this Period
Receipt For:	FEC ID number of contributing federal political committee.	C		250.00
Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Susan Mary Olney, Dr. Mailing Address 115 Blackcherry Ln City State Zip Code Chapel Hill NC 27514-1613 FEC ID number of contributing federal political committee. Name of Employer Lab Corp of America Receipt For: Primary General 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	Name of Employer Austin Med Ctr		t	7
Susan Mary Olney, Dr. Mailing Address 115 Blackcherry Ln City State Zip Code Chapel Hill NC 27514-1613 FEC ID number of contributing federal political committee. Name of Employer Lab Corp of 'America Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate Y		
City State Zip Code Transaction ID: SA11AI.32811 Chapel Hill NC 27514-1613 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Lab Corp of America Receipt For: Primary General O 3 27 2009 Transaction ID: SA11AI.32811 Amount of Each Receipt this Period 250.00				Date of Receipt
Chapel Hill NC 27514-1613 Amount of Each Receipt this Period EC Name of Employer Lab Corp of America Receipt For: Primary General Amount of Each Receipt this Period 250.00 Agreed this Period Agree and Pathologist Aggregate Year-to-Date 250.00	Mailing Address 115 Blackcherry Ln			
FEC ID number of contributing federal political committee. Name of Employer Lab Corp of America Receipt For: Primary General C 250.00			Zip Code	Transaction ID: SA11AI.32811
rederal political committee. Name of Employer Lab Corp of America Receipt For: Primary General Occupation Pathologist Aggregate Year-to-Date 250.00	Chapel Hill	NC	27514-1613	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 750.00		C		250.00
Primary General 350,00	Name of Employer Lab Corp of America		t	
Other (specify)	Primary General	Aggregate Y		1
	Utilei (specily) ▼		0 0 0 0 0 0	1

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	actomosto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 51 (check only one) X 11a
or for	nformation copied from such Reports and Strommercial purposes, other than using the AME OF COMMITTEE (In Full) college of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. CMM Ci M FE fe Ni M M	ull Name (Last, First, Middle Initial) Tushar Padhya, Dr. lailing Address 1008 Boxwood Dr ity funster EC ID number of contributing deral political committee. ame of Employer lethodist Hosp eceipt For: Primary Other (specify)	State IN C Occupatio Patholog Aggregate		Date of Receipt M M M O D D O D O D O D O D O D O D O D
B. <u>w</u> M Ci B FE fe	ull Name (Last, First, Middle Initial) /. Charles Panchari, Dr. ailing Address 2641 Eden Place ity everly Hills EC ID number of contributing ideral political committee. ame of Employer /hittier Hosp Medical Ctr. eceipt For: Primary General Other (specify)	State CA C Occupatio Patholog Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. AI M Ci A FE fe V U U	ull Name (Last, First, Middle Initial) llen Jodi Parks, Dr. lailing Address 340 Great Lakes Cir W	State IN C Occupation Patholog	Zip Code 46123-3786	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUB	BTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/51 (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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) A Judith Pester, Dr.			Date of Receipt
Mailing Address 1625 Medical Center	er St		03 12 2009
City El Paso	State TX	Zip Code 79902-5005	Transaction ID: SA11AI.32916 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Sierra Laboratory Associa- tes	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Alexander Pliskin			Date of Receipt
Mailing Address 24068 Depew Ave			03 18 2009
City Douglaston	State NY	Zip Code 11363-1611	Transaction ID: SA11AI.32899 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11303-1011	250.00
Name of Employer Quest Diagnostics Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ , ' 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E. Glenn Ramsey, Dr.			Date of Receipt
Mailing Address Blood Bank, Feinber 251 E Huron St	erg 7-301		03 05 7 9 9 9
City Chicago	State IL	Zip Code 60611-2908	Transaction ID: SA11AI.32869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00011 2000	250.00
Name of Employer Northwestern Mem Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	.0		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 27 / 51 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	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) Anwar Zarina Rasheed, Dr. Mailing Address Pathology Dept 306 Stanaford Rd City	State	Zip Code	Date of Receipt 0 3 2 6 2 0 0 9 Transaction ID: SA11AI.32739
Beckley FEC ID number of contributing federal political committee.	WV C	25801-3142	Amount of Each Receipt this Period 1000.00
Name of Employer Beckley Appalachian Regional Hospital Receipt For: Primary General Other (specify) ▼	Occupatio Patholog Aggregate		
Full Name (Last, First, Middle Initial) A. James Robb, Dr. Mailing Address 11613 Kensington C	Dt .		Date of Receipt 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.33052
Boca Raton FEC ID number of contributing federal political committee.	C	33428-2415	Amount of Each Receipt this Period 1000.00
Name of Employer unaffiliated	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr.			Date of Receipt
Mailing Address Department of Path DUMC-3712	ology		03 / 17 / 2009
City Durham	State NC	Zip Code 27710-0001	Transaction ID: SA11AI.32774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27710 0001	1000.00
Name of Employer Duke Univ Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional))	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 51 (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)			on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) C Michael Royer, Dr.			Date of Receipt
Mailing Address 306 12th St NE			03 18 2009
City	State	Zip Code	Transaction ID: SA11AI.33026
Washington	DC	20002-6320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Walter Reed Army Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gerard Stephen Ruby, Dr.			Date of Receipt
Mailing Address 8 Todor Ct			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.32728
Burr Ridge	<u>IL</u>	60527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Palos Community Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) W Susan Rusch, Dr.			Date of Receipt
Mailing Address WFHC 5000 W Chambers St			03 12 7 9 9
City	State	Zip Code	Transaction ID: SA11AI.32932
Milwaukee	WI	53210-1650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St Josephs Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	I	·····	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29/51 (check only one)
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may sing 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 Pathologis	ts Political Action (Committee	
Full Name (Last, First, Middle Initial) O. Reinhardt Sahmel, Dr.			Date of Receipt
Mailing Address Department of F 219 South Wasl			03 24 2009
City Easton	State MD	Zip Code 21601	Transaction ID: SA11AI.32841
FEC ID number of contributing federal political committee.	C	21001	Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hosp at Easton	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) M Marguerite Salam, Dr.	L		Date of Receipt
Mailing Address 721 Greens			03 17 2009
City Dallas	State PA	Zip Code 18612	Transaction ID: SA11AI.32911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10012	1000.00
Name of Employer Sacred Heart Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Suash Sharma			Date of Receipt
Mailing Address Dept of Patholo 1120 15th St	gy, BAE 2575		03 26 7 2009
City Augusta	State GA	Zip Code 30912	Transaction ID: SA11AI.32831
FEC ID number of contributing federal political committee.	C	30912	Amount of Each Receipt this Period 500.00
Name of Employer Med College of Georgia	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opt	tional)	__	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 51 (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) College of American Pathologists P	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr. Mailing Address 1500 E Sherman Bl City Muskegon FEC ID number of contributing federal political committee. Name of Employer Mercy General Health Partners	State Zip Code MI 49444-1849 C Occupation Pathologist	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
W. David Smith, Dr. Mailing Address 3 Santa Clara Cour City San Rafael FEC ID number of contributing federal political committee. Name of Employer Kaiser Foundation Hosp	State Zip Code CA 94903-3729 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M Gregory Smith, Dr. Mailing Address 712 S Cascade St City Fergus Falls FEC ID number of contributing federal political committee.	State Zip Code MN 56537-2913	Date of Receipt M M M
Name of Employer Lake Region Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	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 31 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any person 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) B Jeffrey Smith, Dr. Mailing Address 1395 S Pinellas Av	enue	Date of Receipt
City	State Zip Code	0 3 2 4 2 0 0 9 Transaction ID: SA11AI.32798
Tarpon Springs FEC ID number of contributing federal political committee.	FL 34689-9907	Amount of Each Receipt this Period 500.00
Name of Employer Helen Ellis Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) G Roderick Snow, Dr. Mailing Address Med Specialty Lab		Date of Receipt
Dept of Path City San Francisco FEC ID number of contributing	State Zip Code CA 94133-4851	Transaction ID: SA11AI.32756 Amount of Each Receipt this Period
federal political committee. Name of Employer Chinese Hosp	Occupation Dethologist	250.00
Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Eli Sonkin, Dr.	I	Date of Receipt
Mailing Address 5000 W Oakland P		03 / 13 / 2009
City Lauderdale Lakes	State Zip Code FL 33313	Transaction ID: SA11AI.32785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any person	FOR LINE NUMBER: PAGE 32 / 51 (check only one) X
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) College of American Pathologists Politic	name and add	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Rahima Spanta Mailing Address 4537 Walden Dr			Date of Receipt
				03 27 2009
	City Bloomfield	State MI	Zip Code 48301-1150	Transaction ID: SA11AI.32871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	700011100	250.00
	Name of Employer Oakwood Southshore Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
- В.	Full Name (Last, First, Middle Initial) S. Charles Stevens, Dr.			Date of Receipt
	Mailing Address 1122 Austin Hwy			03 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.32922
	San Antonio FEC ID number of contributing federal political committee.	C	78209-4844	Amount of Each Receipt this Period 500.00
	Name of Employer South Texas Dermatopathol- ogy Lab	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
- С.	Full Name (Last, First, Middle Initial) Ann Sue Strayer, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 1800 E Lake Shore Dr			03 05 2009
	City	State	Zip Code	Transaction ID: SA11AI.32940
	Decatur	<u>IL</u>	62521-3810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St Mary's Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
College of Afficial Fathologists Folit	ical Action Committee	
Full Name (Last, First, Middle Initial) S Mark Synovec, Dr.		Date of Receipt
Mailing Address Laboratory 1500 SW 10th Street		0 3 0 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.32950
<u>Topeka</u>	KS 66606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) V Krishnarao Tangella, Dr.	l	Date of Receipt
Mailing Address Dept of Path 1400 W Park St		03 18 2009
City	State Zip Code	Transaction ID: SA11AI.32890
<u>Urbana</u>	IL 61801-2334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Provena Covenant Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A Mark Van Gorder, Dr.		Date of Receipt
Mailing Address 1451 S Indiana Ave		03 23 2009
City	State Zip Code	Transaction ID: SA11AI.32928
Chicago	IL 60605-2834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St James Hosp and Hith Ct- rs	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

ITEMIZED RE			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial pur NAME OF COMM	poses, other than using the nar	me and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F E Keith Volmar, Dr. Mailing Address	First, Middle Initial) Rex Pathology Associates	S		Date of Receipt
City	Pathology Laboratory	State	Zip Code	03 16 2009
City <u>Raleigh</u>		NC	27607-7505	Transaction ID: SA11AI.32905 Amount of Each Receipt this Period
FEC ID number of federal political co		C		1000.00
Name of Employe Rex Healthcare		Occupation Pathologi	st	
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, F Stephen Christophe Mailing Address	er Ward, Dr. Department Of Pathology			Date of Receipt
City	One Gustave L Levy Plac	e State	Zip Code	03 12 2009
New York		NY	10029-6500	Transaction ID: SA11AI.32857 Amount of Each Receipt this Period
FEC ID number of federal political co		С	1 1 1 1 1	250.00
Name of Employe Mt. Sinai School of ine Receipt For:	f Modio	Occupation Pathologi Aggregate		
Primary Other (spec	General fy) ▼		250.00	
Full Name (Last, F E. Nancy Warner, I Mailing Address				Date of Receipt 0 3 2 4 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.33020
<u>Pasadena</u>		CA	91105-2330	Amount of Each Receipt this Period
FEC ID number of federal political co		С		500.00
Name of Employe USC Norris Canc	er Hosp	Occupation Pathologi	st	
Receipt For: Primary Other (spec	General fy) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Rece	eipts This Page (optional)			1750.00
TOTAL This Period	(last page this line number only	v)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 51 (check only one) 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 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) M. Thomas Wheeler, Dr. Mailing Address Department of Path One Baylor Plaza	ology	Date of Receipt 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.32737
<u>Houston</u>	TX 77030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baylor College of Medicine	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.		Date of Receipt
Mailing Address Dept of Path 606 22Nd Ave S		03 25 2009
City Meridian	State Zip Code MS 39301-6116	Transaction ID: SA11AI.32773
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Tissue Cytology Grp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Lawrence Jeffrey Winters, Dr.		Date of Receipt
Mailing Address Div of Transfusion I 200 First St SW	Med	03 / 26 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.32829
Rochester FEC ID number of contributing federal political committee.	MN 55905	Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Pathologist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	1500.00
TOTAL This Period (last page this line num)	oor only)	45408.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 51						
ITEMIZED DISBURSEMENTS	for each category of the	(check only		₂₅ I				
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 280	\vdash	25 29	26 30b	
Any Information copied from such Reports and Statem								
or for commercial purposes, other than using the name	and address of any political c	committee to soli	cit contributions	from such	commi	ttee		
NAME OF COMMITTEE (In Full) College of American Pothelogista Political	Action Committee							
College of American Pathologists Political	Action Committee							
Full Name (Last, First, Middle Initial)			Transaction I	D : SB21	B.331	17		
None PathPAC POLITICAL EDUCATION F	TU		Date of Disbur					
Mailing Address NONE			03 /	24	ž) Ó 9	Y	
City	State Zip Code		Amount of Eac	ch Disburs	ement t	his P	eriod	
	IL 60093				70	0.00		
Purpose of Disbursement Transfer to Soft Dollars		, ,			70	0.00		
Candidate Name		Category/						
		Туре						
Office Sought: House Disburse Senate	ment For: Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)			Transaction I	_	B.331	31		
Sun Trust Bank			Date of Disbu		v v	V -	V	
Mailing Address P.O. Box 85024			0"3 " /	0 2 /	20	ó 9		
City	State Zip Code		Amount of Eac	ch Dishurs	ement t	his P	eriod	
	VA 23285		Amount of Lac	on Disburs			SHOO	
Purpose of Disbursement					5	8.00		
Bank Charges Amex Candidate Name		Category/						
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Office Sought: House Disburse								
Senate President	Primary General Other (specify) ▼							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)			Transaction I	D : SB21	B.331	29		
Sun Trust Bank			Date of Disbu				_	
Mailing Address P.O. Box 85024			03 /	03/	žč	ó 9	Y	
	State Zip Code VA 23285		Amount of Eac	ch Disburs	ement t	his P	eriod	
Purpose of Disbursement	VA 23203				25	0.44		
Bank Charges Moneris ACH								
Candidate Name		Category/ Type						
Office Sought: House Disburse	ment For:	Турс						
Senate	Primary General							
President State: District:	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional) .		<u></u>	<u> </u>		100	8.44		
TOTAL This Period (last page this line number only)								

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 22
	Detailed Guillinary Fage	27	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) College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			
Sun Trust Bank			Transaction ID: SB21B.33132 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}^{Y}$
	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Amex			4.35
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.33130 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 9 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Acct Analysis Fee			50.50
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: SB21B.33133 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix} $
	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Amex			37.06
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (ontional)			91.91

TOTAL This Period (last page this line number only)

CHEDULE B (FEC Form 3X)		ate schedule(s)		OR LINI			R:		PA	GE 38/	51	_
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ny Information copied from such Reports and State												
r for commercial purposes, other than using the nar	ne and address	s or any political o	COMMIN	liee to s	Olicit	COLILLI	DULIONS II	OIII	Sucri C	ommittee		
NAME OF COMMITTEE (In Full) College of American Pathologists Politica	l Action Con	nmittee										
Full Name (Last, First, Middle Initial) Sun Trust Bank							ction ID			3.33128		
Mailing Address P.O. Box 85024					1	0 ^M 3 M	/ D	23	/ Y	žoŏ	9 ^Y	
City	State	Zip Code			-	Amoun	t of Each	n Dis	burser	ment this	Perio	
Richmond	VA	23285				-	-			050.0		
Purpose of Disbursement Refund Paul Hartel			-	-				0		250.0	ΙŪ	
Candidate Name			Cate									
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spec	General										
Full Name (Last, First, Middle Initial)					+_				D045			_
Sun Trust Bank						Date of	Disburs	eme		3.33134	V	
Mailing Address P.O. Box 85024						0 3	7 2	23	/ _	žoŏ	9 '	
City Richmond	State VA	Zip Code 23285			1	Amoun	t of Each	n Dis	burser	ment this	Perio	od
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Bank Charges Amex Candidate Name			Cate									
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spec	General	, y	ρe								
Full Name (Last, First, Middle Initial) Sun Trust Bank							ction ID			3.33135		
Mailing Address P.O. Box 85024						0 ^M 3 M	/ D	2 4	/ Y	žoŏ	9 ^Y	
City	State	Zip Code			-	Amoun	t of Each	n Dis	burser	ment this	Perio	od
Richmond	VA	23285			- 1		•		•	4.4	l.R	
Purpose of Disbursement Bank Charges Amex			,			-		-		7.4		_
Candidate Name			Cate									
Office Sought: House Disburs Senate President State: District:	Primary Other (spec	General ify) ▼										
SUBTOTAL of Disbursements This Page (optional)			<u> </u>						290.7	3	
FOTAL This Period (last page this line number only	/)											
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	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)	and dadress of any pointed		
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.33136
Sun Trust Bank			Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Amex			60.90
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.33137 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 3 & O \\ O & 3 & O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement	10200		76.85
Bank Charges Amex Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Турс	
Full Name (Last, First, Middle Initial)			Turning attention ID CD04D 00400
Sun Trust Bank			Transaction ID: SB21B.33138 Date of Disbursement
Mailing Address P.O. Box 85024			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 3 & O \\ O & 3 & O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & O \end{smallmatrix} \end{bmatrix}^Y $
City Richmond	State Zip Code VA 23285		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Amex			39.15
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	21: -	
State: District:	- · · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional)		>	176.90

TOTAL This Period (last page this line number only)

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	-EC Form 3X)	Use sepa	rate schedule(s)	FOR LINE	
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					or the purpose of soliciting contributions icit contributions from such committee
NAME OF COMMITT					
Full Name (Last, First ALLYSON SCHW/	, Middle Initial) ARTZ FOR CONGRESS	3			Transaction ID: SB23.33075 Date of Disbursement
Mailing Address 3	88 Ivy Street, SE				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & Q & 9 \end{bmatrix}$
City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period
Purpose of Disbursem	nent				1000.00
Candidate Name				Category/ Type	
	Senate X President	ement For: Primary Other (spec	2010 General		
State: PA Dis	strict: 13 , Middle Initial)				Transaction ID: SB23.33076
BECERRA FOR C	ONGRESS				Date of Disbursement
Mailing Address F	P.O. Box 116				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{bmatrix}^{Y} $
City Hyattsville,		State MD	Zip Code 20781-0116		Amount of Each Disbursement this Perio
Purpose of Disbursen	nent				5000.00
Candidate Name				Category/ Type	
		ement For: Primary Other (spe	2010 General cify)		
State: CA Dis	strict: 31 Middle Initial)				Transaction ID: CD00 00070
,	ION COMMITTEE INC				Transaction ID: SB23.33078 Date of Disbursement
RENNETT ELECT					
Mailing Address 1	75 SOUTH WEST TEM SUITE 650	1PLE			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
Mailing Address 1		State UT	Zip Code 84101		Amount of Each Disbursement this Perio
Mailing Address 1 City	SUITE 650	State			
Mailing Address 1 S City SALT LAKE CITY	SUITE 650	State		Category/ Type	Amount of Each Disbursement this Period
Mailing Address 1 S City SALT LAKE CITY Purpose of Disbursen Candidate Name Office Sought:	House Disburse Senate X President	State	2010 General		Amount of Each Disbursement this Period
Mailing Address City SALT LAKE CITY Purpose of Disbursen Candidate Name Office Sought:	House Disburse Senate Disburse	State UT ement For: Primary	2010 General		Amount of Each Disbursement this Period

		Use separate schedule(s		(check on	= NUMBE ly one)			. , , , ,	41/5	' 1
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28k	<u> </u>	24 28c	25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam									
\setminus	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	College of American Pathologists Political	Action Committee								
•	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMIT	ITEE			Date o	action I	rsemen	t		
	Mailing Address 236 Massachusetts Ave. Suite 508	, NE			0,3	M / [13	Y	ž 0 ŏ 9	Y
	City Washington	State Zip Code DC 20002			Amou	nt of Ea	ch Disb	urseme	nt this F	eriod
	Purpose of Disbursement				L.			5	000.00)
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	CHARLES BOUSTANY JR. FOR CONGR	ESS			Date o	of Disbu	rsemen			V
	Mailing Address Post Office Box 80126				0 ³	M / [13	Y 2	ž 0 ŏ 9	Y
	City Lafayette	State Zip Code LA 70598			Amou	nt of Ea	ch Disb	urseme	nt this F	eriod
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	Mailing Address 9340 Fuerte Drive Suite	302			0 ³ 3	M / [13	Y 2	ž o ŏ 9	Y
	City La Mesa	State Zip Code CA 91941			Amou	nt of Ea	ch Disb	urseme	nt this F	eriod
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	State: CA District: 52									

		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 51 (check only one)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	for commercial purposes, other than using the nam		any person for the purpose of soliciting contributions imittee to solicit contributions from such committee
$ \rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee	
	Full Name (Last, First, Middle Initial) EVAN BAYH COMMITTEE		Transaction ID: SB23.33087 Date of Disbursement
	Mailing Address 1070 THOMAS JEFFER SUITE 202		03
	City WASHINGTON	State Zip Code DC 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement		1000.00
	Candidate Name		ategory/ Type
	X Senate X President	Primary Quite General Other (specify)	
	State: IN District: 00 Full Name (Last, First, Middle Initial) FARM PAC		Transaction ID: SB23.33118 Date of Disbursement
	Mailing Address 675 N Washington St Suite 410		03 0 7 2 0 0 9
	City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement		1000.00
	Candidate Name	1	ategory/ Type
	Office Sought: House Disburse Senate President State: District:	ement For: 2009 Primary X General Other (specify)	
	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO		Transaction ID: SB23.33089 Date of Disbursement
	Mailing Address 406 Virginia Avenue		03
	City Alexandria	State Zip Code VA 22302	Amount of Each Disbursement this Period
	Purpose of Disbursement		5000.00
	Candidate Name	7	ategory/ Type
		ment For: 2012 Primary General Other (specify)	
	2.55		

Any Information copied from such Reports and State or for commercial purposes, other than using the new NAME OF COMMITTEE (In Full) College of American Pathologists Political Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 426 C STREET, NE City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET NO SUITE 700	Detailed S atements may not ame and address	s of any political		
or for commercial purposes, other than using the normal process. NAME OF COMMITTEE (In Full) College of American Pathologists Politic Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 426 C STREET, NE City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N	ame and address	s of any political		
NAME OF COMMITTEE (In Full) College of American Pathologists Politic Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 426 C STREET, NE City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N				
FRIENDS OF SHERROD BROWN Mailing Address 426 C STREET, NE City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N				
City WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N				Transaction ID: SB23.33090 Date of Disbursement
WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N				03
Candidate Name Office Sought: House X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N	State DC	Zip Code 20002		Amount of Each Disbursement this Perio
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X Senate President State: OH District: 00 Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N			Category/ Type	
Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N	ursement For: X Primary Other (spec	2012 General cify)		
GEOFF DAVIS FOR CONGRESS Mailing Address 700 12TH STREET N				
				Transaction ID: SB23.33083 Date of Disbursement
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City ATLANTA	State GA	Zip Code 30325		Amount of Each Disbursement this Perio
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Candidate Name			Category/ Type	
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<u>v </u>	Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS					Date	of Dis		SB2	23.330)95	
	Mailing Address P.O. Box 1441					0 ^M 3	M /	1	3 /	Y 2	Ó 0 Ó 9	Y
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ITEM	•		arate schedule(s)	FOR LINE	
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	pose of Disbursement				1000.00
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	ce Sought: House X Senate President e: MD District: 00	Disbursement For: X Primary Other (spe	2010 General ecify)		
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Maili	ing Address P.O. BOX 368				$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&1&0\\1&3&\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&Y&0&0&9\\2&0&0&9\end{smallmatrix}$
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AI	ND ECONOMIC GROWT	Н	Transaction ID: SB23.33101 Date of Disbursement O 3
Mailing Address 7804 Evening Lane			10 2000
City Alexandria	State Zip Code VA 22306		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Candidate Name		Catagory	3000.00
	rsement For: 5000	Category/ Type	
Senate President	Primary X General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS			Transaction ID: SB23.33103 Date of Disbursement
Mailing Address PO Box 38585			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & P \\ I & I & O & O & I \end{bmatrix} $
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Full Name (Last, First, Middle Initial) Pomeroy For Congress			Transaction ID: SB23.33104 Date of Disbursement
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City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Peric
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NAME OF COMMITTEE (In Full)			
College of American Pathologists Politic	al Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.33126
SOUTH DAKOTA FIRST PAC			Date of Disbursement
Mailing Address 122 MARYLAND AVE	IUE, NE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D \\ D & 1 \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \end{bmatrix} \ \ \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} Y \\ D \end{smallmatrix} } \ \ \underbrace{\end{smallmatrix} } \ \underbrace{\end{smallmatrix} } \ \underbrace{\end{smallmatrix} } \ \underbrace{\begin{smallmatrix} \mathsf$
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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Senate	Primary X General		
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Full Name (Last, First, Middle Initial)			Transaction ID: SB23.33109
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Washington Purpose of Disbursement	DC 20004		5000.00
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President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.33146
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Mailing Address P.O. Box 2776			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
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