

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 06 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	332057.09									
(c) Total Receipts (from Line 19) .....	48676.00	125789.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	380733.09	513196.60								
7. Total Disbursements (from Line 31) .....	5077.62	137541.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	375655.47	375655.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	33595.00	91185.00
(ii) Unitemized .....	15081.00	34604.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	48676.00	125789.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	48676.00	125789.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48676.00	125789.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48676.00	125789.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	77.62	1350.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.62	1350.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	136190.78
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5077.62	137541.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5077.62	137541.13

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	48676.00	125789.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48676.00	125789.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.62	1350.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	77.62	1350.35

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jon Jared Abbott, Dr.

Mailing Address 305 41st St

City State Zip Code  
West Des Moines IA 50265

FEC ID number of contributing federal political committee. C

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** SA11AI.36935

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
F. Paul Atkinson, Dr.

Mailing Address 3300 Buckeye Rd Ste 178

City State Zip Code  
Atlanta GA 30341-4232

FEC ID number of contributing federal political committee. C

Name of Employer Pathology & Laboratory Medicine, P.C. Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** SA11AI.37023

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Bannister

Mailing Address 6339 Riverview Ln

City State Zip Code  
Dallas TX 75248-2841

FEC ID number of contributing federal political committee. C

Name of Employer Baylor Med Ctr @ Garland Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.36875

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) G. Ronald Bardawil, Dr.	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address Department of Pathology 275 Sandwich Street	<b>Transaction ID:</b> SA11AI.36938
	City State Zip Code Plymouth MA 02360	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jordan Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A. Edward Barker, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 13751 Lake City Way NE	<b>Transaction ID:</b> SA11AI.36976
	City State Zip Code Seattle WA 98125	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical Lab Associates Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) G Ghassan Bassil, Dr.	Date of Receipt MM / DD / YYYY 05 / 04 / 2010
	Mailing Address 2 Herrman Way	<b>Transaction ID:</b> SA11AI.37064
	City State Zip Code Towaco NJ 07082-1500	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Mary's Hospital Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	995.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Bjorn Jiri Bedrnicek, Dr.

Mailing Address The Pathology Ctr  
8303 Dodge St

City State Zip Code  
Omaha NE 68114-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.36992

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
D. Norman Bell, Dr.

Mailing Address PO Box 242752

City State Zip Code  
Montgomery AL 36124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baptist Medical Ctr-East Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.36873

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
M Ian Birkett, Dr.

Mailing Address 1 St Vincent Cir #160

City State Zip Code  
Little Rock AR 72205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arkansas Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.36864

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address Department of Pathology 172 4th Street SE	<b>Transaction ID:</b> SA11AI.36930
	City State Zip Code Huron SD 57350	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Huron Regional Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) L. David Booker, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address Department of Pathology 2260 Wrightsboro Rd.	<b>Transaction ID:</b> SA11AI.36869
	City State Zip Code Augusta GA 30904	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation St. Joseph Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) A. David Brinker, Dr.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address Department of Pathology 7601 Osler Dr	<b>Transaction ID:</b> SA11AI.37057
	City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation St. Joseph Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
F. Bruce Brown, Dr.

Mailing Address Dept of Pathology  
4401 Harrison Blvd

City State Zip Code  
Ogden UT 84403-3195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McKay Dee Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.36974

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
H. John Burgess, Dr.

Mailing Address Dept of Lab  
335 Glessner Ave

City State Zip Code  
Mansfield OH 44903-2269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedCentral Health System Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.36981

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
H George Cannon, Dr.

Mailing Address Dept Of Path  
5121 Cottonwood St

City State Zip Code  
Murray UT 84107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Utah Pathology Services Inc Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.37108

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.		Date of Receipt		
	Mailing Address Department of Pathology 206 E. Brown Street		M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 1 0		
	City East Stroudsburg	State PA	Zip Code 18301	<b>Transaction ID:</b> SA11AI.37033	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Pocono Med Ctr	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) D. Timothy Chapman, Dr.		Date of Receipt		
	Mailing Address 100 Hospital Dr		M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 1 0		
	City Bennington	State VT	Zip Code 05201-5004	<b>Transaction ID:</b> SA11AI.37052	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00		
	Name of Employer Southwestern Vermont Med Ctr	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) F. Robert Cheek, Dr.		Date of Receipt		
	Mailing Address Dept of Pathology 200 Portland St		M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 1 0		
	City Columbia	State MO	Zip Code 65201	<b>Transaction ID:</b> SA11AI.36884	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
E. Robert Connor, Dr.  
Mailing Address 9737 Great Hills Trl Ste 100

City State Zip Code  
Austin TX 78759-6449

FEC ID number of contributing federal political committee. **C**

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
05 / 04 / 2010  
Transaction ID: SA11AI.37129  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Thomas Cooper, Dr.  
Mailing Address 5620 East El Parque Street

City State Zip Code  
Long Beach CA 90815-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
05 / 24 / 2010  
Transaction ID: SA11AI.36891  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
E Russell Dodds, Dr.  
Mailing Address 404 E Calhoun St

City State Zip Code  
Anderson SC 29621-5803

FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Pathology Associates Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
05 / 24 / 2010  
Transaction ID: SA11AI.37031  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
F Michael Doyle, Dr.

Mailing Address 1320 Mercy Dr Nw

City State Zip Code  
Canton OH 44708-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mercy Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.36990

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Rosana Eisenberg

Mailing Address Department of Pathology  
MCN C-2310A

City State Zip Code  
Nashville TN 37232-0011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vanderbilt University Medical Center Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.37116

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
P. Kevaghn Fair, Dr.

Mailing Address 733 Boush St Ste 200

City State Zip Code  
Norfolk VA 23510-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dominion Pathology Laboratories Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

Transaction ID: SA11AI.36915

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
G. Kenneth Flanagan, Dr.

Mailing Address Clinical Lab  
1003 Willow Creek Road

City State Zip Code  
Prescott AZ 86301-1645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yavapai Regional Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** SA11AI.37127

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Lee Wayne Garrett, Dr.

Mailing Address 96 Museum Way

City State Zip Code  
San Francisco CA 94114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Doctors Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.37120

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
A Stephen Gill, Dr.

Mailing Address South Texas Pathology Associates  
7700 Floyd Curl Dr

City State Zip Code  
San Antonio TX 78229-3902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.36994

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
R. Richard Gomez, Dr.

Mailing Address Laboratory  
1700 SW 7th St

City State Zip Code  
Topeka KS 66606-2489

FEC ID number of contributing federal political committee. **C**

Name of Employer St Francis Hlth Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

Transaction ID: SA11AI.37055

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Joseph Goswitz, Dr.

Mailing Address 311 Woodlawn Avenue

City State Zip Code  
St. Paul MN 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.36987

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Albert Mark Grathwohl, Dr.

Mailing Address 6 Livery Lane

City State Zip Code  
North Salem NY 10560

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11AI.37015

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) B Robert Hall, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 125 W White Oak Way	<b>Transaction ID:</b> SA11AI.36872
	City State Zip Code Meguon WI 53092-6244	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Aurora St Luke's Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A Lauren Hammock, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 2020 Dogwood Dr	<b>Transaction ID:</b> SA11AI.37027
	City State Zip Code Eugene OR 97405-4423	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pathology Consultants PC Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) C. Randall Hastedt, Dr.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 8144 Linden Leaf Circle	<b>Transaction ID:</b> SA11AI.37001
	City State Zip Code Columbus OH 43235-4617	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mount Carmel St. Ann's Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
N. Gene Herbek, Dr.

Mailing Address Pathology Department  
2720 Stone Park Blvd.

City State Zip Code  
Sioux City IA 51104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Luke's Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.36995

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Xin Jing

Mailing Address Dept. Of Pathology  
1500 E Medical Center Dr

City State Zip Code  
Ann Arbor MI 48109-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of MI Hosps & Hlth Ctrs Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.37098

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Allen Michael Jones, Dr.

Mailing Address Department of Pathology  
22 Bramhall St

City State Zip Code  
Portland ME 04102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maine Medical Center Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.36968

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 975.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Carmen Julius, Dr.		Date of Receipt MM / DD / YYYY 05 / 12 / 2010		
	Mailing Address 1044 Belmont Ave		<b>Transaction ID:</b> SA11AI.37053		
	City Youngstown	State OH	Zip Code 44504-1096	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Elizabeth Health Ctr	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) C. Lawrence Kenyon, Dr.		Date of Receipt MM / DD / YYYY 05 / 27 / 2010		
	Mailing Address 280 Main Bldg 132 S 10th St		<b>Transaction ID:</b> SA11AI.37083		
	City Philadelphia	State PA	Zip Code 19107	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Thomas Jefferson Univ Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Kathryn Knight, Dr.		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 208 S Goose Hill Rd		<b>Transaction ID:</b> SA11AI.36868		
	City Rocky Face	State GA	Zip Code 30740	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
C. Lynn Koenemann, Dr.  
Mailing Address 902 5th Ave E

City Tuscaloosa State AL Zip Code 35401-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Aladermpath Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11AI.36859  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Samuel Kremen  
Mailing Address Department of Pathology  
7300 Medical Center Drive

City West Hills State CA Zip Code 91307-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer West Hills Hosp & Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11AI.37121  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
A. John Laczin, Dr.  
Mailing Address 1950 Mulsanne Drive

City Zionsville State IN Zip Code 46077

FEC ID number of contributing federal political committee. **C**

Name of Employer Covance Central Lab Svcs, Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11AI.36900  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
C Tita Lamm, Dr.

Mailing Address 900 Wellston Ct

City State Zip Code  
Glen Allen VA 23059-2615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bostwick Laboratories Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.36883

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
L. Rosanna Lapham, Dr.

Mailing Address 101 East Wood Street

City State Zip Code  
Spartanburg SC 29303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Spartanburg Pathology Associates, PA Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2010

**Transaction ID:** SA11AI.36888

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Rodolfo Laucirica

Mailing Address Dept Of Pathology  
1 Baylor Plz

City State Zip Code  
Houston TX 77030-3498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baylor College of Medicine Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** SA11AI.36874

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
A Patrick Leoni, Dr.  
Mailing Address 1437 Denmark St  
City State Zip Code  
Sonoma CA 95476-9607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Sutter Solano Laboratory Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 25 / 2010  
Transaction ID: SA11AI.37079  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
B Ronald Lepoff, Dr.  
Mailing Address UCH Clinical Lab, Mailstop A022  
12401 East 17th Ave, Rm 292  
City State Zip Code  
Aurora CO 80045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Univ of Colorado Hosp Authority Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.37096  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
A Barbara Lines, Dr.  
Mailing Address Path Dept  
17200 St Luke's Way  
City State Zip Code  
Houston TX 77384  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St Luke's Lakeside Hospital Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.37062  
Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Claire Susan Loeffel, Dr.

Mailing Address Dept of Path  
715 N Saint Joseph Ave

City State Zip Code  
Hastings NE 68901-4451

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Lanning Memorial Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.36969

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Baird Julie Lott, Dr.

Mailing Address 3300 Buckeye Rd Ste 178

City State Zip Code  
Atlanta GA 30341-4232

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology & Laboratory Medicine, P.C. Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11AI.37024

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lincoln Luk

Mailing Address Pathology Department  
555 E Hardy St

City State Zip Code  
Inglewood CA 90301-4073

FEC ID number of contributing federal political committee. **C**

Name of Employer Centinela Hospital Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.36890

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Vildan Manzo		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
Mailing Address 26 Marlboro Rd		<b>Transaction ID:</b> SA11AI.37016
City State Zip Code Hewitt NJ 07421-2412	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northern Westchester Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) H Richard Marshall, Dr.		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
Mailing Address Dept Of Path 1401 Foucher St		<b>Transaction ID:</b> SA11AI.37084
City State Zip Code New Orleans LA 70115-3515	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Touro Infirmary	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address Department of Pathology 2900 N Lake Shore Dr		<b>Transaction ID:</b> SA11AI.37056
City State Zip Code Chicago IL 60657-5640	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St Joseph Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ranjana Mathur

Mailing Address 160 Wentworth Avenue

City State Zip Code  
Albertson NY 11507-1727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Central Suffolk Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.37029

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
M Denis McCarthy, Dr.

Mailing Address 2243 Kincaid St

City State Zip Code  
Eugene OR 97405-3053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oregon Medical Laboratories Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.37028

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
J. Patricia Moore, Dr.

Mailing Address 25331 Rayford Crest Dr

City State Zip Code  
Spring TX 77386-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southeast Texas Forensic Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.37047

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
A. John Ohara, Dr.

Mailing Address Department of Pathology  
5601 DeSoto Ave

City State Zip Code  
Woodland Hills CA 91365

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SO Calif Permanente Med Group Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11AI.36941

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
C Charles Osborn, Dr.

Mailing Address 565 W Montecito Ave

City State Zip Code  
Sierra Madre CA 91024-1717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Verdugo Hills Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.37117

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
C Tushar Padhya, Dr.

Mailing Address 1008 Boxwood Dr

City State Zip Code  
Munster IN 46321-2841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Transaction ID: SA11AI.36991

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles William Pitts, Dr.

Mailing Address Sierra Path Lab  
PO Box 2130

City Clovis State CA Zip Code 93613-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11AI.37026  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
A Julie Plumbley, Dr.

Mailing Address Dept of Path  
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Ridge Pathologists Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 24 / 2010  
Transaction ID: SA11AI.36881  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
E. Glenn Ramsey, Dr.

Mailing Address Blood Bank, Feinberg 7-301  
251 E Huron St

City Chicago State IL Zip Code 60611-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Mem Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 25 / 2010  
Transaction ID: SA11AI.37017  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann Ruth Reardon, Dr.

Mailing Address 1915 West Beebe Capps Expy

City State Zip Code  
Searcy AR 72143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lab of Path, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.36951

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jayne Paula Rogers, Dr.

Mailing Address Dept of Pathology  
2825 Parklawn Dr

City State Zip Code  
Midwest City OK 73110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Reg Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.36997

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

K. Sateesh Satchidanand, Dr.

Mailing Address Department of Pathology  
2605 Harlem Road

City State Zip Code  
Cheektowaga NY 14225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Joseph Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.37071

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Rama Shankar

Mailing Address Dept of Pathology  
403 E First St

City Dixon State IL Zip Code 61021

FEC ID number of contributing federal political committee. **C**

Name of Employer Katherine Shea Bethea Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2010

Transaction ID: SA11AI.36946

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Eric Sheffer, Dr.

Mailing Address 9707 4th Ave Apt 4N

City Brooklyn State NY Zip Code 11209-8118

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2010

Transaction ID: SA11AI.37141

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
I. Robert Sprague, Dr.

Mailing Address Laboratory  
8260 Atlee Rd.

City Mechanicsville State VA Zip Code 23116

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Reg Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2010

Transaction ID: SA11AI.36985

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
D. Michael Stargel, Dr.

Mailing Address Pathology Department  
5665 Peachtree-Dunwoody Rd NE

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 25 / 2010  
Transaction ID: SA11AI.37073  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
K Rachel Stevens, Dr.

Mailing Address 1701 E 23rd Ave

City Hutchinson State KS Zip Code 67502-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer Hutchinson Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.36931  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Brent L Talbott, Dr.

Mailing Address Dept of Path  
9200 Wall St

City Austin State TX Zip Code 78754

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinical Pathology Assoc Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2010  
Transaction ID: SA11AI.36895  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 36  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ann Taylor

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Mailing Address Department of Pathology  
8th Ave & C St

Transaction ID: SA11AI.36957

City State Zip Code  
Salt Lake City UT 84143

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LDS Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Michael Todd, Dr.

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

Mailing Address 611 Alcorn Dr

Transaction ID: SA11AI.36965

City State Zip Code  
Corinth MS 38834-9321

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Michael A Todd, MD, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**C.**

Full Name (Last, First, Middle Initial)  
W Richard Trepeta, Dr.

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Mailing Address Dept of Path  
350 W Thomas Rd

Transaction ID: SA11AI.37060

City State Zip Code  
Phoenix AZ 85013

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Josephs Hosp and Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 36  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code  
Midlothian VA 23113-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Commonwealth Lab Consultants

Occupation  
Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.36899

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
A Leonard Valentino, Dr.

Mailing Address 105A Cooper Ct

City State Zip Code  
Los Gatos CA 95032

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Associated Path Med Group, Inc

Occupation  
Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2010

**Transaction ID:** SA11AI.36867

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
E. Deborah Ward, Dr.

Mailing Address Department of Pathology  
1141 N Monroe Dr

City State Zip Code  
Xenia OH 45385

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Greene Memorial Hosp

Occupation  
Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11AI.36925

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) J Michael Warhol, Dr.		Date of Receipt		
	Mailing Address Dept of Path 5645 Main St		M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 1 0		
	City Flushing	State NY	Zip Code 11355-5045	<b>Transaction ID:</b> SA11AI.37008	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer New York Hosp Med Ctr of Queens		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) R. George Weir, Dr.		Date of Receipt		
	Mailing Address 774 N 250 E		M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 1 0		
	City Brownstown	State IN	Zip Code 47220	<b>Transaction ID:</b> SA11AI.37050	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Southern Indiana Pathologists.		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) T Paul Wertlake, Dr.		Date of Receipt		
	Mailing Address 79190 Liga		M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 1 0		
	City La Quinta	State CA	Zip Code 92253-6593	<b>Transaction ID:</b> SA11AI.37144	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Unaffiliated		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) S. Robert White, Dr.		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 2704 S Victor Ave		<b>Transaction ID:</b> SA11AI.37146		
	City Tulsa	State OK	Zip Code 74114-4209	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Unaffiliated		Occupation Pathologist		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address Dept of Path 606 22Nd Ave S		<b>Transaction ID:</b> SA11AI.36909		
	City Meridian	State MS	Zip Code 39301-6116	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Diagnostic Tissue Cytology Grp		Occupation Pathologist		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shourong Zhao		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address PO Box 0951 710 Center St		<b>Transaction ID:</b> SA11AI.37080		
	City Columbus	State GA	Zip Code 31902-0951	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer The Medical Center		Occupation Pathologist		Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 36	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) C. James Zimring, Dr.		Date of Receipt		
	Mailing Address Department of Pathology 1364 Clifton Rd NE		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0		
	City Atlanta	State GA	Zip Code 30322-1059	Transaction ID: SA11AI.36917	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Emory Univ Hosp	Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	33595.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sun Trust Bank

**Transaction ID:** SB21B.37150  
Date of Disbursement

Mailing Address P.O. Box 85024

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

Purpose of Disbursement  
Suntrust Moneris ACH

Category/  
Type

15.12
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Sun Trust Bank

**Transaction ID:** SB21B.37151  
Date of Disbursement

Mailing Address P.O. Box 85024

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

Purpose of Disbursement  
Suntrust Account Analysis Fee

Category/  
Type

62.50
-------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

77.62
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**TOTAL** This Period (last page this line number only) ..... ►

77.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.37149	
	Mailing Address PO Box 3197		Date of Disbursement MM / DD / YYYY 05 / 19 / 2010	
	City Little Rock	State AR	Zip Code 72203	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Run-Off Election		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: AR	District: 00		

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

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

5000.00