

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines College of American Pathologists Political Action Committee

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) X

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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of IL

5. Covering Period 10 14 2010 through 11 22 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 04 13 2011

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

Office Use Only table with 8 columns and 1 row

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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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>X</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>	X	Y	Y	Y	2	0	1	0		387407.60
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	526230.47									
(c) Total Receipts (from Line 19) .....	82585.00	562238.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	608815.47	949645.60								
7. Total Disbursements (from Line 31) .....	265128.00	605958.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	343687.47	343687.47								
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**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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) .....	68612.00	456348.00
(ii) Unitemized .....	13973.00	105890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	82585.00	562238.00
(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) .....	82585.00	562238.00
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)) .....	82585.00	562238.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	82585.00	562238.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	128.00	1767.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	128.00	1767.35
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	260000.00	598780.68
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	410.10
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))..	265128.00	605958.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265128.00	605958.13

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) .....	82585.00	562238.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82585.00	562238.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	128.00	1767.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	128.00	1767.35

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
E Mary Adams, Dr.  
Mailing Address 1255 W Washington St  
City State Zip Code  
Tempe AZ 85281-1210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Clin-Path Associates, P.C. Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY  
11 / 19 / 2010  
Transaction ID: SA11AI.39535  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
P. James Almas, Dr.  
Mailing Address 171 Winged Foot Circle  
City State Zip Code  
Jackson MS 39211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
St. Dominic-Jackson Memor- Pathologist  
ial Hosp  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY  
10 / 27 / 2010  
Transaction ID: SA11AI.39543  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
F Dale Andres, Dr.  
Mailing Address Lab  
1111 6th Ave  
City State Zip Code  
Des Moines IA 50314-2611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mercy Med Ctr-Des Moines Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
10 / 15 / 2010  
Transaction ID: SA11AI.39422  
Amount of Each Receipt this Period 1000.00

**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: (check only one)	PAGE 7 / 97
	<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) Ray Armand	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1140 Business Center Dr Ste 370	<b>Transaction ID:</b> SA11AI.39441
	City State Zip Code Houston TX 77043-2742	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MLD Pathology	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Herbert Lloyd Arnold, Dr.	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 900 Illinois Ave	<b>Transaction ID:</b> SA11AI.39560
	City State Zip Code Stevens Point WI 54481-3114	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer St Michael's Hosp	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) Paul Bannister	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6339 Riverview Ln	<b>Transaction ID:</b> SA11AI.39280
	City State Zip Code Dallas TX 75248-2841	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Baylor Med Ctr @ Garland	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<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 / 97  
(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 Methodist Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2010

Transaction ID: SA11AI.39426

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Robert Beissner, Dr.

Mailing Address Dept. Of Pathology  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0002

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

Name of Employer Scott and White Memorial Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

Transaction ID: SA11AI.39526

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Robert Beissner, Dr.

Mailing Address Dept. Of Pathology  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0002

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

Name of Employer Scott and White Memorial Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

Transaction ID: SA11AI.39527

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**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 9 / 97  
(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)  
John Peter Benson, Dr.

Mailing Address Pathology Department  
3300 Oakdale North

City Robbinsdale State MN Zip Code 55422

FEC ID number of contributing federal political committee. C

Name of Employer North Memorial Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.39459

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Karl Blessinger, Dr.

Mailing Address Department of Pathology  
172 4th Street SE

City Huron State SD Zip Code 57350

FEC ID number of contributing federal political committee. C

Name of Employer Huron Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.39370

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
G. Jared Block, Dr.

Mailing Address 2928 Forest Park Dr

City Charlotte State NC Zip Code 28209-1402

FEC ID number of contributing federal political committee. C

Name of Employer Carolinas Med Ctr - Unive-  
rsity Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** SA11AI.39297

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**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 10 / 97
	<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. Jared Block, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 2928 Forest Park Dr	<b>Transaction ID:</b> SA11AI.39298
	City State Zip Code Charlotte NC 28209-1402	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Carolinas Med Ctr - University	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) K Andrea Blumberg, Dr.	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 800 SE 9th St	<b>Transaction ID:</b> SA11AI.39417
	City State Zip Code Fort Lauderdale FL 33316-1230	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Memorial Hosp West	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) J. Richard Boatsman, Dr.	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address Department of Pathology Box 129	<b>Transaction ID:</b> SA11AI.39310
	City State Zip Code Lawton OK 73502	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<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 11 / 97  
(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)  
Joy Teri Bohlmeyer, Dr.

Mailing Address 25638 487th Ave

City Garretson State SD Zip Code 57030

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

Name of Employer Physicians Lab of NW Iowa Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 09 / 2010  
**Transaction ID:** SA11AI.39497  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
L. David Booker, Dr.

Mailing Address Department of Pathology  
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2010  
**Transaction ID:** SA11AI.39269  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
L. David Booker, Dr.

Mailing Address Department of Pathology  
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 11 / 15 / 2010  
**Transaction ID:** SA11AI.39270  
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: (check only one)	PAGE 12 / 97
	<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) P. Eleni Boursos, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5101 S Willow Springs Rd	<b>Transaction ID:</b> SA11AI.39390
	City State Zip Code LaGrange IL 60525	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation LaGrange Memorial Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) D Mark Brissette, Dr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1610 Little Raven St #508	<b>Transaction ID:</b> SA11AI.39599
	City State Zip Code Denver CO 80202-6180	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation VA Med Ctr-Denver 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) T Izabela Burja, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address Laboratory 908 West 4th North St	<b>Transaction ID:</b> SA11AI.39446
	City State Zip Code Morristown TN 37814	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Morristown-Hamblen Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<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 13 / 97

(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) Patrick Nicholas Byrne, Dr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 6028 Ocean View Dr		<b>Transaction ID:</b> SA11AI.39378		
	City Oakland	State CA	Zip Code 94618-1845	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer John Muir Med Ctr-Walnut Creek		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Z. Rafael Campanini, Dr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		
	Mailing Address Department of Pathology 1044 N Francisco St		<b>Transaction ID:</b> SA11AI.39467		
	City Chicago	State IL	Zip Code 60622-2794	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Norwegian American Hosp		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		
	Mailing Address 4733 Andrew Jackson Pkwy Ste G1		<b>Transaction ID:</b> SA11AI.39478		
	City Hermitage	State TN	Zip Code 37076	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2000.00		
Name of Employer Pathologists Laboratory, PC		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<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 14 / 97  
(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) Alexander Castiello		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address Lab 100 North Crest Dr		<b>Transaction ID:</b> SA11AI.39461
City Springfield	State TN	Zip Code 37172
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NorthCrest Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) G James Collins, Dr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 13855 E 14th St		<b>Transaction ID:</b> SA11AI.39525
City San Leandro	State CA	Zip Code 94578-2600
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer San Leandro Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) M Jessica Comstock, Dr.		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address Dept Of Pathology 100 Mario Capecchi Dr		<b>Transaction ID:</b> SA11AI.39502
City Salt Lake City	State UT	Zip Code 84113-1103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Primary Childrens Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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 15 / 97  
(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 Carol Cooke-Dittmann, Dr.

Mailing Address Dept of Path  
3401 W Gore Blvd

City Lawton State OK Zip Code 73502

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

Name of Employer Comanche County Mem Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: SA11AI.39309  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 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 ▼ 800.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: SA11AI.39300  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 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 ▼ 900.00

Date of Receipt: 11 / 15 / 2010  
Transaction ID: SA11AI.39301  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 16 / 97  
(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) Richard Cote		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address Holtz Ctr 2070 1611 NW 12th Ave		<b>Transaction ID:</b> SA11AI.39376
City Miami	State FL	Zip Code 33136-1005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Memorial Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) K. Dwayne Crabtree, Dr.		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address Department of Pathology 1000 W Tenth St		<b>Transaction ID:</b> SA11AI.39494
City Rolla	State MO	Zip Code 65401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Phelps County Reg 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	

**C.**

Full Name (Last, First, Middle Initial) J Michael Crossey, Dr.		Date of Receipt MM / DD / YYYY 11 / 07 / 2010
Mailing Address 1001 Woodward PI NE		<b>Transaction ID:</b> SA11AI.39583
City Albuquerque	State NM	Zip Code 87102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Tricare Reference Laborat- ories	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<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: (check only one)	PAGE 17 / 97
	<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) Michael David Crossland, Dr.		Date of Receipt	
	Mailing Address Dept of Path 3435 Bailey Ave		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39597
	Buffalo	NY	14215-1145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		21.00	
Name of Employer VA WNY Healthcare System		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael David Crossland, Dr.		Date of Receipt	
	Mailing Address Dept of Path 3435 Bailey Ave		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39598
	Buffalo	NY	14215-1145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		21.00	
Name of Employer VA WNY Healthcare System		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) A Barbara Crothers, Col		Date of Receipt	
	Mailing Address 6481 Topsails Ln		M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39326
	Springfield	VA	22150-7837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer 44th Path Team		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) .....	▶	292.00
<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 18 / 97  
(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)  
L. Jeffrey Curtis, Dr.

Mailing Address Department of Pathology  
1601 Ygnacio Valley Road

City Walnut Creek State CA Zip Code 94598-3194

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

Name of Employer John Muir Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.39379

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
B. David Danner, Dr.

Mailing Address Laboratory  
219 S Washington St

City Easton State MD Zip Code 21601

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

Name of Employer Memorial Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

**Transaction ID:** SA11AI.39414

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Melissa Peggy Delahoussaye, Dr.

Mailing Address 4922 Linden St

City Bellaire State TX Zip Code 77401-4435

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

Name of Employer MLD Pathology Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.39439

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 19 / 97  
(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)  
H. Phillip Deos, Dr.

Mailing Address 2625 Coffee Road

City Modesto State CA Zip Code 95355

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

Name of Employer Yosemite Pathology Med Grp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 16 / 2010  
Transaction ID: SA11AI.39620  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
S. Paul Dickman, Dr.

Mailing Address Department of Pathology/Laboratory  
1919 E Thomas Rd

City Phoenix State AZ Zip Code 85016-7710

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

Name of Employer Phoenix Children's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 22 / 2010  
Transaction ID: SA11AI.39495  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
S. Paul Dickman, Dr.

Mailing Address Department of Pathology/Laboratory  
1919 E Thomas Rd

City Phoenix State AZ Zip Code 85016-7710

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

Name of Employer Phoenix Children's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 15 / 2010  
Transaction ID: SA11AI.39496  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 97  
(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)  
Marilyn Virginia Donovan, Dr.

Mailing Address 26 Pine Dr N

City Roslyn State NY Zip Code 11576-2037

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

Name of Employer Winthrop Univ Hosp Occupation Pathologists

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** SA11AI.39617  
 Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 1320 Mercy Dr Nw

City Canton State OH Zip Code 44708-2641

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 03 / 2010  
**Transaction ID:** SA11AI.39420  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
M. Adam Dubin, Dr.

Mailing Address Department of Pathology  
120 N Oak St

City Hinsdale State IL Zip Code 60521-3829

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

Name of Employer Hinsdale Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 08 / 2010  
**Transaction ID:** SA11AI.39361  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**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 / 97  
(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)  
Lawton Keith Duncan, Dr.

Mailing Address Department of Pathology  
1783 El Camino Real

City State Zip Code  
Burlingame CA 94010

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

Name of Employer Peninsula Med Ctr Occupation 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  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.39492

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michelle Leigh Ehrlich Powers, Dr.

Mailing Address 262 Vivaron Ave

City State Zip Code  
Saint Charles MO 63303-4213

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

Name of Employer Washington Univ Sch of Med Occupation 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  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.39579

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
J. David Eisenstein, Dr.

Mailing Address Department of Pathology  
1 Medical Village Drive

City State Zip Code  
Edgewood KY 41017

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

Name of Employer St. Elizabeth Méd Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

**Transaction ID:** SA11AI.39545

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: PAGE 22 / 97  
(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)  
J. David Eisenstein, Dr.

Mailing Address Department of Pathology  
1 Medical Village Drive

City State Zip Code  
Edgewood KY 41017

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

Name of Employer Occupation  
St. Elizabeth Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: SA11AI.39546

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
G Paul Ellerbeck, Dr.

Mailing Address 250 Mercy Dr RM  
PO Box 731

City State Zip Code  
Dubuque IA 52004-0731

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

Name of Employer Occupation  
Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.39480

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
E. Janice Errick, Dr.

Mailing Address 521 East Ave

City State Zip Code  
Lockport NY 14094-3201

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

Name of Employer Occupation  
Lockport Memorial Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.39396

Amount of Each Receipt this Period  
300.00

**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 23 / 97  
(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)  
Edward Ewing

Mailing Address Lab  
405 W Grand Ave

City Dayton State OH Zip Code 45459

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

Name of Employer Grandview Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

Transaction ID: SA11AI.39347

Amount of Each Receipt this Period  
1500.00

**B.**

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

Mailing Address 733 Boush St Ste 200

City Norfolk State VA Zip Code 23510-1501

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

Name of Employer Dominion Pathology Laboratories Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

Transaction ID: SA11AI.39331

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
R. Marc Filstein, Dr.

Mailing Address Department of Pathology  
PO Box 16052

City Reading State PA Zip Code 19612-6052

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

Name of Employer Reading HoSp & Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

Transaction ID: SA11AI.39514

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**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 24 / 97  
(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)  
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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.39618

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
M. Margaret Flanagan, Dr.

Mailing Address 50 Kenwood Road

City State Zip Code  
Chambersburg PA 17201-1256

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

Name of Employer Occupation  
The Chambersburg Hospital 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  
1 0 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.39572

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D  
215 E 95th St

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Mt Sinai Schl of Med Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.39451

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**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 / 97  
(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)  
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D  
215 E 95th St

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mt Sinai Schl of Med Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 15 / 2010

**Transaction ID:** SA11AI.39452

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
J Stanley Geyer, Dr.

Mailing Address 3 Willow Farms Ln

City State Zip Code  
Pittsburgh PA 15238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 08 / 2010

**Transaction ID:** SA11AI.39345

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
M Paul Gibbs, Dr.

Mailing Address 2308 Sandridge Dr

City State Zip Code  
Dayton OH 45439-1856

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CompuNet Clinical Labs Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 22 / 2010

**Transaction ID:** SA11AI.39316

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1275.00

**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 26 / 97
	<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) E Sarah Gibson, Dr.		Date of Receipt	
	Mailing Address 9260 Stony Crest Cir Apt 733		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39607
	Richmond	VA	23235-6889	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Virginia Commonwealth University School		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) J. Alexandra Gillespie, Dr.		Date of Receipt	
	Mailing Address 3111 Beverly Dr		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39475
	Dallas	TX	75205-2922	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer PathAdvantage Assoc		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) F. Eric Glassy, Dr.		Date of Receipt	
	Mailing Address 19951 Mariner Ave Ste 160		M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39256
	Torrance	CA	90503-1738	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer Little Company of Mary Hosp-Torrance		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<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 27 / 97  
(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 Gary Gochman, Dr.

Mailing Address Lab  
9333 E Imperial Hwy

City Downey State CA Zip Code 90242-2812

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

Name of Employer Kaiser Downey Medical Center Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2010  
Transaction ID: SA11AI.39380  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Anne Julie Gulizia, Dr.

Mailing Address 6819 Fallbrook Ct

City Colleyville State TX Zip Code 76034-6571

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

Name of Employer PathAdvantage Assoc Occupation Pathologists

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.39477  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
E Allan Hallquist, Dr.

Mailing Address 13351 Rosehawk Dr

City Morningview State KY Zip Code 41063

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

Name of Employer Kings Daughters Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 29 / 2010  
Transaction ID: SA11AI.39327  
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: (check only one)	PAGE 28 / 97
	<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) E. Thomas Hanes, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address Main Lab 3441 Dickerson Pike	<b>Transaction ID:</b> SA11AI.39533
	City Nashville State TN Zip Code 37207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Skyline Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan Douglas Hansen, Dr.	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 7620 Overlake Dr W	<b>Transaction ID:</b> SA11AI.39509
	City Medina State WA Zip Code 98039-4733	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Puget Sound Inst of Pathology PLLC 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) Joseph Richard Hare, Dr.	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6317 Elm Crest Ct	<b>Transaction ID:</b> SA11AI.39500
	City Ft Worth State TX Zip Code 76132-4308	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Plaza Med Ctr of Ft Worth 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) .....	<b>850.00</b>
<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 29 / 97

(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)

D. Brent Hartsell, Dr.

Mailing Address 1923 S Utica Ave

City State Zip Code  
Tulsa OK 74104

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

Name of Employer Occupation  
St John Med 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  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.39547

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

D. Jeff Harvell, Dr.

Mailing Address Bethesda Dermatopathology  
1730 Elton Road

City State Zip Code  
Silver Spring MD 20903

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

Name of Employer Occupation  
unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39284

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Michael Hayes, Dr.

Mailing Address Apt 4403  
1020 S Mesa Hills Drive

City State Zip Code  
El Paso TX 79912-5111

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

Name of Employer Occupation  
Providence Memorial Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.39507

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: PAGE 30 / 97  
(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 The Pathology Center  
8303 Dodge St

City State Zip Code  
Omaha NE 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

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

Transaction ID: SA11AI.39425

Amount of Each Receipt this Period  
225.00

**B.**

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

Mailing Address The Pathology Center  
8303 Dodge St

City State Zip Code  
Omaha NE 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

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

Transaction ID: SA11AI.39428

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
B John Herrington, Dr.

Mailing Address 300 Mamaroneck Ave Apt 401

City State Zip Code  
White Plains NY 10605-6418

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

Name of Employer White Plains Hospital Cen-ter Occupation 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  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39614

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 / 97  
(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)  
G Thomas Hirose, Dr.

Mailing Address 4061 Davenport Dr

City State Zip Code  
Huntington Beach CA 92649-4223

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

Name of Employer Occupation  
Good Samaritan Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.39346

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
G. Melvin Hoshiko, Dr.

Mailing Address Pathology Department  
2801 Atlantic Ave

City State Zip Code  
Long Beach CA 90801-1428

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

Name of Employer Occupation  
Long Beach Memorial Med 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 Y  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.39397

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
H. Lydia Howard, Dr.

Mailing Address Pathology Department  
4300 Alton Road

City State Zip Code  
Miami Beach FL 33140

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

Name of Employer Occupation  
Mt. Sinai Med Ctr 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  
1 1 / 1 2 / 2 0 1 0

**Transaction ID:** SA11AI.39450

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: PAGE 32 / 97  
(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)  
G Robert Huber, Dr.

Mailing Address 2504 Serravalle St NW

City State Zip Code  
Uniontown OH 44685-5727

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 ▼  
500.00

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

Transaction ID: SA11AI.39622

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address Department of Pathology  
WakeMed Health & Hospitals

City State Zip Code  
Raleigh NC 27610-1231

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

Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39512

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
L. Robert Hunter, Dr.

Mailing Address Department of Pathology  
6431 Fannin

City State Zip Code  
Houston TX 77030-2017

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

Name of Employer Univ of TX-Houston Med School Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11AI.39596

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 / 97  
(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)  
Sanaa Hussain

Mailing Address 4805 NE Glisan St

City Portland State OR Zip Code 97213-2933

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

Name of Employer Providence Portland Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 26 / 2010  
Transaction ID: SA11AI.39508  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
S. Mehraboon Irani, Dr.

Mailing Address Medical Director Blood Systems Laboratories

City Tempe State AZ Zip Code 85282-3113

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 ▼ 500.00

Date of Receipt 11 / 03 / 2010  
Transaction ID: SA11AI.39630  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
L. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs 725 North Street

City Pittsfield State MA Zip Code 01201

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

Name of Employer Berkshire Health Systems Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2010  
Transaction ID: SA11AI.39283  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

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

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

Use separate schedule(s)  
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(check only one)  
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 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)  
Bruce David Jones, Dr.

Mailing Address Dept of Path  
1001 S George St

City State Zip Code  
York PA 17403-3676

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

Name of Employer Occupation  
York Hosp 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  
1 1 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.39619

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
D Jack Jones, Dr.

Mailing Address 200 Portland St

City State Zip Code  
Columbia MO 65201-6525

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

Name of Employer Occupation  
Boyce & Bynum Pathology Labs PC Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.39291

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis Kasimian

Mailing Address 15107 Vanowen St

City State Zip Code  
Van Nuys CA 91405-4542

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

Name of Employer Occupation  
Valley Presbyterian Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.39603

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 35 / 97  
(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)  
S Carolyn Katzen, Dr.

Mailing Address Dept of Path  
1364 Clifton Rd NE, Ste C179

City Atlanta State GA Zip Code 30322-1064

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

Name of Employer Emory Univ Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39336

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Louise Cyenthia Koehler, Dr.

Mailing Address Lab Svc  
18701 N 67th Ave

City Glendale State AZ Zip Code 85808

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

Name of Employer Arrowhead Community Hosp Occupation 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  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39266

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
D Mark Kolins, Dr.

Mailing Address 3601 W. 13 Mile Road

City Royal Oak State MI Zip Code 48073-6769

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

Name of Employer William Beaumont Hosp Occupation 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  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39615

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  
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FOR LINE NUMBER: PAGE 36 / 97  
(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)  
S. Jonathan Krauss, Dr.  
Mailing Address 3005 Vassar Dr

City State Zip Code  
Augusta GA 30909

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  
10 / 28 / 2010

**Transaction ID:** SA11AI.39626

Amount of Each Receipt this Period  
50.00

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

City State Zip Code  
Zionsville IN 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2010

**Transaction ID:** SA11AI.39320

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
D. Ragini Lakhia, Dr.  
Mailing Address 1140 Business Ctr Dr 370

City State Zip Code  
Houston TX 77043-2737

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

Name of Employer Applied Diagnostics, Inc Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** SA11AI.39440

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 37 / 97  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)  
R Paula Larson, Dr.

Mailing Address 7700 Floyd Curl Dr

City San Antonio State TX Zip Code 78229-3979

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

Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 28 / 2010  
**Transaction ID: SA11AI.39540**

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
L. Patrick Lawson, Dr.

Mailing Address 3757 NW Ridgeway Cir

City Bremerton State WA Zip Code 98312-1711

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

Name of Employer Naval Hospital Bremerton Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID: SA11AI.39456**

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
B Ronald Lepoff, Dr.

Mailing Address UCH Clinical Lab, Mailstop A022  
12401 East 17th Ave, Rm 292

City Aurora State CO Zip Code 80045

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

Name of Employer Univ of Colorado Hosp Authority Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 08 / 2010  
**Transaction ID: SA11AI.39587**

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

**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 38 / 97  
(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) Edwin Leschhorn		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address Meridian Health System Dept of Pathology		Transaction ID: SA11AI.39521
City Red Bank	State NJ	Zip Code 07701-7701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Riverview Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address Lab Medicine and Pathology P4 701 Park Ave		Transaction ID: SA11AI.39358
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) B. Margaret Listrom, Dr.		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 2800 Waymaker Way #31		Transaction ID: SA11AI.39307
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Clinical Pathology Assoc	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) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
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							<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)  
L. Fernando Lomba, Dr.

Mailing Address Department of Pathology  
809 E Marion Ave

City Punta Gorda State FL Zip Code 33950

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

Name of Employer Charlotte Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 01 / 2010  
Transaction ID: SA11AI.39303  
Amount of Each Receipt this Period 270.00

**B.**

Full Name (Last, First, Middle Initial)  
E. Jose Maccera, Dr.

Mailing Address Department of Pathology  
17 Kraft Ave

City Bronxville State NY Zip Code 10708-4103

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

Name of Employer Bronxville Pathology Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.39292  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
A Ruth Macke, Dr.

Mailing Address Dept of Pathology  
1026 A Ave NE

City Cedar Rapids State IA Zip Code 52402-5036

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

Name of Employer St Luke's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2010  
Transaction ID: SA11AI.39556  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1370.00

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
for each category of the  
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(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)  
C John Maddox, Dr.

Mailing Address Ste 210  
12200 Warwick Blvd

City State Zip Code  
Newport News VA 23601-1975

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

Name of Employer Occupation  
Riverside Reg Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** SA11AI.39520

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
S Larry Mapow, Dr.

Mailing Address 901 Easy St

City State Zip Code  
Millville NJ 08332

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

Name of Employer Occupation  
South Jersey Healthcare RMC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.39537

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
W. Alvin Martin, Dr.

Mailing Address Cpa Laboratory  
2307 Greene Way

City State Zip Code  
Louisville KY 40220-4009

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

Name of Employer Occupation  
Norton Healthcare Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2010

**Transaction ID:** SA11AI.39466

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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  
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(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)  
Robert Joe McFarlane, Mr.  
Mailing Address PO Box 72059

City Eugene State OR Zip Code 97401-0285

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

Name of Employer Pathology Consultants PC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010  
Transaction ID: SA11AI.39485  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Leo Jane Messina, Dr.  
Mailing Address MCC Lab  
12902 Magnolia Dr

City Tampa State FL Zip Code 33612

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

Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: SA11AI.39352  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew Joseph Migliozi, Dr.  
Mailing Address United Pathology  
610 W Dr Martin Luther King Jr Blv

City Tampa State FL Zip Code 33603-3450

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

Name of Employer Marnic Inc LLC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2010  
Transaction ID: SA11AI.39405  
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  
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FOR LINE NUMBER: PAGE 42 / 97  
(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)  
Gerald Minkowitz

Mailing Address 904 49th St

City State Zip Code  
Brooklyn NY 11219

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

Name of Employer: Minkowitz Consultant Pathology  
Occupation: Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID:** SA11AI.39436  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Stanley Minkowitz

Mailing Address 904 49th St

City State Zip Code  
Brooklyn NY 11219

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

Name of Employer: Minkowitz Consultant Pathology  
Occupation: Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** SA11AI.39437  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
R. Alex Mitchell, Dr.

Mailing Address 4920 Wellington Drive

City State Zip Code  
Macon GA 31210

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

Name of Employer: Coliseum Med Ctr  
Occupation: Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 11 / 19 / 2010  
**Transaction ID:** SA11AI.39308  
 Amount of Each Receipt this Period: 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 43 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
G Ellen Moffatt, Dr.  
Mailing Address 1829 Jefferson Ave  
City State Zip Code  
Redwood City CA 94062-2003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Med Examiners Ofc-San Francisco Pathologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0  
Transaction ID: SA11AI.39411  
Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Flint Stephen Morris, Dr.  
Mailing Address Department of Pathology  
1395 South Pinellas Avenue  
City State Zip Code  
Tarpon Springs FL 34689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Helen Ellis Memorial Hosp Pathologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0  
Transaction ID: SA11AI.39357  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
K. Karla Murphy, Dr.  
Mailing Address 1000 E 21st St Ste 4100  
City State Zip Code  
Sioux Falls SD 57117-5050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Physicians Laboratory Ltd Pathologist  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt  
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1 1 / 0 3 / 2 0 1 0  
Transaction ID: SA11AI.39498  
Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00  
**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  
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(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) Alan David Novis, Dr.		Date of Receipt	
	Mailing Address 18 Toon Ln		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39473
	Lee	NH	03861-6507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	200.00	
Name of Employer Oxford Immunotec		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) R Bahram Oliai, Dr.		Date of Receipt	
	Mailing Address IHC Laboratory 1355 River Bend Dr		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39503
	Dallas	TX	75247-4915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	500.00	
Name of Employer Propath Lab, Inc.		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	725.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) J Arcadio Oliva, Dr.		Date of Receipt	
	Mailing Address 11088 NW 17th Pl		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39261
	Coral Springs	FL	33071-6329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00	
Name of Employer Ameripath South FL		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) ..... ▶

950.00

**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 45 / 97

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39424

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
T. William Pastuszak, Dr.

Mailing Address Department of Pathology  
80 Seymour St.

City State Zip Code  
Hartford CT 06102-5037

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

Name of Employer Occupation  
Hartford 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  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39355

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
D Eva Patalas, Dr.

Mailing Address Dept of Pathology  
1493 Cambridge St

City State Zip Code  
Cambridge MA 02139-1099

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

Name of Employer Occupation  
Cambridge Health Alliance Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.39294

Amount of Each Receipt this Period

100.00

**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 46 / 97  
(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)  
S Gary Pearl, Dr.

Mailing Address Dept of Path  
1414 Kuhl Ave

City State Zip Code  
Orlando FL 32806-2008

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

Name of Employer Pathology Specialists, P.-A.  
Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.39471

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Marie Ila Peterson, Dr.

Mailing Address 501 Anthonys Dr

City State Zip Code  
Exton PA 19341-2349

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

Name of Employer Main Line Hlth Labs  
Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

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

**Transaction ID:** SA11AI.39401

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Abraham Philip

Mailing Address Department of Pathology  
10500 Montgomery Rd

City State Zip Code  
Cincinnati OH 45242-4402

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

Name of Employer Bethesda North Hosp  
Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.39285

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 47 / 97  
(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)  
W. Roy Phillips, Dr.

Mailing Address Suncoast Path  
446 Tamiami Trl S # 2ND FLOOR

City Venice State FL Zip Code 34285-2630

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 ▼ 1000.00

Date of Receipt 11 / 08 / 2010  
**Transaction ID: SA11AI.39636**  
 Amount of Each Receipt this Period 1000.00

**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 ▼ 600.00

Date of Receipt 11 / 03 / 2010  
**Transaction ID: SA11AI.39287**  
 Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Ray Matthew Plymyer, Dr.

Mailing Address 506 Devonhall Ln

City Cary State NC Zip Code 27518-2658

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

Name of Employer Wake Med Ctr Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2010  
**Transaction ID: SA11AI.39608**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**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 48 / 97  
(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. David Pope, Dr.

Mailing Address 1 St. Vincent Circle  
PO Box 55148

City Little Rock State AR Zip Code 72215-5148

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

Name of Employer St Vincent Infirmary Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2010  
Transaction ID: SA11AI.39264  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
H Karl Proppe, Dr.

Mailing Address 200 Corporate Pl Ste 7

City Peabody State MA Zip Code 01960-3840

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

Name of Employer Converge Diagnostic Services LLC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010  
Transaction ID: SA11AI.39317  
Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
M James Pullman, Dr.

Mailing Address Surgical Pathology  
4th Flr Foreman Pavilion

City Bronx State NY Zip Code 10467-2401

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

Name of Employer Albert Einstein Coll of Med Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2010  
Transaction ID: SA11AI.39442  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 49 / 97  
(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)  
W.H. Dini Rada, Dr.

Mailing Address Department of Pathology  
PO Box 1707

City Avon Park State FL Zip Code 33826-1707

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

Name of Employer Heartland Pathology Assoc, PA Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.39356

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Shrin Rajagopalan

Mailing Address 1900 Kildaire Farm Rd

City Cary State NC Zip Code 27518-6616

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

Name of Employer WakeMed Cary Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2010

Transaction ID: SA11AI.39609

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
R. Rafael Ramirez-Weiser, Dr.

Mailing Address G.P.O Box 36-6258

City San Juan State PR Zip Code 00936

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 ▼ 500.00

Date of Receipt 11 / 05 / 2010

Transaction ID: SA11AI.39633

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 50 / 97  
(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)  
Arundhati Rao

Mailing Address Department of Pathology  
2401 S 31st Street

City State Zip Code  
Temple TX 76508

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

Name of Employer Scott and White Memorial Hosp  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2010

Transaction ID: SA11AI.39528

Amount of Each Receipt this Period  
500.00

**B.**

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 Lab of Path, PA  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2010

Transaction ID: SA11AI.39387

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Assunta Monica Recine, Dr.

Mailing Address Dept of Path  
4300 Alton Rd

City State Zip Code  
Miami Beach FL 33140-2800

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

Name of Employer Mt Sinai Med Ctr  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2010

Transaction ID: SA11AI.39449

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: PAGE 51 / 97  
(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)  
M. Susan Rendon, Dr.

Mailing Address 913B North Blvd East

City State Zip Code  
Leesburg FL 34748

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

Name of Employer Pathology Medical Laboratories, PA Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2010

**Transaction ID:** SA11AI.39487

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward James Richard, Dr.

Mailing Address 401 W. Greenlawn

City State Zip Code  
Lansing MI 48910

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

Name of Employer Ingham Reg Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** SA11AI.39373

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Y Jae Ro, Dr.

Mailing Address Dept of Path  
6565 Fannin

City State Zip Code  
Houston TX 77030

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

Name of Employer The Methodist Hospital Occupation Pathologists

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2010

**Transaction ID:** SA11AI.39427

Amount of Each Receipt this Period  
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 52 / 97  
(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)  
A. James Robb, Dr.

Mailing Address 11613 Kensington Ct

City State Zip Code  
Boca Raton FL 33428-2415

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 ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

**Transaction ID:** SA11AI.39623

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Anthony Cory Roberts, Dr.

Mailing Address 1355 River Bend Dr

City State Zip Code  
Dallas TX 75247-4915

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

Name of Employer Propath Lab, Inc. Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2010

**Transaction ID:** SA11AI.39504

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Aldon Jeffrey Roberts, Dr.

Mailing Address Dept of Path  
2900 W Oklahoma Ave

City State Zip Code  
Milwaukee WI 53215-4330

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

Name of Employer Aurora St Luke's Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

**Transaction ID:** SA11AI.39271

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 53 / 97  
(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)  
Aldon Jeffrey Roberts, Dr.

Mailing Address Dept of Path  
2900 W Oklahoma Ave

City State Zip Code  
Milwaukee WI 53215-4330

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

Name of Employer Occupation  
Aurora St Luke's Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39272

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
G William Roth, Dr.

Mailing Address 446 Tamiami Trl S 2nd Flr

City State Zip Code  
Venice FL 34285-2630

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

Name of Employer Occupation  
Suncoast Pathology Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

**Transaction ID:** SA11AI.39569

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra Tania Rowland, Dr.

Mailing Address 6726 Gilbert Dr

City State Zip Code  
Shreveport LA 71106-3402

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

Name of Employer Occupation  
VA Med Ctr-Shreveport Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

**Transaction ID:** SA11AI.39600

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 54 / 97

(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)  
Raymond Frank Rudy, Dr.

Mailing Address 141 Fineview Road

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Polyclinic Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.39499

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
F Thomas Ruhlen, Dr.

Mailing Address 14185 W. Desert Cove Rd.

City State Zip Code  
Surprise AZ 85379

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

Name of Employer Occupation  
Pathology Assoc Ltd Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39479

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
O. Reinhardt Sahmel, Dr.

Mailing Address Department of Pathology  
219 South Washington St

City State Zip Code  
Easton MD 21601

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

Name of Employer Occupation  
Memorial Hosp at Easton Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39415

Amount of Each Receipt this Period

500.00

**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 55 / 97
	<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) R Carl Schaub, Dr.	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address Dept of Path 1044 Belmont Ave Box 1790	Transaction ID: SA11AI.39544
	City Youngstown State OH Zip Code 44501-1790	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer St Elizabeth Hlth 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>B.</b>	Full Name (Last, First, Middle Initial) T. Jeffrey Schleusener, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address Dept of Pathology 2805 Fifth St	Transaction ID: SA11AI.39305
	City Rapid City State SD Zip Code 57701-7306	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Clinical Lab of the Black Hills Occupation 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) B. Ervin Shaw, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address Department of Pathology 2720 Sunset Blvd.	Transaction ID: SA11AI.39394
	City West Columbia State SC Zip Code 29169-4810	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Lexington 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>SUBTOTAL</b> of Receipts This Page (optional) .....	1700.00
<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 56 / 97  
(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 Eric Sheffer, Dr.  
Mailing Address 9707 4th Ave Apt 4N  
City State Zip Code  
Brooklyn NY 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 ▼ 500.00  
Date of Receipt 10 / 22 / 2010  
Transaction ID: SA11AI.39625  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
L. Howard Siegel, Dr.  
Mailing Address Department of Pathology  
6701 N. Charles St.  
City State Zip Code  
Baltimore MD 21204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Greater Baltimore Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 27 / 2010  
Transaction ID: SA11AI.39349  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
R. Jami Skrade, Dr.  
Mailing Address 4672 S Farm Rd 193  
City State Zip Code  
Rogersville MO 65742-9290  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Trilakes Pathology Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 15 / 2010  
Transaction ID: SA11AI.39321  
Amount of Each Receipt this Period 50.00

**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 57 / 97  
(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)  
R. Jami Skrade, Dr.  
Mailing Address 4672 S Farm Rd 193

City State Zip Code  
Rogersville MO 65742-9290

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

Name of Employer Occupation  
Trilakes Pathology Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0  
**Transaction ID:** SA11AI.39322  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
L David Slater, Dr.  
Mailing Address Sierra Path Lab  
PO Box 2130

City State Zip Code  
Clovis CA 93613-2130

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

Name of Employer Occupation  
Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11AI.39481  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
E. Charles Slonaker, Dr.  
Mailing Address 24410 Oaklawn Plantation Rd

City State Zip Code  
Pass Christian MS 39571

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

Name of Employer Occupation  
Garden Park Medical Center Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0  
**Transaction ID:** SA11AI.39413  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 58 / 97  
(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)  
P Ronald Spark, Dr.

Mailing Address PO Box 43877

City Tucson State AZ Zip Code 85733-3877

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

Name of Employer Southern Arizona VA Hlth Care Sys Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010  
Transaction ID: SA11AI.39384  
Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
F. Janet Stastny, Dr.

Mailing Address 2400 Susannah St  
PO Box 2484

City Johnson City State TN Zip Code 37601

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

Name of Employer Outpatient Cytopathology Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 12 / 2010  
Transaction ID: SA11AI.39472  
Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bridges Julie Steele, Dr.

Mailing Address Dept. of Pathology, 211C  
10666 Torrey Pines Rd.

City La Jolla State CA Zip Code 92037

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

Name of Employer Scripps Clinic Medical Laboratory Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 20 / 2010  
Transaction ID: SA11AI.39530  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 59 / 97
	<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) A. Robert Stern, Dr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1255 W Washington Street	<b>Transaction ID:</b> SA11AI.39534
	City State Zip Code Tempe AZ 85281-1210	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) C Robert Stern, Dr.	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address ADC Laboratory 4th floor, South Wing	<b>Transaction ID:</b> SA11AI.39273
	City State Zip Code Austin TX 78758	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Austin Diagnostic Clinic	Occupation 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) T. David Stewart, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1899 Eider Court	<b>Transaction ID:</b> SA11AI.39382
	City State Zip Code Tallahassee FL 32308	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer KWB Pathology Associates	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<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 60 / 97  
(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) Ang Bradford Tan, Dr.		Date of Receipt MM / DD / YYYY 11 / 20 / 2010
Mailing Address Department of Pathology 2520 Elisha Ave		Transaction ID: SA11AI.39429
City Zion	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Midwestern Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Ann Taylor		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address Department of Pathology 8th Ave & C St		Transaction ID: SA11AI.39393
City Salt Lake City	State UT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LDS Hosp	Occupation Pathologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) W. Mark Teague, Dr.		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 2904 Westcorp Blvd SW Ste 108		Transaction ID: SA11AI.39483
City Huntsville	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathology Associates PC	Occupation Pathologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 61 / 97  
(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)  
Winbern John Turner, Dr.  
Mailing Address 2201 Carbon Hill Dr

City Midlothian State VA Zip Code 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 ▼ 1000.00

Date of Receipt 10 / 15 / 2010  
Transaction ID: SA11AI.39311  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Winbern John Turner, Dr.  
Mailing Address 2201 Carbon Hill Dr

City Midlothian State VA Zip Code 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 ▼ 1100.00

Date of Receipt 11 / 15 / 2010  
Transaction ID: SA11AI.39312  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Leilani Caroline Valdes, Dr.  
Mailing Address 608 W Commercial St

City Victoria State TX Zip Code 77901-6302

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 10 / 15 / 2010  
Transaction ID: SA11AI.39624  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**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 62 / 97  
(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)  
Leilani Caroline Valdes, Dr.

Mailing Address 608 W Commercial St

City State Zip Code  
Victoria TX 77901-6302

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 ▼ 475.00

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

**Transaction ID:** SA11AI.39638

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
S John VanHoose, Dr.

Mailing Address 830 W Bayou Pines Dr

City State Zip Code  
Lake Charles LA 70601-7077

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

Name of Employer Path Lab Occupation 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  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.39474

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ellen Emily Volk, Dr.

Mailing Address 219 Lamont Ave

City State Zip Code  
San Antonio TX 78209-3753

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

Name of Employer Baptist Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** SA11AI.39279

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**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 63 / 97  
(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)  
M. Katherine Wagner-Reiss, Dr.

Mailing Address Pathology Lab  
2800 Main Street

City State Zip Code  
Bridgeport CT 06606

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

Name of Employer Occupation  
St. Vincent's Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

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

**Transaction ID:** SA11AI.39567

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Lewis Leslie Walters, Dr.

Mailing Address 5604 Banister Ct

City State Zip Code  
Plano TX 75093-4227

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

Name of Employer Occupation  
Medical City Dallas Hospital Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.39412

Amount of Each Receipt this Period  
1750.00

**C.** Full Name (Last, First, Middle Initial)  
J Michael Warhol, Dr.

Mailing Address Dept of Path  
5645 Main St

City State Zip Code  
Flushing NY 11355-5045

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

Name of Employer Occupation  
New York Hosp Med Ctr of Queens Pathologist

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.39458

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2300.00

**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 64 / 97  
(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)  
L Alice Werner, Dr.

Mailing Address 601 Childrens Ln

City Norfolk State VA Zip Code 23507-1971

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

Name of Employer Children's Hosp of the Kings Daughters  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 12 / 2010  
**Transaction ID: SA11AI.39304**  
Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Allen William Wesche, Dr.

Mailing Address Dept of Pathology  
2915 Missouri Ave

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLC  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2010  
**Transaction ID: SA11AI.39573**  
Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Allen William Wesche, Dr.

Mailing Address Dept of Pathology  
2915 Missouri Ave

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLC  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 15 / 2010  
**Transaction ID: SA11AI.39574**  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 65 / 97  
(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)  
W. William West, Dr.

Mailing Address Dept of Path/Microbiology  
983135 Nebraska Med Ctr

City Omaha State NE Zip Code 68198-3135

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

Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 15 / 2010  
Transaction ID: SA11AI.39591  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ervin Richard Whisnant, Dr.

Mailing Address Second Floor  
446 Tamiami Trl S

City Venice State FL Zip Code 34285-2625

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

Name of Employer Suncoast Pathology Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2010  
Transaction ID: SA11AI.39570  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
M. Robert White, Dr.

Mailing Address Department of Pathology  
PO Box 13367

City Roanoke State VA Zip Code 24033

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

Name of Employer Carilion Roanoke Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010  
Transaction ID: SA11AI.39295  
Amount of Each Receipt this Period 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 66 / 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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) L. John Wilhelmus, Dr.		Date of Receipt
	Mailing Address 87 Lantern Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Nicholasville	KY	40356-9009
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.39548
		Amount of Each Receipt this Period	<input type="text"/> 200.00
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 ▼	<input type="text"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) H Arthur Williams, Dr.		Date of Receipt
	Mailing Address 525 N Garfield Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Monterey Park	CA	91754-1205
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.39342
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Garfield Med Ctr		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Darren Wirthwein, Dr.		Date of Receipt
	Mailing Address 501 20th St Suite G3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Knoxville	TN	37916
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.39374
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Innovative Pathology Services		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 950.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 67 / 97  
(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 Geoffrey Witrak, Dr.

Mailing Address Dept of Path  
407 E 3rd St

City State Zip Code  
Duluth MN 55805-1950

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

Name of Employer St. Mary's/Duluth Clinic Health System   Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.39566

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
D Mark Woodard, Dr.

Mailing Address 27 Gannett Peak Dr

City State Zip Code  
Lander WY 82520-9643

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

Name of Employer Lander Valley Med Ctr   Occupation Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.39391

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ► **68612.00**

**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)

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement BANK SERVICE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.39776</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement BANK SERVICE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.39777</p> <p>Date of Disbursement 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement BANK SERVICE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.39778</p> <p>Date of Disbursement 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 62.50</p>

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

128.00

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

128.00

**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)

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<input type="checkbox"/> 21b	<input checked="" 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)

Friends of Weiner

Mailing Address 1 Ascan Avenue #31

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: NY District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB22.39675

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

5000.00

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>21ST CENTURY MAJORITY FUND</b>	<b>Transaction ID:</b> SB23.39649 Date of Disbursement 10 / 25 / 2010	
	Mailing Address 6065 Roswell Road BOX 2274		
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ANNA ESHOO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.39663 Date of Disbursement 10 / 25 / 2010	
	Mailing Address 555 CAPITOL MALL SUITE 1425		
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BILLY LONG FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.39717 Date of Disbursement 10 / 25 / 2010	
	Mailing Address 1675-F E SEMINOLE		
	City SPRINGFIELD State MO Zip Code 65804	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

**12500.00**

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

**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)

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<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)  
BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: OR District: 03  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39650  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
BLUMENTHAL FOR SENATE

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CT District: 00  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39719  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
BUCHANAN FOR CONGRESS

Mailing Address 2875 Towerview Road  
Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: FL District: 13  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39651  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

**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)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BUCSHON FOR CONGRESS</b>  Mailing Address PO Box 250  City Newburgh State IN Zip Code 47629  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 08	Transaction ID: SB23.39721 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CANTOR FOR CONGRESS</b>  Mailing Address P. O. Box 17813  City Richmond State VA Zip Code 23226  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: SB23.39652 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 3000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b>  Mailing Address PO Box 442  City Allentown State PA Zip Code 18105  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15	Transaction ID: SB23.39654 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 2500.00

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

**10500.00**

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



**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)

<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)  
CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

**Transaction ID:** SB23.39723  
**Date of Disbursement**

Mailing Address P.O. Box 11091  
SUITE 1000 JAMES BUILDING

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

City State Zip Code  
Chattanooga TN 37401

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

**B.** Full Name (Last, First, Middle Initial)  
CICILLINE COMMITTEE

**Transaction ID:** SB23.39754  
**Date of Disbursement**

Mailing Address 102 Waterman St  
Suite 2

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

City State Zip Code  
Providence RI 02906

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: RI District: 01

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT ED TOWNS

**Transaction ID:** SB23.39655  
**Date of Disbursement**

Mailing Address 438 Lewis Avenue

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

City State Zip Code  
Brooklyn NY 11233

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 10

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

12500.00
----------

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

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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)

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<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)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

**Transaction ID:** SB23.39656

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 2	<sup>D</sup> 5	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address PO BOX 1631

Amount of Each Disbursement this Period

2000.00
---------

City State Zip Code  
**BALTIMORE MD 21203**

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

**B.**

Full Name (Last, First, Middle Initial)  
**DAN BENISHEK FOR CONGRESS**

**Transaction ID:** SB23.39771

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 5	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
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Mailing Address 415 S STEPHENSON AVE

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
**IRON MOUNTAIN MI 49801**

Purpose of Disbursement  
**DEBT RETIREMENT 2010**

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Debt Retirement

**C.**

Full Name (Last, First, Middle Initial)  
**DAN SEALS FOR CONGRESS**

**Transaction ID:** SB23.39725

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 2	<sup>D</sup> 5	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address P.O. Box 584

Amount of Each Disbursement this Period

5000.00
---------

City State Zip Code  
**Wilmette IL 60091**

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

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

12000.00
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**TOTAL** This Period (last page this line number only) ..... ►

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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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address PO Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p><b>Transaction ID:</b> SB23.39657</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL</p> <p>Mailing Address 1401 21st Street Suite 200</p> <p>City Sacramento State CA Zip Code 95811</p> <p>Purpose of Disbursement RECOUNT FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Recount</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39756</p> <p>Date of Disbursement 11 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39658</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

10000.00

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

# 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diana DeGette for Congress  Mailing Address 38 Ivy Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01	Transaction ID: SB23.39659 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DJOU FOR HAWAII  Mailing Address P.O. BOX 235280  City HONOLULU State HI Zip Code 96823  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 01	Transaction ID: SB23.39647 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) DOC PAC  Mailing Address 264 N LUMPKIN STREET #202  City ATHENS State GA Zip Code 30601  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.39660 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

**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)

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<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) <b>DOGGETT FOR U S CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.39661
	Mailing Address <b>PO BOX 5843</b>	Date of Disbursement 10 / 25 / 2010
	City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78763</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>TX</b> District: <b>10</b>	

B.	Full Name (Last, First, Middle Initial) <b>ENGEL FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.39662
	Mailing Address <b>462 California Road</b>	Date of Disbursement 10 / 25 / 2010
	City <b>Bronxville</b> State <b>NY</b> Zip Code <b>10708</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NY</b> District: <b>17</b>	

C.	Full Name (Last, First, Middle Initial) <b>FEINGOLD SENATE COMMITTEE</b>	<b>Transaction ID:</b> SB23.39665
	Mailing Address <b>PO BOX 620062</b>	Date of Disbursement 10 / 25 / 2010
	City <b>MIDDLETON</b> State <b>WI</b> Zip Code <b>53562</b>	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WI</b> District: <b>00</b>	

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

**10000.00**

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

# 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS</p> <p>Mailing Address GOEAS AND ASSOCIATES 1707 PRINCE ST, #5</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement DEBT RETIREMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement</p>	<p><b>Transaction ID:</b> SB23.39767</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CLIFF STEARNS</p> <p>Mailing Address PO BOX 308</p> <p>City SILVER SPRINGS State FL Zip Code 34489</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39667</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN</p> <p>Mailing Address 250 PRAIRIE CENTER DRIVE SUITE 120</p> <p>City Eden Prairie State MN Zip Code 55347</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39692</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

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

9000.00

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







**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)

<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)  
Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TX District: 29  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39676  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
GEOFF DAVIS FOR CONGRESS

Mailing Address 700 12TH STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: KY District: 02  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39677  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: VA District: 11  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39644  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

**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)

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<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) GRAVES FOR CONGRESS	Transaction ID: SB23.39762 Date of Disbursement
	Mailing Address 815 KING STREET SUITE 311	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement DEBT RETIREMENT 2010	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETIREM

B.	Full Name (Last, First, Middle Initial) Hall for Congress	Transaction ID: SB23.39678 Date of Disbursement
	Mailing Address PO Box 711	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockwell State TX Zip Code 75087	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS	Transaction ID: SB23.39679 Date of Disbursement
	Mailing Address PO Box 176	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Crete State IL Zip Code 60417	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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) HOEVEN FOR SENATE	Transaction ID: SB23.39729 Date of Disbursement 10 / 25 / 2010
	Mailing Address PO BOX 15114	Amount of Each Disbursement this Period 5000.00
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JAIME HERRERA FOR CONGRESS	Transaction ID: SB23.39645 Date of Disbursement 10 / 22 / 2010
	Mailing Address PO Box 1614	Amount of Each Disbursement this Period 5000.00
	City Ridgefield State WA Zip Code 98642	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS COMMITTEE	Transaction ID: SB23.39681 Date of Disbursement 10 / 25 / 2010
	Mailing Address P.O. Box 75214	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20013-5214	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12500.00

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

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN S FUND</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39682 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JULIE LASSA FOR CONGRESS</p> <p>Mailing Address PO Box 112</p> <p>City Stevens Point State WI Zip Code 54481</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39731 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JUSTIN AMASH FOR CONGRESS</p> <p>Mailing Address 1500 E BELTLINE AVE SE STE 250</p> <p>City GRAND RAPIDS State MI Zip Code 49506</p> <p>Purpose of Disbursement DEBT RETIREMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETIREM</p>	<p><b>Transaction ID:</b> SB23.39760 <b>Date of Disbursement</b> 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

12500.00

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

**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)

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<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)  
KAREN BASS FOR CONGRESS

Transaction ID: SB23.39783  
Date of Disbursement

Mailing Address 777 S FIGUERA STREET  
SUITE 4050

/   /

City LOS ANGELES State CA Zip Code 90017

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
KIND FOR CONGRESS COMMITTEE

Transaction ID: SB23.39749  
Date of Disbursement

Mailing Address 205 South 5th Ave  
Suite 428

/   /

City La Crosse State WI Zip Code 54601

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
LARSON FOR CONGRESS

Transaction ID: SB23.39683  
Date of Disbursement

Mailing Address 29 RUFF CIRCLE

/   /

City GLASTONBURY State CT Zip Code 06033

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

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

**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)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS  Mailing Address P.O. Box 71 PO BOX 71  City Clarion State IA Zip Code 50525  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 04	Transaction ID: SB23.39684 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 3000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) MADISON PAC; THE  Mailing Address 235 STATE STREET #206  City SPRINGFIELD State MA Zip Code 01103  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.39707 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.  Mailing Address PO Box 682185  City Franklin State TN Zip Code 37068  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07	Transaction ID: SB23.39685 Date of Disbursement 10 / 25 / 2010  Amount of Each Disbursement this Period 2500.00

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

10500.00

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

**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)

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<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)  
MARTIN HEINRICH FOR CONGRESS

**Transaction ID:** SB23.39641  
Date of Disbursement

Mailing Address 2118 CENTRAL AVENUE SE  
#71

/   /

City Albuquerque State NM Zip Code 87105

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**B.**

Full Name (Last, First, Middle Initial)  
MICA FOR CONGRESS

**Transaction ID:** SB23.39686  
Date of Disbursement

Mailing Address P. O. Box 181546

/   /

City Casselberry State FL Zip Code 32718

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**C.**

Full Name (Last, First, Middle Initial)  
MISSION PAC

**Transaction ID:** SB23.39766  
Date of Disbursement

Mailing Address 38 IVY STREET, SE

/   /

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

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





**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>PAC TO THE FUTURE</b></p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.39690 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PASCRELL FOR CONGRESS INC.</b></p> <p>Mailing Address POB 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08</p>	<p><b>Transaction ID:</b> SB23.39691 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>PAUL BROUN COMMITTEE</b></p> <p>Mailing Address P.O. Box 1512</p> <p>City Athens State GA Zip Code 30601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10</p>	<p><b>Transaction ID:</b> SB23.39695 <b>Date of Disbursement</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

7000.00

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

# 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)

<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)  
**PETE STARK RE-ELECTION COMMITTEE**

Mailing Address PO BOX 8331

City State Zip Code  
FREMONT CA 94537

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 13

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39697  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City State Zip Code  
DUBLIN OH 43017

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: OH District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39781  
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**RAJ GOYLE FOR CONGRESS, INC.**

Mailing Address P.O. Box 780971

City State Zip Code  
Wichita KS 67278

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: KS District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39745  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

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

12500.00

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



# 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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam for Congress <hr/> Mailing Address 423 W. Wesley Street <hr/> City Wheaton State IL Zip Code 60189 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39700 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SANGSETTY FOR CONGRESS, LLC <hr/> Mailing Address PO Box 7051 <hr/> City Houma State LA Zip Code 70361 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39642 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS <hr/> Mailing Address P.O. BOX 5130 <hr/> City EVANSTON State IL Zip Code 60204 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39701 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8000.00

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

**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)

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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>SOUTHERLAND FOR CONGRESS</b></p> <p>Mailing Address 528 W BALDWIN ROAD</p> <p>City PANAMA CITY State FL Zip Code 32405</p> <p>Purpose of Disbursement DEBT RETIRMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT</p>	<p><b>Transaction ID:</b> SB23.39774</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>STIVERS FOR CONGRESS</b></p> <p>Mailing Address 217 THIRD STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement DEBT RETIREMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT</p>	<p><b>Transaction ID:</b> SB23.39773</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SUE MYRICK FOR CONGRESS</b></p> <p>Mailing Address 1850 East 3rd St., #350</p> <p>City Charlotte State NC Zip Code 28204</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.39703</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

12000.00

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

# 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)

<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)  
**TAMMY BALDWIN FOR CONGRESS**

Mailing Address P O BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: WI District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.39704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
**TIBERI FOR CONGRESS**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OH District: 12

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.39708

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
**TIM MURPHY FOR CONGRESS**

Mailing Address 700 12th Street, NW

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: PA District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.39688

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

**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)

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<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) UPTON FOR ALL OF US	Transaction ID: SB23.39709 Date of Disbursement 10 / 25 / 2010
	Mailing Address P.O. BOX 490	Amount of Each Disbursement this Period 3500.00
	City ST JOSEPH State MI Zip Code 49085	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.39710 Date of Disbursement 10 / 25 / 2010
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 1000.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS	Transaction ID: SB23.39711 Date of Disbursement 10 / 25 / 2010
	Mailing Address 11468 HWY 105	Amount of Each Disbursement this Period 2500.00
	City BANNER ELK State NC Zip Code 28604	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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

**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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>VOLUNTEERS FOR SHIMKUS</b> <hr/> Mailing Address P.O. Box 5458 <hr/> City Springfield State IL Zip Code 62705 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19	<b>Transaction ID:</b> SB23.39712 <b>Date of Disbursement</b> 10 / 25 / 2010	
	Amount of Each Disbursement this Period 2000.00	
	Full Name (Last, First, Middle Initial) <b>B.</b> <b>WALLY HERGER FOR CONGRESS COMMITTEE</b> <hr/> Mailing Address PO BOX 16021 <hr/> City Alexandria State VA Zip Code 22302 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02	<b>Transaction ID:</b> SB23.39713 <b>Date of Disbursement</b> 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00	
Full Name (Last, First, Middle Initial) <b>C.</b> <b>WELCH FOR CONGRESS</b> <hr/> Mailing Address PO BOX 1682 <hr/> City BURLINGTON State VT Zip Code 05402 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District: 00	<b>Transaction ID:</b> SB23.39714 <b>Date of Disbursement</b> 10 / 25 / 2010	
	Amount of Each Disbursement this Period 2500.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>



**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WHITFIELD FOR CONGRESS COMMITTEE</b> <hr/> Mailing Address P.O. BOX 391 <hr/> City HOPKINSVILLE State KY Zip Code 42241 Purpose of Disbursement <input type="text"/> Category/Type <input type="text"/> Candidate Name _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 01	<b>Transaction ID:</b> SB23.39715 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WOOLSEY FOR CONGRESS</b> <hr/> Mailing Address PO Box 750176 <hr/> City Petaluma State CA Zip Code 94975 Purpose of Disbursement <input type="text"/> Category/Type <input type="text"/> Candidate Name _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 06	<b>Transaction ID:</b> SB23.39716 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

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

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