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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 IL 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 04 13 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

College of American Pathologists Political Action Committee

_		COLUMN A	COLUMN B
		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		387407.60
	(b) Cash on Hand at Begining 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 TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

м м 1 0 1 4 м°м 1 1 2<sup>D</sup>2 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 68612.00 456348.00 (i) Itemized (use Schedule A) ...... 13973.00 105890.00 (ii) Unitemized ..... (iii) TOTAL (add 82585.00 562238.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 82585.00 562238.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 82585.00 562238.00 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 82585.00 562238.00 (subtract Line 18(c) from Line 19) .....

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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Dispursements	Page 4		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
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		
Transfers to Affiliated/Other Party Committees	5000.00	5000.00		
Contributions to Federal Candidates/Committeesand Other Political Committees	260000.00	598780.68		
. Independent Expenditure (use Schedule E)	0.00	0.00		
. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
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		
. Other Disbursements	0.00	410.10		
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		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	265128.00	605958.13		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	265128.00	605050 10		
from Line 31)	203120.00	605958.13		

### **DETAILED SUMMARY PAGE**

of Disbursements

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

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	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	

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 97 (check only one)    X   11a			
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) E Mary Adams, Dr.  Mailing Address 1255 W Washing	uton St	Date of Receipt			
City	State Zip Code	1 1 1 9 2 0 1 0 Transaction ID: SA11AI.39535			
Tempe FEC ID number of contributing federal political committee.	AZ 85281-1210	Amount of Each Receipt this Period 300.00			
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) P. James Almas, Dr.  Mailing Address 171 Winged Foot	P. James Almas, Dr.				
City  Jackson  FEC ID number of contributing federal political committee.	State Zip Code MS 39211	Transaction ID: SA11AI.39543  Amount of Each Receipt this Period  500.00			
Name of Employer St. Dominic-Jackson Memorial Hosp Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)  F Dale Andres, Dr.	0 0 0 0 0 0 0 0	Date of Receipt			
Mailing Address Lab 1111 6th Ave		10 15 2010			
City <u>Des Moines</u>	State Zip Code IA 50314-2611	Transaction ID: SA11AI.39422  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Mercy Med Ctr-Des Moines	Occupation Pathologist	1			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optic	onal)	1800.00			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 97 (check only one)    X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ray Armand			Date of Receipt
	Mailing Address 1140 Business Center	11 03 7 2010		
	City Houston	State TX	Zip Code 77043-2742	Transaction ID: SA11AI.39441  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77043-2742	200.00
	Name of Employer MLD Pathology	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
– В.	Full Name (Last, First, Middle Initial) Herbert Lloyd Arnold, Dr.  Mailing Address 900 Illinois Ave	Date of Receipt		
		11 12 2010		
	City Stevens Point	State WI	Zip Code 54481-3114	Transaction ID: SA11AI.39560  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer St Michael's Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ C.	Full Name (Last, First, Middle Initial) Paul Bannister			Date of Receipt
	Mailing Address 6339 Riverview Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.39280
	Dallas  FEC ID number of contributing federal political committee.	C	75248-2841	Amount of Each Receipt this Period  100.00
	Name of Employer Baylor Med Ctr @ Garland	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			400.00
t	TOTAL This Period (last page this line number		<u> </u>	

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 97 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Biorn Jiri Bedrnicek, Dr.  Mailing Address The Pathology Ctr 8303 Dodge St			Date of Receipt  1 1 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11Al.39426
	<u>Omaha</u>	NE	68114-4108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Methodist Hospital	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.	!		Date of Receipt
	Mailing Address Dept. Of Pathology 2401 S 31st St			10 15 2010
	City Temple	State TX	Zip Code 76508-0002	Transaction ID: SA11AI.39526
	FEC ID number of contributing federal political committee.	C	76306-0002	Amount of Each Receipt this Period  200.00
	Name of Employer Scott and White Memorial Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
. <del>-</del>	Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.			Date of Receipt
	Mailing Address Dept. Of Pathology 2401 S 31st St			11 01 2010
	City Temple	State TX	Zip Code	Transaction ID: SA11AI.39527
	FEC ID number of contributing federal political committee.	C	76508-0002	Amount of Each Receipt this Period  100.00
	Name of Employer Scott and White Memorial Hosp	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			400.00

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)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) John Peter Benson, Dr.		Date of Receipt
Mailing Address Pathology Departme 3300 Oakdale North		10 22 2010
City Robbinsdale	State Zip Code MN 55422	Transaction ID: SA11AI.39459
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer North Memorial Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.  Mailing Address Department of Patho	Date of Receipt	
172 4th Street SE	10 26 2010	
City	State Zip Code	Transaction ID: SA11AI.39370
Huron	SD 57350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Huron Regional Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) G. Jared Block, Dr.		Date of Receipt
Mailing Address 2928 Forest Park Dr	10 15 2010	
City	State Zip Code	Transaction ID: SA11AI.39297
Charlotte	NC 28209-1402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Carolinas Med Ctr - Unive- rsity	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	)	700.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) G. Jared Block, Dr.  Mailing Address 2928 Forest Park Dr			Date of Receipt
	City	State	Zip Code	1 1 1 5 2 0 1 0  Transaction ID: SA11AI.39298
	<u>Charlotte</u>	NC	28209-1402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Carolinas Med Ctr - Unive- rsity	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) K Andrea Blumberg, Dr.  Mailing Address 800 SE 9th St			Date of Receipt
				11 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.39417
	Fort Lauderdale  FEC ID number of contributing federal political committee.	FL C	33316-1230	Amount of Each Receipt this Period 250.00
	Name of Employer Memorial Hosp West	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) J. Richard Boatsman, Dr.	Date of Receipt		
	Mailing Address Department of Pathol Box 129	11 08 2010		
	City	State OK	Zip Code	Transaction ID: SA11AI.39310
	Lawton FEC ID number of contributing federal political committee.	C	73502	Amount of Each Receipt this Period  2000.00
	Name of Employer Comanche County Mem Hosp	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional) .			2400.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE   11/9/   (check only one)	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (	Committee		
Full Name (Last, First, Middle Initial) Joy Teri Bohlmeyer, Dr.			Date of Receipt	
Mailing Address 25638 487th Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.39497	
Garretson  FEC ID number of contributing federal political committee.	SD	57030	Amount of Each Receipt this Period  100.00	
Name of Employer Physicians Lab of NW Iowa	Occupation Patholog			
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt	
Mailing Address Department of Pat 2260 Wrightsboro	10 15 2010 Transaction ID: SA11AI.39269			
City Augusta	State Zip Code sta GA 30904			
FEC ID number of contributing federal political committee.	C	00004	Amount of Each Receipt this Period 250.00	
Name of Employer St. Joseph Hosp	Occupation Patholog			
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2000.00	]	
Full Name (Last, First, Middle Initial) L. David Booker, Dr.			Date of Receipt	
Mailing Address Department of Pathology 2260 Wrightsboro Rd.			1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Augusta	State GA	Zip Code 30904	Transaction ID: SA11AI.39270  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	00004	250.00	
Name of Employer St. Joseph Hosp	Occupation Patholog			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00		
SUBTOTAL of Receipts This Page (option	ıal)		600.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 97 (check only one)    X
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 4.	Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr.			Date of Receipt
	Mailing Address 5101 S Willow Springs	10 15 / Y Y Y Y Y Y		
	City LaGrange	State IL	Zip Code 60525	Transaction ID: SA11AI.39390  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00323	500.00
	Name of Employer LaGrange Memorial Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- 3.	Full Name (Last, First, Middle Initial)  D Mark Brissette, Dr.  Mailing Address 1610 Little Raven St #	508		Date of Receipt
	City	1 0 2 7 2 0 1 0 Transaction ID: SA11AI.39599		
	<u>Denver</u>	State CO	Zip Code 80202-6180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer VA Med Ctr-Denver	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) T Izabela Burja, Dr.	1		Date of Receipt
	Mailing Address Laboratory 908 West 4th North St			11 03 7 9 9 9
	City Morristown	State TN	Zip Code 37814	Transaction ID: SA11AI.39446
	FEC ID number of contributing federal political committee.	C	37014	Amount of Each Receipt this Period  200.00
	Name of Employer Morristown-Hamblen Hosp	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	,	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1		800.00

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)    X
Any information copied from such Reports and Stor commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action (	Committee	
Full Name (Last, First, Middle Initial) Patrick Nicholas Byrne, Dr.			Date of Receipt
Mailing Address 6028 Ocean View Dr			10 26 2010
City	State	Zip Code	Transaction ID: SA11AI.39378
Oakland	CA	94618-1845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer John Muir Med Ctr-Walnut Creek	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Z. Rafael Campanini, Dr.			Date of Receipt
Mailing Address Department of Patholo 1044 N Francisco St	10 22 7 2010		
City	State	Zip Code	Transaction ID: SA11AI.39467
Chicago	<u> </u>	60622-2794	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Norwegian American Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.			Date of Receipt
Mailing Address 4733 Andrew Jackson	Pkwy Ste G	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39478
<u>Hermitage</u>	TN	37076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pathologists Laboratory, PC	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 97 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Alexander Castiello  Mailing Address Lab  100 North Crest Dr  City  Springfield  FEC ID number of contributing federal political committee.  Name of Employer NorthCrest Med Ctr	State TN C Occupatio Patholog	jist	Date of Receipt    M
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  G James Collins, Dr.	Aggregate	e Year-to-Date ▼ 500.00	Date of Receipt
Mailing Address 13855 E 14th St  City San Leandro  FEC ID number of contributing federal political committee.  Name of Employer San Leandro Hosp  Receipt For:  Primary General Other (specify) ▼	State CA  C  Occupatio Patholog  Aggregate		Transaction ID: SA11AI.39525  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  M Jessica Comstock, Dr.  Mailing Address Dept Of Pathology 100 Mario Capecchi D  City  Salt Lake City  FEC ID number of contributing federal political committee.  Name of Employer Primary Childrens Medical Center Receipt For: Primary General Other (specify)	State UT  C Occupatio Patholog		Date of Receipt  M M J D D J 2010  Transaction ID: SA11AI.39502  Amount of Each Receipt this Period  200.00
SUBTOTAL of Receipts This Page (optional)			1200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/97 (check only one)    X   11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr.  Mailing Address Dept of Path 3401 W Gore Blvd  City Lawton  FEC ID number of contributing federal political committee.  Name of Employer Comanche County Mem Hosp  Receipt For: Primary General	State OK C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.  Mailing Address 5620 East El Parque  City Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Centinela Hosp Med Ctr  Receipt For:  Primary General Other (specify) ▼	State CA C Occupation Pathology	Zip Code 90815-4129	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.  Mailing Address 5620 East El Parque  City Long Beach  FEC ID number of contributing federal political committee.  Name of Employer Centinela Hosp Med Ctr  Receipt For: Primary General Other (specify)	State CA C Occupation Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 5 2 0 1 0  Transaction ID: SA11AI.39301  Amount of Each Receipt this Period  100.00
	SUBTOTAL of Receipts This Page (optional) a			1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16/9/   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) Richard Cote			Date of Receipt
Mailing Address Holtz Ctr 2070 1611 NW 12th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Miami	State FL	Zip Code 33136-1005	Transaction ID: SA11AI.39376  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Jackson Memorial Hospital	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) K. Dwayne Crabtree, Dr.			Date of Receipt
Mailing Address Department of Patho 1000 W Tenth St	ology		11 03 7 9 9 9
City Rolla	State MO	Zip Code 65401	Transaction ID: SA11AI.39494  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Phelps County Reg Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) J Michael Crossey, Dr.			Date of Receipt
Mailing Address 1001 Woodward PI I	NE		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 0 7 2 0 1 0
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SA11AI.39583
FEC ID number of contributing federal political committee.	C	07102	Amount of Each Receipt this Period  1000.00
Name of Employer Tricore Reference Laborat- ories	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Michael David Crossland, Dr.		Date of Receipt
Mailing Address Dept of Path 3435 Bailey Ave		10 15 2010
City Buffalo	State Zip Code	Transaction ID: SA11AI.39597
FEC ID number of contributing federal political committee.	NY 14215-1145	Amount of Each Receipt this Period  21.00
Name of Employer VA WNY Healthcare System	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  206.00	
Full Name (Last, First, Middle Initial) Michael David Crossland, Dr.	_ <b>L</b>	Date of Receipt
Mailing Address Dept of Path 3435 Bailey Ave		11 15 2010
City	State Zip Code	Transaction ID: SA11AI.39598
Buffalo	NY 14215-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	21.00
Name of Employer VA WNY Healthcare System	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	227.00	
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 Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39326
Springfield	VA 22150-7837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer 44th Path Team	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional	)	292.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 97 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any personal statements and address of any political committee to political Action Committee	
Full Name (Last, First, Middle Initial) L. Jeffrey Curtis, Dr.  Mailing Address Department of Pathor 1601 Ygnacio Valley City Walnut Creek  FEC ID number of contributing federal political committee.  Name of Employer John Muir Med Ctr  Receipt For:	ology	Date of Receipt  M M M / D D / 28 / 2010  Transaction ID: SA11AI.39379  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) B. David Danner, Dr.  Mailing Address Laboratory 219 S Washington S	500.00	Date of Receipt  10 22 2010
City Easton  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hosp	State Zip Code MD 21601  C  Occupation Pathologist	Transaction ID: SA11AI.39414  Amount of Each Receipt this Period  200.00
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 400.00	]
Melissa Peggy Delahoussaye, Dr. Mailing Address 4922 Linden St  City Bellaire  FEC ID number of contributing federal political committee.	State Zip Code TX 77401-4435	Date of Receipt    M M M
Name of Employer MLD Pathology  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) H. Phillip Deos, Dr. Mailing Address 2625 Coffee Road  City Modesto	State Zip Code CA 95355	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Yosemite Pathology Med Grp  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   400.00	200.00
Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr.  Mailing Address Department of Path 1919 E Thomas Round Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Phoenix Children's Hosp  Receipt For: Primary General		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr.  Mailing Address Department of Pati 1919 E Thomas Ro  City Phoenix  FEC ID number of contributing	State Zip Code AZ 85016-7710	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1000.00	]
SUBTOTAL of Receipts This Page (options	al)	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 97 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Marilyn Virginia Donovan, Dr. Mailing Address 26 Pine Dr N  City Roslyn  FEC ID number of contributing federal political committee.	State NY C	Zip Code 11576-2037	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Winthrop Univ Hosp  Receipt For:  Primary General  Other (specify) ▼	Patholog		
Full Name (Last, First, Middle Initial) F Michael Doyle, Dr.  Mailing Address 1320 Mercy Dr Nw	·		Date of Receipt    M
City	State	Zip Code	Transaction ID: SA11AI.39420
Canton	OH	44708-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Mercy Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) M. Adam Dubin, Dr.	<u>'</u>		Date of Receipt
Mailing Address Department of Path 120 N Oak St			11 08 2010
City Hinsdale	State IL	Zip Code 60521-3829	Transaction ID: SA11AI.39361  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00321-3029	100.00
Name of Employer Hinsdale Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	ال		650.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Report or for commercial purposes, other than the NAME OF COMMITTEE (In Full)  College of American Pathologis	rts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.  Mailing Address Department of 1783 El Camino City Burlingame FEC ID number of contributing federal political committee.  Name of Employer Peninsula Med Ctr	State Zip Code CA 94010  C Occupation	Date of Receipt  10 29 2010  Transaction ID: SA11AI.39492  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Pathologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Michelle Leigh Ehrlich Powers, Dr. Mailing Address 262 Vivaron Av	е	Date of Receipt  1 1 0 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39579
Saint Charles	MO 63303-4213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Washington Univ Sch of Med	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr.	1	Date of Receipt
Mailing Address Department of 1 Medical Village	ge Drive	11 1 19 2010
City	State Zip Code	Transaction ID: SA11AI.39545
Edgewood  FEC ID number of contributing federal political committee.	KY 41017	Amount of Each Receipt this Period 300.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	itional)	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr.  Mailing Address Department of Pathological		Date of Receipt
Mailing Address Department of Patholo 1 Medical Village Drive		11 22 2010
City	State Zip Code	Transaction ID: SA11AI.39546
Edgewood	KY 41017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) G Paul Ellerbeck, Dr.		Date of Receipt
Mailing Address 250 Mercy Dr RM PO Box 731		10 15 2010
City	State Zip Code	Transaction ID: SA11AI.39480
<u>Dubuque</u>	IA 52004-0731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer Pathology Associates	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) E. Janice Errick, Dr.		Date of Receipt
Mailing Address 521 East Ave		10 22 7 2010
City	State Zip Code	Transaction ID: SA11AI.39396
Lockport	NY 14094-3201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Lockport Memorial Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	]
SUBTOTAL of Receipts This Page (optional)		1350.00
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 97 (check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   1
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may rusing the name and addre	not be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	ists Political Action Co	ommittee	
Full Name (Last, First, Middle Initia	)		
. Edward Ewing  Mailing Address Lab  405 W Grand	Δνο		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.39347
Dayton	OH	45459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Grandview Hosp	Occupation Pathologis	ıt.	
Receipt For:	<del>- ' '</del>	rear-to-Date ▼	
Primary General Other (specify) ▼		1500.00	]
Full Name (Last, First, Middle Initia P. Kevaghn Fair, Dr.	)		Date of Receipt
Mailing Address 733 Boush St	Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39331
Norfolk	VA	23510-1501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Dominion Pathology Labora- tories	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia R. Marc Filstein, Dr.	)		Date of Receipt
Mailing Address Department o PO Box 16052			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39514
Reading	PA	19612-6052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Reading Hosp & Med Ctr	Occupation Pathologis	it	
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	]
SUBTOTAL of Receipts This Page (o	untional)		2100.00
GODIOTAL OF TRECEIPES THIS Fage (C	puonan		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Sta	atements may r	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
\ \ \	or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full)  College of American Pathologists Politi  Full Name (Last, First, Middle Initial)	name and addre	ess of any political committee to	solicit contributions from such committee.
A.	G. Kenneth Flanagan, Dr.  Mailing Address Clinical Lab  1003 Willow Creek Roa  City	ad State	Zip Code	Date of Receipt    M M
	Prescott  FEC ID number of contributing federal political committee.	AZ C	86301-1645	Amount of Each Receipt this Period
	Name of Employer Yavapai Regional Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologis Aggregate Y	et (ear-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) M. Margaret Flanagan, Dr. Mailing Address 50 Kenwood Road  City Chambersburg  FEC ID number of contributing federal political committee.  Name of Employer The Chambersburg Hospital  Receipt For: Primary General Other (specify)	State PA C Occupation Pathologis Aggregate Y	Zip Code 17201-1256 it /ear-to-Date ▼	Date of Receipt  M M M / 22 / 2010  Transaction ID: SA11AI.39572  Amount of Each Receipt this Period  500.00
С.	Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.  Mailing Address Apt 8 D 215 E 95th St  City  New York  FEC ID number of contributing federal political committee.  Name of Employer Mt Sinai Schl of Med  Receipt For:  Primary General Other (specify)	State NY  C  Occupation Pathologis Aggregate Y	Zip Code 10128 it /ear-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			850.00

	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)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.  Mailing Address Apt 8 D			Date of Receipt
	215 E 95th St			11 15 2010
	City New York	State NY	Zip Code 10128	Transaction ID: SA11AI.39452  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10120	125.00
	Name of Employer Mt Sinai Schl of Med	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 475.00	
В.	Full Name (Last, First, Middle Initial) J Stanley Geyer, Dr.  Mailing Address 3 Willow Farms Ln			Date of Receipt
		01-1-	7'- 0-1-	11 08 2010
	City Pittsburgh	State PA	Zip Code 15238	Transaction ID: SA11AI.39345  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	150.00
	Name of Employer unaffiliated	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) M Paul Gibbs, Dr.	1		Date of Receipt
	Mailing Address 2308 Sandridge Dr			1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.39316
	Dayton  FEC ID number of contributing federal political committee.	ОН	45439-1856	Amount of Each Receipt this Period  1000.00
	Name of Employer CompuNet Clinical Labs	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1275.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 97 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	T Gillion Folian Committee	
E Sarah Gibson, Dr.		Date of Receipt
Mailing Address 9260 Stony Crest	Cir Apt 733	11 15 2010
City	State Zip Code	Transaction ID: SA11AI.39607
Richmond	VA 23235-6889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Virginia Commonwealth University Schoo	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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 1 0 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.39475
Dallas	TX 75205-2922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PathAdvantage Assoc	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) F. Eric Glassy, Dr.	L	Date of Receipt
Mailing Address 19951 Mariner Av	re Ste 160	M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 1 6 / 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39256
Torrance	CA 90503-1738	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Little Company of Mary Ho- sp-Torrance	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SURTOTAL of Receipte This Page (antio	nal)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 97 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) A Gary Gochman, Dr.			Date of Receipt
Mailing Address Lab 9333 E Imperial Hwy	/		11 03 7 9 9 10
City	State	Zip Code	Transaction ID: SA11AI.39380
Downey	CA	90242-2812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kaiser Downey Medical Cen- ter	Occupation Patholog		7
Receipt For:	<del>-</del>	Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Anne Julie Gulizia, Dr.			Date of Receipt
Mailing Address 6819 Fallbrook Ct			1 1 2 2 2 2 1 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39477
Colleyville	TX	76034-6571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PathAdvantage Assoc	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.			Date of Receipt
Mailing Address 13351 Rosehawk Dr			10 29 2010
City	State	Zip Code	Transaction ID: SA11AI.39327
Morningview	KY	41063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kings Daughters Med Ctr	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	]
SUBTOTAL of Receipts This Page (optional)	)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any personante name and address of any political committee to	
Full Name (Last, First, Middle Initial)  E. Thomas Hanes, Dr.  Mailing Address Main Lab 3441 Dickerson Pike City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Skyline Med Ctr  Receipt For: Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 5 2 0 1 0  Transaction ID: SA11AI.39533  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Alan Douglas Hansen, Dr. Mailing Address 7620 Overlake Dr W  City  Medina  FEC ID number of contributing federal political committee.  Name of Employer Puget Sound Inst of Patho-	State Zip Code WA 98039-4733  C	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 2 2 2 2 0 1 0  Transaction ID: SA11AI.39509  Amount of Each Receipt this Period  250.00
logy PLLC Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph Richard Hare, Dr.  Mailing Address 6317 Elm Crest Ct  City	Pathologist  Aggregate Year-to-Date ▼  250.00  State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ft Worth  FEC ID number of contributing federal political committee.  Name of Employer Plaza Med Ctr of Ft Worth  Receipt For:  Primary General Other (specify) ▼	C C C C C C C C C C C C C C C C C C C	Transaction ID: SA11AI.39500  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional	)	850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 97 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D. Brent Hartsell, Dr.  Mailing Address 1923 S Utica Ave		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Tulsa  FEC ID number of contributing federal political committee.	State Zip Code OK 74104	Transaction ID: SA11AI.39547  Amount of Each Receipt this Period  250.00
Name of Employer St John Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) D. Jeff Harvell, Dr.  Mailing Address Bethesda Dermator 1730 Elton Road	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Silver Spring FEC ID number of contributing federal political committee.	State Zip Code MD 20903	Transaction ID: SA11AI.39284  Amount of Each Receipt this Period  250.00
Name of Employer unaffiliated  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Joseph Michael Hayes, Dr.  Mailing Address Apt 4403 1020 S Mesa Hills I	Drive	Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City EI Paso FEC ID number of contributing federal political committee.	State         Zip Code           TX         79912-5111	Transaction ID: SA11AI.39507  Amount of Each Receipt this Period  300.00
Name of Employer Providence Memorial Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   300.00	
SUBTOTAL of Receipts This Page (optional	J)	800.00

## SCHEDULE A (FEC Form 3X)

City State Zip Code Omaha NE 68114  FEC ID number of contributing federal political committee.  Name of Employer Methodist Hospital Receipt For:	E 30 / 97	(check only one)    X   11a     11b   11c     15	Use separate schedule(s) for each category of the Detailed Summary Page	·	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Γ
N. Gene Herbek, Dr.  Mailing Address The Pathology Center 8303 Dodge St City Omaha NE 68114 FEC ID number of contributing federal political committee.  Name of Employer Methodist Hospital FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.  Name of Employer Methodist Hospital FEC ID number of contributing federal political committee.  City Omaha NE 68114  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Date of Receipt  Transaction ID: SA11Al.39  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  City Other (specify) ▼  Full Name (Last, First, Middle Initial) B. John Herington, Dr.  Mailing Address 300 Mamaroneck Ave Apt 401  City State Zip Code Other (specify) ▼  Transaction ID: SA11Al.39  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Amount of Each Receipt this I  Date of Receipt  Transaction ID: SA11Al.39  Transaction ID: SA11Al.39  Transaction ID: SA11Al.39	tributions mmittee.	for the purpose of soliciting contributions from such commit	lress of any political committee to	ing the name and add	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	
Receipt For:       Primary		Transaction ID: SA11AI.3942 Amount of Each Receipt this Pe	·	State NE	N. Gene Herbek, Dr.  Mailing Address The Pathology Cente 8303 Dodge St  City  Omaha	L
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.  Name of Employer Methodist Hospital  Receipt For: Primary General Other (specify) ▼ 1350.00  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.  Name of Employer Mailing Address 300 Mamaroneck Ave Apt 401  City State Zip Code White Plains NY 10605-6418  FEC ID number of contributing federal political committee.  Name of Employer White Plains Hospital Center Pathologist  Receipt For: Primary General Occupation Pathologist  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Pathologist  Aggregate Year-to-Date ▼	223.00	-	st Year-to-Date ▼	Occupation Pathologi	Name of Employer Methodist Hospital  Receipt For: Primary General	
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.  Name of Employer White Plains Hospital Center Receipt For: Primary General  Date of Receipt  Transaction ID: SA11AI.39  Amount of Each Receipt this I		Transaction ID: SA11AI.3942 Amount of Each Receipt this Pe	68114  st  Year-to-Date	State NE C Occupation Pathologi	N. Gene Herbek, Dr.  Mailing Address The Pathology Center 8303 Dodge St  City  Omaha  FEC ID number of contributing federal political committee.  Name of Employer Methodist Hospital  Receipt For: Primary General	
Receipt For:  Primary  General  Aggregate Year-to-Date ▼		Transaction ID: SA11AI.3961 Amount of Each Receipt this Pe	10605-6418	State NY C	B John Herrington, Dr.  Mailing Address 300 Mamaroneck Ave  City  White Plains  FEC ID number of contributing federal political committee.  Name of Employer White Plains Hospital Cen-	
Other (specify) •	700.00				Receipt For:	

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)     X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) G Thomas Hirose, Dr.			Date of Receipt
Mailing Address 4061 Davenport Dr	11 08 2010		
City Huntington Beach	State CA	Zip Code 92649-4223	Transaction ID: SA11AI.39346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Good Samaritan Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) G. Melvin Hoshiko, Dr.			Date of Receipt
Mailing Address Pathology Departme 2801 Atlantic Ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	Transaction ID: SA11AI.39397		
Long Beach	CA	90801-1428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Long Beach Memorial Med Ctr	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) H. Lydia Howard, Dr.			Date of Receipt
Mailing Address Pathology Departme	ent		1 1 1 2 2 0 1 0
City Miami Basah	State FL	Zip Code	Transaction ID: SA11AI.39450
Miami Beach  FEC ID number of contributing federal political committee.	C	33140	Amount of Each Receipt this Period 500.00
Name of Employer Mt. Sinai Med Ctr	Occupation Patholog		
Receipt For:	<del>'</del>	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any pers g the name and address of any political committee t Political Action Committee	
Full Name (Last, First, Middle Initial) G Robert Huber, Dr. Mailing Address 2504 Serravalle Si	State Zip Code	Date of Receipt  1 0 1 5 2 0 1 0  Transaction ID: SA11AI.39622
Uniontown  FEC ID number of contributing federal political committee.	OH 44685-5727	Amount of Each Receipt this Period  250.00
Name of Employer unaffiliated  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Andrew Michael Huening, Dr.  Mailing Address Department of Pat WakeMed Health	Date of Receipt  1 1 0 3 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.39512
Raleigh  FEC ID number of contributing federal political committee.	NC 27610-1231	Amount of Each Receipt this Period
Name of Employer Raleigh Pathology Lab Assoc PA Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial) L. Robert Hunter, Dr.		Date of Receipt
Mailing Address Department of Pate 6431 Fannin	nology	10 22 2010
City	State Zip Code	Transaction ID: SA11AI.39596
Houston  FEC ID number of contributing federal political committee.	TX 77030-2017	Amount of Each Receipt this Period  200.00
Name of Employer Univ of TX-Houston Med Sc- hool Receipt For:	Occupation Pathologist  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	nal)	1450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 33/9/   (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee			
Full Name (Last, First, Middle Initial) Sanaa Hussain			Date of Receipt		
Mailing Address 4805 NE Glisan St					
City Portland	State OR	Zip Code 97213-2933	Transaction ID: SA11AI.39508  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		200.00		
Name of Employer Providence Portland Med Ctr	Occupation Patholog				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) S. Mehraboon Irani, Dr.	I		Date of Receipt		
Mailing Address Medical Director Blood Systems Laboratories			1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	City State Zip Code Tempe AZ 85282-3113				
FEC ID number of contributing federal political committee.	C	65262-3113	Amount of Each Receipt this Period 500.00		
Name of Employer unaffiliated	Occupation Patholog				
Receipt For:  Primary General  Other (specify) ▼	<del>_ '</del> _	e Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.			Date of Receipt		
Mailing Address Pathology & Clinica 725 North Street	al Labs		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Pittsfield	State MA	Zip Code 01201	Transaction ID: SA11AI.39283  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Berkshire Health Systems	Occupation Patholog				
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' ' </del>	Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional			1700.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and addi	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Bruce David Jones, Dr.  Mailing Address Dept of Path 1001 S George St			Date of Receipt    M
City York FEC ID number of contributing	State PA	Zip Code 17403-3676	Transaction ID: SA11AI.39619  Amount of Each Receipt this Period  200.00
Name of Employer York Hosp  Receipt For: Primary Other (specify)	Occupation Pathologis		
Full Name (Last, First, Middle Initial) D Jack Jones, Dr. Mailing Address 200 Portland St			Date of Receipt
City Columbia  FEC ID number of contributing federal political committee.	State MO	Zip Code 65201-6525	Transaction ID: SA11AI.39291  Amount of Each Receipt this Period  200.00
Name of Employer Boyce & Bynum Pathology Labs PC Receipt For:  Primary General Other (specify) ▼	Occupation Pathologis Aggregate		
Full Name (Last, First, Middle Initial) Dennis Kasimian Mailing Address 15107 Vanowen St			Date of Receipt
City Van Nuys FEC ID number of contributing federal political committee.	State CA	Zip Code 91405-4542	Transaction ID: SA11AI.39603  Amount of Each Receipt this Period  250.00
Name of Employer Valley Presbyterian Hosp Receipt For:	Occupation Pathologis		
Primary General Other (specify) ▼	7.93.09410	350.00	
SUBTOTAL of Receipts This Page (optional	)		650.00

	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)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr.			Date of Receipt
	Mailing Address Dept of Path 1364 Clifton Rd NE, S	1 1 0 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.39336
	Atlanta	GA	30322-1064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Emory Univ Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00	
В.	Full Name (Last, First, Middle Initial) Louise Cyenthia Koehler, Dr.	<u> </u>		Date of Receipt
	Mailing Address Lab Svc 18701 N 67th Ave			1 1 0 8 2 0 1 0
	City Glendale	State AZ	Zip Code 85808	Transaction ID: SA11AI.39266
	FEC ID number of contributing federal political committee.	C	63606	Amount of Each Receipt this Period  250.00
	Name of Employer Arrowhead Community Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
С.	Full Name (Last, First, Middle Initial) D Mark Kolins, Dr.	1		Date of Receipt
	Mailing Address 3601 W. 13 Mile Road			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39615
	Royal Oak FEC ID number of contributing	MI	48073-6769	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer William Beaumont Hosp	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Jonathan Krauss, Dr.  Mailing Address 3005 Vassar Dr			Date of Receipt  1 0 2 8 2 0 1 0
City Augusta  FEC ID number of contributing federal political committee.	State GA	Zip Code 30909	Transaction ID: SA11AI.39626  Amount of Each Receipt this Period  50.00
Name of Employer Unaffiliated  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologi		
Full Name (Last, First, Middle Initial) A. John Laczin, Dr.  Mailing Address 1950 Mulsanne Drive  City	State	Zip Code	Date of Receipt    M
Zionsville FEC ID number of contributing federal political committee.	C	46077	Amount of Each Receipt this Period  250.00
Name of Employer Covance Central Lab Svcs, Inc Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) D. Ragini Lakhia, Dr.  Mailing Address 1140 Business Ctr Dr	370		Date of Receipt
City Houston	State TX	Zip Code 77043-2737	Transaction ID: SA11AI.39440  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Applied Diagnostics, Inc Receipt For:	Occupation Pathologi Aggregate		
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			550.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 97 (check only one)    X
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) ge of American Pathologists Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. R Paul Mailing City San A FEC II federa  Name South Hosp Receip	Antonio  O number of contributing political committee.  of Employer west Texas Methodist of For:  Primary General  Other (specify)	State TX  C  Occupatio Patholog  Aggregate		Date of Receipt    M M M
A. L. Patr Mailing City Brem FEC II federa Name Naval Receip	O number of contributing political committee.  of Employer Hospital Bremerton	State WA  C  Occupatio Patholog		Date of Receipt    M   M   Z 2
City Auror FEC II federa  Name Univ o hority Receip	D number of contributing political committee.  of Employer f Colorado Hosp Aut-	Rm 292 State CO C Occupation Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	<b>FAL</b> of Receipts This Page (optional)		<b>)</b>	850.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for co	ommercial purposes, other than using the ME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Col	lege of American Pathologists Polit	ical Action	Committee	
. Edw	Name (Last, First, Middle Initial) in Leschhorn			Date of Receipt
Maili ——	ng Address Meridian Health Syster  Dept of Pathology	m		10 22 7 2010
City	I Bank	State NJ	Zip Code 07701-7701	Transaction ID: SA11AI.39521
FEC	ID number of contributing ral political committee.	C	07701-7701	Amount of Each Receipt this Period  1000.00
Nam Rive	e of Employer rview Medical Center	Occupation		
Rec	eipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1000.00	
	Name (Last, First, Middle Initial) radley Linzie, Dr.	Date of Receipt		
Maili	ng Address Lab Medicine and Path 701 Park Ave	10 15 2010		
City	neapolis	State MN	Zip Code 55415	Transaction ID: SA11AI.39358
FEC	ID number of contributing ral political committee.	C	33413	Amount of Each Receipt this Period 200.00
Nam Hen	ne of Employer nepin County Med Ctr	Occupation Patholog		
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00	
	Name (Last, First, Middle Initial) argaret Listrom, Dr.			Date of Receipt
Maili	ng Address 2800 Waymaker Way	#31		11 09 2010
City		State	Zip Code	Transaction ID: SA11AI.39307
	tin  ID number of contributing ral political committee.	C	78746	Amount of Each Receipt this Period 500.00
Nam Clin	le of Employer cal Pathology Assoc	Occupation		7
Rec	eipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
	OTAL of Receipts This Page (optional)	I		1700.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) L. Fernando Lomba, Dr.  Mailing Address Department of Patholo 809 E Marion Ave  City	Dgy State	Zip Code	Date of Receipt    M
	Punta Gorda  FEC ID number of contributing federal political committee.	FL	33950	Amount of Each Receipt this Period  270.00
	Name of Employer Charlotte Regional Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupatio Patholog Aggregate		
– В.	Full Name (Last, First, Middle Initial)  E. Jose Maccera, Dr.  Mailing Address Department of Patholo 17 Kraft Ave	ogy		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Bronxville  FEC ID number of contributing federal political committee.	State NY	Zip Code 10708-4103	Transaction ID: SA11AI.39292  Amount of Each Receipt this Period  100.00
	Name of Employer Bronxville Pathology  Receipt For:  Primary General Other (specify) ▼	Occupatio Patholog Aggregate		
_ C.	Full Name (Last, First, Middle Initial) A Ruth Macke, Dr.  Mailing Address Dept of Pathology 1026 A Ave NE  City	State	Zip Code	Date of Receipt  10 20 2010  Transaction ID: SA11AI.39556
	Cedar Rapids  FEC ID number of contributing federal political committee.	C	52402-5036	Amount of Each Receipt this Period 1000.00
	Name of Employer St Luke's Hosp	Occupatio Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1370.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	d Statements may not be sold or used by any personal the name and address of any political committee to colitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) C John Maddox, Dr.  Mailing Address Ste 210 12200 Warwick Blve City	d State Zip Code	Date of Receipt    M
Newport News	VA 23601-1975	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 23001-1973	250.00
Name of Employer Riverside Reg Med Ctr  Receipt For: Primary Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   250.00	1
Full Name (Last, First, Middle Initial) S Larry Mapow, Dr.  Mailing Address 901 Easy St		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39537
Millville	NJ 08332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer South Jersey Healthcare RMC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) W. Alvin Martin, Dr.		Date of Receipt
Mailing Address Cpa Laboratory 2307 Greene Way City	State Zip Code	1 0 2 9 2 0 1 0 Transaction ID: SA11AI.39466
Louisville	KY 40220-4009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Norton Healthcare	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
CURTOTAL of December This Dage (entires	l)	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Joe McFarlane, Mr. Mailing Address PO Box 72059		Date of Receipt
City Eugene FEC ID number of contributing	State Zip Code OR 97401-0285	Transaction ID: SA11AI.39485  Amount of Each Receipt this Period  250.00
Name of Employer Pathology Consultants PC  Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Leo Jane Messina, Dr.  Mailing Address MCC Lab 12902 Magnolia Dr City Tampa  FEC ID number of contributing	State Zip Code FL 33612	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Andrew Joseph Migliozzi, Dr.  Mailing Address United Pathology 610 W Dr Martin Lu City Tampa  FEC ID number of contributing	state Zip Code FL 33603-3450	Date of Receipt    M M M
Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt Endown The Committee of the	Occupation Pathologist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00

ITEN	EDULE A (FEC Form 3X)  MIZED RECEIPTS	ntomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 97 (check only one)    X   11a
or for c	commation copied from such Reports and State commercial purposes, other than using the right of COMMITTEE (In Full)  Illege of American Pathologists Politi	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Ger Mai City Brc FEC fede Nar Min	C ID number of contributing eral political committee.  me of Employer alkowitz Consultant Path-	State NY C Occupatio Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 2 7 2 0 1 0  Transaction ID: SA11AI.39436  Amount of Each Receipt this Period  500.00
olog Red	ept For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
B. Star	Name (Last, First, Middle Initial) nley Minkowitz ling Address 904 49th St			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEG	Ooklyn  C ID number of contributing eral political committee.	State NY	Zip Code 11219	Transaction ID: SA11AI.39437  Amount of Each Receipt this Period  1000.00
Min <u>olo</u> g	ne of Employer Ikowitz Consultant Path- gy Seipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
C. R. A	Full Name (Last, First, Middle Initial) R. Alex Mitchell, Dr.  Mailing Address 4920 Wellington Drive			Date of Receipt  1 1 1 9 2 0 1 0
City Ma	, acon	State GA	Zip Code 31210	Transaction ID: SA11AI.39308  Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		250.00
Nar Col	ne of Employer iseum Med Ctr	Occupation Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)			1750.00
TOTA	L This Period (last page this line number o	ınlv)		

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any person the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G Ellen Moffatt, Dr. Mailing Address 1829 Jefferson Ave  City Redwood City  FEC ID number of contributing federal political committee.  Name of Employer Med Examiners Ofc-San Francisco Receipt For: Primary General Other (specify)	State Zip Code CA 94062-2003  C  Occupation Pathologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M 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
Full Name (Last, First, Middle Initial) Flint Stephen Morris, Dr.  Mailing Address Department of Pathor 1395 South Pinellas City Tarpon Springs  FEC ID number of contributing	Avenue State Zip Code FL 34689	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   500.00	250.00
Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr. Mailing Address 1000 E 21st St Ste 4  City Sioux Falls	State Zip Code SD 57117-5050	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Physicians Laboratory Ltd  Receipt For:	Occupation Pathologist Aggregate Year-to-Date	500.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	1500.00	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alan David Novis, Dr.  Mailing Address 18 Toon Ln		Date of Receipt  1 0 2 8 2 0 1 0
City  Lee  FEC ID number of contributing	State Zip Code NH 03861-6507	Transaction ID: SA11AI.39473  Amount of Each Receipt this Period  200.00
Name of Employer Oxford Immunotec  Receipt For: Primary  General	Occupation Pathologist  Aggregate Year-to-Date	_
Other (specify) ▼  Full Name (Last, First, Middle Initial) R Bahram Oliai, Dr.  Mailing Address IHC Laboratory 1355 River Bend D	400.00	Date of Receipt  1 0 2 8 2 0 1 0
City  Dallas  FEC ID number of contributing federal political committee.	State Zip Code TX 75247-4915  C	Transaction ID: SA11AI.39503  Amount of Each Receipt this Period  500.00
Name of Employer Propath Lab, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  725.00	
Full Name (Last, First, Middle Initial) J Arcadio Oliva, Dr. Mailing Address 11088 NW 17th PI		Date of Receipt  1 1 0 3 2 0 1 0
City  Coral Springs  FEC ID number of contributing federal political committee.	State Zip Code FL 33071-6329	Transaction ID: SA11AI.39261  Amount of Each Receipt this Period  250.00
Name of Employer Ameripath South FL  Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	250.00	950.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Aı or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) C Tushar Padhya, Dr.  Mailing Address 1008 Boxwood Dr			Date of Receipt
	Mailing Address 1008 Boxwood Dr  City	State	Zip Code	1 1 0 8 2 0 1 0 Transaction ID: SA11AI.39424
	Munster	IN	46321-2841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Methodist Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.	Date of Receipt		
	Mailing Address Department of Pathology 80 Seymour St.			11 05 2010
	City	State	Zip Code	Transaction ID: SA11AI.39355
	Hartford  FEC ID number of contributing federal political committee.	CT	06102-5037	Amount of Each Receipt this Period  250.00
	Name of Employer Hartford Hosp	Occupation Patholog		7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— D.	Full Name (Last, First, Middle Initial) D Eva Patalas, Dr.	Date of Receipt		
	Mailing Address Dept of Pathology 1493 Cambridge St			10 26 2010
	City	State	Zip Code	Transaction ID: SA11AI.39294
	Cambridge FEC ID number of contributing federal political committee.	C	02139-1099	Amount of Each Receipt this Period  100.00
	Name of Employer Cambridge Health Alliance	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	,	e Year-to-Date ▼ 300.00	
s	SUBTOTAL of Receipts This Page (optional)			600.00
	OTAL This Period (last page this line number			

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)  College of American Pathology	n using the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi S Gary Pearl, Dr.  Mailing Address Dept of Path 1414 Kuhl Av City Orlando		Zip Code 32806-2008	Date of Receipt  1 1 0 4 2 0 1 0  Transaction ID: SA11AI.39471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Pathology Specialists, PA. Receipt For:  Primary General Other (specify) ▼	Occupation Pathologis Aggregate		100.00
Full Name (Last, First, Middle Initi Marie IIa Peterson, Dr. Mailing Address 501 Anthony  City Exton  FEC ID number of contributing federal political committee.  Name of Employer Main Line Hith Labs			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initi Abraham Philip	Aggregate	Year-to-Date ▼ 350.00	Date of Receipt
Mailing Address Department of 10500 Monto City Cincinnati  FEC ID number of contributing federal political committee.	omery Rd State OH	Zip Code 45242-4402	Transaction ID: SA11AI.39285  Amount of Each Receipt this Period  100.00
Name of Employer Bethesda North Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologis Aggregate		
SUBTOTAL of Receipts This Page	(optional)		300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 97 (check only one)    X   11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>.</b> .	Full Name (Last, First, Middle Initial) W. Roy Phillips, Dr.  Mailing Address Suncoast Path			Date of Receipt
	446 Tamiami Trl S #			11 08 2010
	City <u>Venice</u>	State FL	Zip Code 34285-2630	Transaction ID: SA11AI.39636
	FEC ID number of contributing federal political committee.	C	34263-2630	Amount of Each Receipt this Period  1000.00
	Name of Employer unaffiliated	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr.  Mailing Address Dept of Path	<u> </u>		Date of Receipt
	70 Med Ctr Cir Ste 30	)9		11 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.39287
	Fishersville  FEC ID number of contributing federal political committee.	C	22939-2273	Amount of Each Receipt this Period 300.00
	Name of Employer Blue Ridge Pathologists	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
- :.	Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr.			Date of Receipt
	Mailing Address 506 Devonhall Ln			10 21 YYYY 2010
	City	State	Zip Code	Transaction ID: SA11AI.39608
	Cary	NC	27518-2658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wake Med Ctr	Occupation Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information period from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page  Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 48 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  N. David Pope, Dr.  Mailing Address 1 St. Vincent Circle PO Box 55148  City  Little Rock  FEC ID number of contributing federal political committee.  Name of Employer St Vincent Infirmary  Receipt For: Primary General Other (specify)	State Zip Code AR 72215-5148  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) H Karl Proppe, Dr. Mailing Address 200 Corporate PI Ste  City Peabody  FEC ID number of contributing federal political committee.  Name of Employer Converge Diagnostic Services LLC  Receipt For: Primary General Other (specify)	7  State Zip Code MA 01960-3840  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M / 26 2010  Transaction ID: SA11AI.39317  Amount of Each Receipt this Period  200.00
Full Name (Last, First, Middle Initial)  M James Pullman, Dr.  Mailing Address Surgical Pathology 4th Flr Foreman Pavil  City Bronx  FEC ID number of contributing federal political committee.  Name of Employer Albert Einstein Coll of Med Receipt For: Primary General Other (specify)	State Zip Code NY 10467-2401  C  Occupation Pathologist  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	550.00

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

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 97 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) W.H. Dini Rada, Dr.		Date of Receipt
Mailing Address Department of Pa PO Box 1707		1 1 1 1 8 2 0 1 0
City Avon Park	State Zip Code FL 33826-1707	Transaction ID: SA11AI.39356  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Heartland Pathology Assoc, PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Shrin Rajagopalan Mailing Address 1900 Kildaire Fari	m Rd	Date of Receipt
		11 03 2010
City <u>Ca</u> ry	State Zip Code NC 27518-6616	Transaction ID: SA11AI.39609
FEC ID number of contributing federal political committee.	C 27310-0010	Amount of Each Receipt this Period  1000.00
Name of Employer WakeMed Cary Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Descipt
R. Rafael Ramirez-Weiser, Dr.  Mailing Address G.PO Box 36-625	8	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.39633
San Juan	PR 00936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1600.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 97 (check only one)    X
Any information copied from s or for commercial purposes, o	ther than using the name and a	ay not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American P	athologists Political Action	Committee	
Full Name (Last, First, Mid Arundhati Rao	,		Date of Receipt
2401 S	ment of Pathology 331st Street		11 08 2010
City Temple	State TX	Zip Code 76508	Transaction ID: SA11AI.39528  Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.		76300	500.00
Name of Employer Scott and White Memorial Hosp	Occupati Patholo		
Receipt For:  Primary Ge  Other (specify) ▼	Aggregat	te Year-to-Date ▼ 600.00	
Full Name (Last, First, Mid Ann Ruth Reardon, Dr.			Date of Receipt
Mailing Address 1915 V	Vest Beebe Capps Expy	11 08 2010	
City	State	Zip Code	Transaction ID: SA11AI.39387
Searcy FEC ID number of contributed federal political committee.	AR C	72143	Amount of Each Receipt this Period 250.00
Name of Employer Lab of Path, PA	Occupati Patholo		
Receipt For:  Primary  Ge  Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mid Assunta Monica Recine, Dr.	dle Initial)		Date of Receipt
Mailing Address Dept o 4300 A	f Path Ilton Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State FL	Zip Code	Transaction ID: SA11AI.39449
Miami Beach FEC ID number of contributed federal political committee.	uting	33140-2800	Amount of Each Receipt this Period 500.00
Name of Employer Mt Sinai Med Ctr	Occupati Patholo		
Receipt For:  Primary  Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
SUPTOTAL of Possints This	s Page (optional)		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Susan Rendon, Dr.  Mailing Address 913B North Blvd Ea		Date of Receipt  1 1 0 3 2 0 1 0
City Leesburg	State Zip Code FL 34748	Transaction ID: SA11AI.39487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pathology Medical Laborat- ories, PA Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Edward James Richard, Dr.  Mailing Address 401 W. Greenlawn	<b>-</b>	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.39373
Lansing FEC ID number of contributing federal political committee.	MI 48910	Amount of Each Receipt this Period 500.00
Name of Employer Ingham Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Y Jae Ro, Dr.	<b>-</b>	Date of Receipt
Mailing Address Dept of Path 6565 Fannin		1 1 0 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 77030	Transaction ID: SA11AI.39427
Houston  FEC ID number of contributing federal political committee.	TX 77030	Amount of Each Receipt this Period  250.00
Name of Employer The Methodist Hospital	Occupation Pathologists	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	l)	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	tical Action (	Committee		
Α.	Full Name (Last, First, Middle Initial) A. James Robb, Dr.			Date of Receipt	
	Mailing Address 11613 Kensington Ct		7: 0 1	10 15 2010	
	City Boca Raton	State FL	Zip Code 33428-2415	Transaction ID: SA11AI.39623  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00420*2410	500.00	
	Name of Employer unaffiliated	Occupatio Patholog			
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00		
_ В.	Full Name (Last, First, Middle Initial) Anthony Cory Roberts, Dr.			Date of Receipt	
	Mailing Address 1355 River Bend Dr			11 03 7 2010	
	City	State	Zip Code	Transaction ID: SA11AI.39504	
	Dallas	TX	75247-4915	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Propath Lab, Inc.	Occupatio Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.00		
С. С.	Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.			Date of Receipt	
	Mailing Address Dept of Path 2900 W Oklahoma Ave			10 15 7 2010	
	City <u>Milwaukee</u>	State WI	Zip Code 53215-4330	Transaction ID: SA11AI.39271  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	30210 4000	100.00	
	Name of Employer Aurora St Luke's Med Ctr	Occupatio Patholog			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00		
	SUBTOTAL of Receipts This Page (optional)			850.00	
	TOTAL This Period (last page this line number		<u> </u>		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  College of American Pathologist	s and Statements may not be sold or used by any personning the name and address of any political committee to sold or used by any personning the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.  Mailing Address Dept of Path 2900 W Oklahor City	na Ave State Zip Code	Date of Receipt  1 1 1 5 2 0 1 0  Transaction ID: SA11AI.39272
Milwaukee FEC ID number of contributing federal political committee.	WI 53215-4330	Amount of Each Receipt this Period 100.00
Name of Employer Aurora St Luke's Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) G William Roth, Dr.  Mailing Address 446 Tamiami Tri	S 2nd Flr	Date of Receipt  1 1 0 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39569
Venice  FEC ID number of contributing federal political committee.	FL 34285-2630	Amount of Each Receipt this Period  1000.00
Name of Employer Suncoast Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Sandra Tania Rowland, Dr.  Mailing Address 6726 Gilbert Dr		Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.39600
Shreveport  FEC ID number of contributing federal political committee.	LA 71106-3402	Amount of Each Receipt this Period  50.00
Name of Employer VA Med Ctr-Shreveport	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (opti	onal)	1150.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Raymond Frank Rudy, Dr. Mailing Address 141 Fineview Roa  City Camp Hill  FEC ID number of contributing federal political committee.  Name of Employer Polyclinic Hosp  Receipt For:	d  State Zip Code PA 17011  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) F Thomas Ruhlen, Dr.  Mailing Address 14185 W. Desert ©	350.00 Cove Rd.	Date of Receipt
City Surprise  FEC ID number of contributing federal political committee.  Name of Employer Pathology Assoc Ltd  Receipt For:	State Zip Code AZ 85379  C  Occupation Pathologist  Aggregate Year-to-Date	Transaction ID: SA11AI.39479  Amount of Each Receipt this Period  500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) O. Reinhardt Sahmel, Dr.  Mailing Address Department of Pai	750.00	Date of Receipt
City Easton  FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.39415  Amount of Each Receipt this Period  500.00
Name of Employer Memorial Hosp at Easton  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (option	nal)	1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) R Carl Schaub, Dr.  Mailing Address Dept of Path 1044 Belmont Ave Box			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.39544
	Youngstown	OH	44501-1790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer St Elizabeth Hith Ctr	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) T. Jeffrey Schleusener, Dr.	1		Date of Receipt
	Mailing Address Dept of Pathology 2805 Fifth St			10
	City	State	Zip Code	Transaction ID: SA11AI.39305
	Rapid City  FEC ID number of contributing federal political committee.	SD	57701-7306	Amount of Each Receipt this Period 500.00
	Name of Employer Clinical Lab of the Black Hills	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) B. Ervin Shaw, Dr.			Date of Receipt
	Mailing Address Department of Patholo 2720 Sunset Blvd.			10 15 2010
	City West Columbia	State SC	Zip Code 29169-4810	Transaction ID: SA11AI.39394  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lexington Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1700.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 97 (check only one)    X
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) Charles Eric Sheffer, Dr.  Mailing Address 9707 4th Ave Apt 4	NI	Date of Receipt
City	State Zip Code	1 0 2 2 2 0 1 0 Transaction ID: SA11AI.39625
Brooklyn	NY 11209-8118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.		Date of Receipt
Mailing Address Department of Path 6701 N. Charles St	10 27 2010	
City Baltimore	State Zip Code MD 21204	Transaction ID: SA11AI.39349  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) R. Jami Skrade, Dr.		Date of Receipt
Mailing Address 4672 S Farm Rd 19	93	10 15 2010
City	State Zip Code MO 65742-9290	Transaction ID: SA11AI.39321
Rogersville  FEC ID number of contributing federal political committee.	MO 65742-9290	Amount of Each Receipt this Period  50.00
Name of Employer Trilakes Pathology	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	1	800.00

	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)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) R. Jami Skrade, Dr.  Mailing Address 4672 S Farm Rd 193			Date of Receipt
	City	State	Zip Code	1 1 1 5 2 0 1 0  Transaction ID: SA11AI.39322
	Rogersville	MO	65742-9290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Trilakes Pathology	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
- В.	Full Name (Last, First, Middle Initial) L David Slater, Dr.			Date of Receipt
	Mailing Address Sierra Path Lab PO Box 2130			10 18 7 2010
	City Clovis	State	Zip Code	Transaction ID: SA11AI.39481
	FEC ID number of contributing federal political committee.	CA	93613-2130	Amount of Each Receipt this Period  100.00
	Name of Employer Pathology Associates	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
с.	Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr.			Date of Receipt
	Mailing Address 24410 Oaklawn Planta	ation Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.39413
	Pass Christian	MS	39571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Garden Park Medical Center	Occupation Patholog	ist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2250.00	
	SUBTOTAL of Receipts This Page (optional) .			1150.00
İ	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 97 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Police	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P Ronald Spark, Dr.  Mailing Address PO Box 43877  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer Southern Arizona VA HIth Care Sys Receipt For: Primary General Other (specify)	State Zip Code AZ 85733-3877  C  Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) F. Janet Stastny, Dr.  Mailing Address 2400 Susannah St PO Box 2484  City  Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Outpatient Cytopathology Ctr Receipt For: Primary General Other (specify)	State Zip Code TN 37601  C  Occupation Pathologist  Aggregate Year-to-Date   1500.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Bridges Julie Steele, Dr.  Mailing Address Dept. of Pathology, 21 10666 Torrey Pines R  City La Jolla  FEC ID number of contributing federal political committee.  Name of Employer Scripps Clinic Medical Laboratory  Receipt For: Primary General Other (specify)		Date of Receipt  M M M 20 20 10  Transaction ID: SA11AI.39530  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional) .		1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action (	Committee	
Full Name (Last, First, Middle Initial) A. Robert Stern, Dr.			Date of Receipt
Mailing Address 1255 W Washington St	treet		10 27 2010
City	State	Zip Code	Transaction ID: SA11AI.39534
Tempe	AZ	85281-1210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C Robert Stern, Dr.			Date of Receipt
Mailing Address ADC Laboratory 4th floor, South Wing			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39273
Austin	TX	78758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Austin Diagnostic Clinic	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) T. David Stewart, Dr.			Date of Receipt
Mailing Address 1899 Eider Court			1 1 0 3 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39382
<u>Tallahassee</u>	<u>FL</u>	32308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer KWB Pathology Associates	Occupatio Patholog		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 97 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pole	e name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ang Bradford Tan, Dr.  Mailing Address Department of Pathol 2520 Elisha Ave	ogy		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39429
<u>Zion</u>	<u> </u>	60099-0099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Midwestern Regional Med Ctr	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ann Taylor  Mailing Address Department of Pathol	oav		Date of Receipt
8th Ave & C St			10 22 2010
City	State	Zip Code	Transaction ID: SA11AI.39393
Salt Lake City	<u>UT</u>	84143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer LDS Hosp	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ♥	Aggregate Ye	ar-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) W. Mark Teague, Dr.			Date of Receipt
Mailing Address 2904 Westcorp Blvd S	SW Ste 108		M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.39483
Huntsville	AL	35805-6437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Pathology Associates PC	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		)	1000.00
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	nd Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill D  City Midlothian  FEC ID number of contributing federal political committee.  Name of Employer Commonwealth Lab Consultants  Receipt For: Primary General Other (specify)	State Zip Code VA 23113-2516  C  Occupation Pathologist  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 5 2 0 1 0  Transaction ID: SA11AI.39311  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr. Mailing Address 2201 Carbon Hill D  City Midlothian  FEC ID number of contributing federal political committee.  Name of Employer Commonwealth Lab Consultants  Receipt For: Primary General Other (specify)	r  State Zip Code VA 23113-2516  C  Occupation Pathologist  Aggregate Year-to-Date ▼  1100.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Leilani Caroline Valdes, Dr. Mailing Address 608 W Commercial  City Victoria  FEC ID number of contributing federal political committee.  Name of Employer unaffiliated  Receipt For: Primary General Other (specify)	State Zip Code TX 77901-6302  C  Occupation Pathologist  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl)	450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any ing the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial) Leilani Caroline Valdes, Dr.		Date of Receipt
Mailing Address 608 W Commerc	cial St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Victoria	State Zip Code TX 77901-6302	Transaction ID: SA11AI.39638  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) S John VanHoose, Dr.		Date of Receipt
Mailing Address 830 W Bayou Pi	nes Dr	1 1 2 2 2 2 1 0 1 0
City	State Zip Code	Transaction ID: SA11AI.39474
Lake Charles	LA 70601-7077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Path Lab	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.	L	Date of Receipt
Mailing Address 219 Lamont Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Antonio	State Zip Code TX 78209-3753	Transaction ID: SA11AI.39279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SURTOTAL of Receipts This Page (opti	onal)	875.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 97 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  **College of American Pathologists Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) M. Katherine Wagner-Reiss, Dr.			Date of Receipt
	Mailing Address Pathology Lab 2800 Main Street			10 22 7 2010
	City Bridgeport	State CT	Zip Code 06606	Transaction ID: SA11AI.39567
	FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period  300.00
	Name of Employer St. Vincent's Med Ctr	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '           </del>	e Year-to-Date ▼ 700.00	
 B.	Full Name (Last, First, Middle Initial) Lewis Leslie Walters, Dr.  Mailing Address 5604 Banister Ct			Date of Receipt
	City	State	Zip Code	1 1 1 7 2 0 1 0 Transaction ID: SA11Al.39412
	Plano	TX	75093-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1750.00
	Name of Employer Medical City Dallas Hospi- tal	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1750.00	
_	Full Name (Last, First, Middle Initial) J Michael Warhol, Dr.			Date of Receipt
	Mailing Address Dept of Path 5645 Main St			10 26 7 9 9 10
	City	State	Zip Code	Transaction ID: SA11AI.39458
	Flushing FEC ID number of contributing federal political committee.	C	11355-5045	Amount of Each Receipt this Period 250.00
	Name of Employer New York Hosp Med Ctr of Queens	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional) .	1		2300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Alice Werner, Dr. Mailing Address 601 Childrens Ln		Date of Receipt
Walling Address 601 Childrens Lit		11 12 2010
City	State Zip Code VA 23507-1971	Transaction ID: SA11AI.39304
Norfolk  FEC ID number of contributing federal political committee.	VA 23507-1971	Amount of Each Receipt this Period  150.00
Name of Employer Children's Hosp of the Kings Daughters Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr. Mailing Address Dept of Pathology	,	Date of Receipt
2915 Missouri Av	е	10 15 2010
City Shreveport	State Zip Code LA 71109	Transaction ID: SA11AI.39573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.		Date of Receipt
Mailing Address Dept of Pathology 2915 Missouri Av		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.39574
Shreveport	LA 71109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optic	nal)	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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pole	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W. William West, Dr.  Mailing Address Dept of Path/Microbio			Date of Receipt  1 1 1 5 2 0 1 0
983135 Nebraska Me	ed Ctr State	Zip Code	Transaction ID: SA11AI.39591
<u>Omaha</u>	NE	68198-3135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Nebraska Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Ervin Richard Whisnant, Dr.  Mailing Address Second Floor			Date of Receipt
446 Tamiami Trl S			11 08 2010
City	State	Zip Code	Transaction ID: SA11AI.39570
Venice FEC ID number of contributing federal political committee.	C	34285-2625	Amount of Each Receipt this Period  1000.00
Name of Employer Suncoast Pathology	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) M. Robert White, Dr.			Date of Receipt
Mailing Address Department of Pathol PO Box 13367	logy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.39295
Roanoke FEC ID number of contributing	C	24033	Amount of Each Receipt this Period 250.00
federal political committee.	9		
Name of Employer Carilion Roanoke Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 97 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L. John Wilhelmus, Dr.  Mailing Address 87 Lantern Way  City Nicholasville  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Hosp  Receipt For: Primary General	State Zip Code KY 40356-9009  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  10 22 2010  Transaction ID: SA11AI.39548  Amount of Each Receipt this Period  200.00
Full Name (Last, First, Middle Initial) H Arthur Williams, Dr. Mailing Address 525 N Garfield Av  City Monterey Park  FEC ID number of contributing federal political committee.	State Zip Code CA 91754-1205	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Garfield Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Paul Darren Wirthwein, Dr. Mailing Address 501 20th St Suite  City Knoxville  FEC ID number of contributing federal political committee.	State Zip Code TN 37916	Date of Receipt  10 15 2010  Transaction ID: SA11AI.39374  Amount of Each Receipt this Period  250.00
Name of Employer Innovative Pathology Services Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	]
SUBTOTAL of Receipts This Page (option	nal)	950.00

A.

В.

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

PAGE 67/97 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) A Geoffrey Witrak, Dr. Date of Receipt Mailing Address Dept of Path 8 0 2010 1.1 407 E 3rd St City State Zip Code Transaction ID: SA11AI.39566 Duluth MN 55805-1950 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer St. Mary's/Duluth Clinic Health System Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 400.00 Other (specify) Full Name (Last, First, Middle Initial) D Mark Woodard, Dr. Date of Receipt Mailing Address 27 Gannett Peak Dr 03 2010 City Transaction ID: SA11AI.39391 State Zip Code Lander WY 82520-9643 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Lander Valley Med Ctr Occupation Pathologist Receipt For:

SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number only)	<b>→</b>	68612.00

Aggregate Year-to-Date ▼

500.00

Primary

Other (specify)

General

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate scheo	dule(s)		OR LIN			R:			PAG	E 68/	97
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary		1	21b 27	H	22 28a	П	23 28b	24 28		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				y persor		the pu		e of s	oliciting	cont	ribution	s
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee											
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024						Date o		sburs	: SB2 ement		39776 2 0 1	0 <sup>Y</sup>
	State Zip Code VA 23285	9				Amou	nt of	Each	Disbur	seme		
Purpose of Disbursement BANK SERVICE CHARGES Candidate Name				egory/						•	50.5	0
Office Sought:  Senate President State:  Disburse	ment For: Primary Ge Other (specify)	eneral		•								
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024						Date o		sburs	: SB2 ement		39777 Ž 0 1	0 <sup>Y</sup>
•	State Zip Code VA 23285	9				Amou	nt of	Each	Disbur	seme	ent this	Period
Purpose of Disbursement BANK SERVICE CHARGES Candidate Name	V// 20203			egory/			•	·			15.0	0
Office Sought: House Senate President State: District:	ment For: Primary Ge Other (specify)	eneral		·								
Full Name (Last, First, Middle Initial) Sun Trust Bank						Date o	of Di	sburs	: SB2 ement	1B.3	39778	
Mailing Address P.O. Box 85024						1 1	M /	<sup>D</sup> 1	9 /	Υ	ž 0 1	0 ~
	State Zip Code VA 23285	Э				Amou	nt of	Each	Disbur	seme		
Purpose of Disbursement BANK SERVICE CHARGES								•			62.5	0
Candidate Name  Office Sought: House Disburse Senate President	ment For: Primary Ge Other (specify)	eneral		egory/ pe								
State: District:	Other (specify)											
SUBTOTAL of Disbursements This Page (optional)				<u> </u>							128.0	0

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

128.00

IT	EMIZED DISBURSEMENT	S ose separate schedule(s) for each category of the Detailed Summary Page	27	v one)  X 22
	y Information copied from such Reports ar for commercial purposes, other than using			
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Committee		
	Full Name (Last, First, Middle Initial) Friends of Weiner  Mailing Address 1 Ascan Avenue :	#31		Transaction ID: SB22.39675 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Forest Hills Purpose of Disbursement	State Zip Code NY 11375		Amount of Each Disbursement this Period 5000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: NY District: 09	Disbursement For: 2010 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN		BER:			PA	GE 70/	97	
ITEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28		23 28b	Н	24 28c	25 29		26
Any Information copied from such Reports and State												
or for commercial purposes, other than using the nar	me and addre	ss of any political	comm	ittee to s	olicit co	ntribu	itions fr	om	such c	ommittee	)	
NAME OF COMMITTEE (In Full)												
College of American Pathologists Politica	al Action Co	mmittee										
Full Name (Last, First, Middle Initial)					Tra	nsac	tion ID	: 5	B23.	39649		
21ST CENTURY MAJORITY FUND					Da	te of [	Disburs	eme				
Mailing Address 6065 Roswell Road BOX 2274							/ D	25	/ Y	2 0 1	0 1	
City Atlanta	State	Zip Code 30328			Am	ount	of Each	n Dis	burser	ment this	Peri	od
	GA	30326			-					2500.0	0	
Purpose of Disbursement			, and			-				2000.0		
Candidate Name				egory/ rpe								
Office Sought: House Disbur	sement For:	2010										
Senate	Primary	X General										
President	Other (spe	ecify)										
State: District:												
Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS							<b>tion ID</b> Disburs	_	_	39663		
Mailing Address 555 CAPITOL MALL SU	UITE 1425				1 1 M	0	/ D	25	/ Y	žoť	0 <sup>Y</sup>	
City	State	Zip Code			Am	ount	of Each	n Dis	burser	ment this	Peri	od
SACRAMENTO	CA	95814								5000.0	٥	
Purpose of Disbursement						-	_			3000.0	ů	
Candidate Name				gory/ pe								
Senate President	sement For: Primary Other (spe	2010 X General		·								
State: CA District: 14												
Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS							<b>tion ID</b> Disburs			39717		
Mailing Address 1675-F E SEMINOLE					1 1 M	0 <sup>M</sup>	/ D	25	/ Y	žoť	0 Y	
City	State	Zip Code			Am	ount	of Each	n Dis	burser	ment this	Peri	od
SPRINGFIELD	МО	65804				•				5000.0	n	
Purpose of Disbursement			,	-						5000.0	Å	_
Candidate Name				egory/								
Senate President	sement For: Primary Other (spe	2010 X General		<u> </u>								
State: MO District: 07												_
SUBTOTAL of Disbursements This Page (optional	l)			<u> </u>					1	2500.0	0	
TOTAL This Period (last page this line number onl	y)			•								
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	B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 71 / 97
ITEMIZED D	ISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25
				27	28a 28b 28c 29
					or the purpose of soliciting contributions licit contributions from such committee
	MMITTEE (In Full)				
College of An	nerican Pathologists Politica	al Action Co	ommittee		
	t, First, Middle Initial)				Transaction ID: SB23.39650
BLUMENAUE	ER FOR CONGRESS				Date of Disbursement
Mailing Address	830 NE Holladay, #105				$\begin{bmatrix}\begin{smallmatrix}M&0&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&5\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&2&0&1&0&Y\\2&0&1&0&Y\end{smallmatrix}$
City		State	Zip Code		Amount of Each Disbursement this Period
Portland Purpose of Disk		OR	97232		1000.00
i dipose di Dist	Juisement				
Candidate Nam	е			Category/ Type	
Office Sought:		sement For:	2010		
	Senate President	Other (spe	X General		
State: OR	District: 03	Other (spe	Solly) \		
,	t, First, Middle Initial)				Transaction ID: SB23.39719
BLUMENTHA	AL FOR SENATE				Date of Disbursement
Mailing Address	777 SUMMER STREET	-			10 M / 25 / Y 2010 Y
City STAMFORD		State CT	Zip Code 06901		Amount of Each Disbursement this Period
Purpose of Disk	pursement			•	5000.00
Candidate Nam	е			Category/ Type	
	Llaura Diahum	sement For:	2010		
Office Sought:			X General		
Office Sought:	χ Senate	Primary Other (cp/			
Office Sought: State: CT		Other (spe			
State: CT Full Name (Last	χ Senate President				Transaction ID: SB23.39651 Date of Disbursement
State: CT Full Name (Last	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS 2875 Towerview Road				Transaction ID: SB23.39651 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: CT Full Name (Last BUCHANAN Mailing Address	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS	Other (spe	ecify) 🔻		Date of Disbursement
State: CT Full Name (Last BUCHANAN	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS 2875 Towerview Road				Date of Disbursement
State: CT Full Name (Last BUCHANAN Mailing Address	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS 2875 Towerview Road Suite 1000	Other (spe	ecify) ▼ Zip Code		Date of Disbursement
State: CT Full Name (Last BUCHANAN Mailing Address City Herndon	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS 2875 Towerview Road Suite 1000	Other (spe	ecify) ▼ Zip Code	Category/	Date of Disbursement    M
State: CT Full Name (Last BUCHANAN Mailing Address City Herndon Purpose of Disk	x Senate President District: 00 t, First, Middle Initial) FOR CONGRESS 2875 Towerview Road Suite 1000	Other (spe	ecify) ▼ Zip Code	Category/ Type	Date of Disbursement    M
State: CT Full Name (Last BUCHANAN Mailing Address City Herndon Purpose of Disk Candidate Name	x Senate President District: 00  t, First, Middle Initial) FOR CONGRESS  2875 Towerview Road Suite 1000  Dursement e  X House Senate Disburs	State VA  Sement For: Primary	Zip Code 20171  2010  X General		Date of Disbursement    M
State: CT Full Name (Last BUCHANAN Mailing Address City Herndon Purpose of Dist Candidate Nam Office Sought:	x Senate President District: 00  t, First, Middle Initial) FOR CONGRESS  2875 Towerview Road Suite 1000  Dursement  e  X House Senate President  Disburs	State VA	Zip Code 20171  2010  X General		Date of Disbursement    M
State: CT Full Name (Last BUCHANAN Mailing Address City Herndon Purpose of Disk Candidate Name	x Senate President District: 00  t, First, Middle Initial) FOR CONGRESS  2875 Towerview Road Suite 1000  Dursement e  X House Senate Disburs	State VA  Sement For: Primary	Zip Code 20171  2010  X General		Date of Disbursement    M

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	• 1 🗀	22 X 23 24 28a 28b 28c	25 29
ny Information copied from such Reports and State r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
College of American Pathologists Politica	al Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23	.39721
BUCSHON FOR CONGRESS			Date of Disbursement	2 0 1 0 °
Mailing Address PO Box 250			10 25	2010
City Newburgh	State Zip Code IN 47629		Amount of Each Disburse	ement this Period
Purpose of Disbursement				5000.00
Candidate Name		Category/ Type		
Office Sought:    X   House   Disbur     Senate   President     State: IN   District: 08	sement For: 2010 Primary X Gener Other (specify)	al		
Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS			Transaction ID: SB23 Date of Disbursement	.39652
Mailing Address P. O. Box 17813			10 25 /	<sup>Y</sup> 2010 <sup>Y</sup>
City Richmond	State Zip Code VA 23226		Amount of Each Disburse	
Purpose of Disbursement				3000.00
Candidate Name		Category/ Type		
Office Sought:  X House Senate President State: VA District: 07	sement For: 2010 Primary X Gener Other (specify) ▼	al		
Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS			Transaction ID: SB23 Date of Disbursement	
Mailing Address PO Box 442			10 25 /	žožoč
City Allentown	State Zip Code PA 18105		Amount of Each Disburse	ement this Period
Purpose of Disbursement		•	L	2500.00
Candidate Name		Category/ Type		
Office Sought:  X House Senate President State: PA District: 15	sement For: 2010 Primary X Gener Other (specify)	al		
5.6.6.171				

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		(check on	IE NUMBER: PAGE 73/9	9/
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29	2 3
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					3
	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee				
<u>/</u>	Full Name (Last, First, Middle Initial) CHUCK FLEISCHMANN FOR CONGRESS	COMMITTEE, INC.			Transaction ID: SB23.39723 Date of Disbursement	V
	Mailing Address P.O. Box 11091 SUITE 1000 JAMES BUI	LDING			10 M / 25 / Y 2010	)
	City Chattanooga	State Zip Code TN 37401			Amount of Each Disbursement this F	
	Purpose of Disbursement				5000.00	
	Candidate Name			tegory/ ype		
	Senate President	ment For: 2010 Primary X General Other (specify)				
	State: TN District: 03 Full Name (Last, First, Middle Initial)				Transaction ID: SB23.39754	
	CICILLINE COMMITTEE				Date of Disbursement	Υ
	Mailing Address 102 Waterman St Suite 2				10 M / 29 / Y 2010	)
	City Providence	State Zip Code RI 02906			Amount of Each Disbursement this F	
	Purpose of Disbursement				5000.00	
	Candidate Name			tegory/ ype		
	Office Sought:  X House Senate President State: RI Disburse	ment For: 2010 Primary X General Other (specify)	•			
	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 / 25 / Y 2010	)
		State Zip Code NY 11233			Amount of Each Disbursement this F	Period
	Purpose of Disbursement				2500.00	
	Candidate Name			tegory/ ype		
	Office Sought:    X   House   Disburse     Senate   President     State: NY   District: 10	ment For: 2010 Primary X General Other (specify) ▼	•			
	UBTOTAL of Disbursements This Page (optional)				12500.00	

IT	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one)  22
	y Information copied from such Reports and State for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full)  College of American Pathologists Politica				
	Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIG	GN COMMI	ITTEE		Transaction ID: SB23.39656 Date of Disbursement
	Mailing Address PO BOX 1631				10 M / D 25 / Y 2010 Y
	City BALTIMORE	State MD	Zip Code 21203		Amount of Each Disbursement this Period
	Purpose of Disbursement				2000.00
	Candidate Name  Office Sought: X House Disburs	sement For:	2010	Category/ Type	
	Senate President	Primary Other (spe	X General		
	State: MD District: 07  Full Name (Last, First, Middle Initial)  DAN BENISHEK FOR CONGRESS				Transaction ID: SB23.39771 Date of Disbursement
	Mailing Address 415 S STEPHENSON A	AVE			M M / D 5 / Y 2 0 1 0 Y
	City IRON MOUNTAIN	State MI	Zip Code 49801		Amount of Each Disbursement this Period
	Purpose of Disbursement DEBT RETIREMENT 2010				5000.00
	BEBT RETIREMENT 2010				
	Candidate Name			Category/ Type	
	Candidate Name  Office Sought: X House Senate Disburs	sement For: Primary X Other (spe	2010 General		
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt F	Primary	General		Transaction ID: SB23.39725
	Candidate Name  Office Sought:  Senate President  State: MI  District: 01  Debt F	Primary  Other (spe	General		Transaction ID: SB23.39725 Date of Disbursement  MOM / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt F  Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS  Mailing Address P.O. Box 584  City	Primary  X Other (spe Retiremnt	General ecify) ▼  Zip Code		Date of Disbursement
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt F  Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS  Mailing Address P.O. Box 584	Primary X Other (spe Retiremnt	General ecify) ▼		Date of Disbursement
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt F  Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS  Mailing Address P.O. Box 584  City Wilmette Purpose of Disbursement  Candidate Name	Primary X Other (spe Retiremnt  State IL	General ecify) ▼  Zip Code 60091		Date of Disbursement    M
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS  Mailing Address P.O. Box 584  City Wilmette Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President	Primary  X Other (spe Retiremnt	General ecify) ▼  Zip Code 60091  2010  X General	Type  Category/	Date of Disbursement    M
	Candidate Name  Office Sought: X House Senate President State: MI District: 01 Debt Full Name (Last, First, Middle Initial) DAN SEALS FOR CONGRESS  Mailing Address P.O. Box 584  City Wilmette Purpose of Disbursement  Candidate Name  Office Sought: X House Senate	Primary X Other (specific primary) State IL Seement For: Primary	General ecify) ▼  Zip Code 60091  2010  X General	Type  Category/	Date of Disbursement    M

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		OR LINE check only		H:	L	PAGE	75 / 97	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 280	; 🗖	25 29	3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee								
<u></u>	Full Name (Last, First, Middle Initial)  Dave Camp for Congress				Date o	action ID			7 0 1 0 <sup>°</sup>	1
	Mailing Address PO Box 423				1 0		25	2 (	)   0	_
	City Midland	State Zip Code MI 48640			Amou	nt of Eacl	n Disburs			riod
	Purpose of Disbursement			·				250	0.00	_
	Candidate Name			egory/ /pe						
	Senate President	ement For: 2010 Primary X General Other (specify)	•							
	State: MI District: 04  Full Name (Last, First, Middle Initial)  DEMOCRATIC STATE CENTRAL COMM	TTEE OF CA - FEDERA	AL		Date o	action ID	ement			_
	Mailing Address 1401 21st Street Suite 200				1 1	M / D	1 1 /	ž	) 1 0 °	
	City Sacramento	State Zip Code CA 95811			Amou	nt of Eac	n Disburs	ement	this Per	rioc
	Purpose of Disbursement RECOUNT FUND			-				500	0.00	
	Candidate Name			egory/ /pe						
	Office Sought:    House   Disburs     Senate       President   X   State: District: Recoun	(-  <b>)</b> / <b>V</b>								
	Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE				Date o	action ID	ement			
	Mailing Address PO BOX 6545				1 0	M / D	25 /	ž	) 1 0 °	
	City VISALIA	State Zip Code CA 93290			Amou	nt of Eac	n Disburs	ement	this Per	rioc
	Purpose of Disbursement							250	0.00	_
	Candidate Name			egory/ /pe						
	Office Sought:  X House Senate President  State: CA District: 21	ement For: 2010 Primary X General Other (specify)								
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		3 (FEC Form	y Use se	parate schedule(s)		NUMBER: PAGE 76/97
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					d by any person t	for the purpose of soliciting contributions
	· · ·	<u> </u>	ng the name and addr	ess of any politica	l committee to so	olicit contributions from such committee
`	NAME OF COMI College of Am	, ,	s Political Action C	ommittee		
	Full Name (Last, Diana DeGette	First, Middle Initial) e for Congress				Transaction ID: SB23.39659 Date of Disbursement
	Mailing Address	38 Ivy Street, S	BE			10 25 / 2010
	City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement				2500.00
	Candidate Name				Category/ Type	
	Office Sought:	X House Senate President	Disbursement For: Primary Other (sp	2010 X General Decify)		
	State: CO	District: 01		<i>57</i> <b>•</b>		
	Full Name (Last, DJOU FOR HA	First, Middle Initial)	•			Transaction ID: SB23.39647 Date of Disbursement
	Mailing Address	P.O. BOX 2352	280		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$	
	City HONOLULU		State HI	Zip Code 96823		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement				2000.00
	Candidate Name				Category/ Type	
	Office Sought:	X House Senate President	Disbursement For: Primary Other (sp	2010 X General Decify) ▼		
	State: HI	District: 01				
	Full Name (Last, DOC PAC	First, Middle Initial)				Transaction ID: SB23.39660 Date of Disbursement
	Mailing Address	264 N LUMPKI #202	N STREET			10 10 25 7 2010
	City ATHENS		State GA	Zip Code 30601		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement				1500.00
	Candidate Name				Category/ Type	
	Office Sought:	House Senate	Disbursement For: Primary Other (sr	2010  X General Decify)		
		President		• / •		I
	State:	District:				

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	check only	NUMBER:		PAGE 77/97				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	28b 2	28c 2	25 29			
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) College of American Pathologists Political									
<u> </u>	Full Name (Last, First, Middle Initial) DOGGETT FOR U S CONGRESS COMM	ITTEE		Date of Di	on ID: SB sbursement					
	Mailing Address PO BOX 5843			10	25	20	0 1 0			
	City AUSTIN	State Zip Code TX 78763		Amount of	Each Disbu	ursement t	this Period			
	Purpose of Disbursement					250	0.00			
	Candidate Name		egory/ ype							
	Senate President	ment For: 2010 Primary X General Other (specify)								
	State: TX District: 10  Full Name (Last, First, Middle Initial)			Transacti	on ID: SB	23 3066	2			
	ENGEL FOR CONGRESS				sbursement					
	Mailing Address 462 California Road			1 0	25	20	0 1 0			
	City Bronxville	State Zip Code NY 10708		Amount of	Each Disbu	ursement t	this Period			
	Purpose of Disbursement					250	0.00			
	Candidate Name		egory/ ype							
	Office Sought:  X House Senate President State: NY District: 17	ment For: 2010 Primary X General Other (specify)								
	Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE			Date of Di	on ID: SB sbursement					
	Mailing Address PO BOX 620062			10	25	ž	) 1 0 °			
	City MIDDLETON	State Zip Code WI 53562		Amount of	Each Disbu	ursement t	this Period			
	Purpose of Disbursement					500	0.00			
	Candidate Name		egory/ ype							
	Office Sought:    House   Disburse       X Senate   President     State: WI District: 00	ment For: 2010 Primary X General Other (specify)								
				-	-	10000				

	CHEDULE B (FEC FOIIII &	'   Use s	Use separate schedule(s)			E NUMBEF ly one)	GE 78	/ 9/		
	EMIZED DISBURSEMEN	Detail	ch category of the ed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	3
	y Information copied from such Reports for commercial purposes, other than usir									
	NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action	Committee							
	Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS						ction ID: Disburse		39767	
	Mailing Address GOEAS AND A 1707 PRINCE S					1 1	/ D 1	5 /	ž 0 <sup>2</sup>	0
	City ALEXANDRIA	State VA	Zip Code 22314			Amoun	t of Each	Disburse		
	Purpose of Disbursement DEBT RETIREMENT 2010								5000.	00
	Candidate Name			Cate Ty						
	Office Sought: X House Senate President	Disbursement For Primary X Other (s	General							
	State: PA District: 08 Full Name (Last, First, Middle Initial)	Debt Retiremnt	<u> </u>			Transa	ction ID:	SB23	30667	
	FRIENDS OF CLIFF STEARNS					Date of	Disburse	ment		Y
	Mailing Address PO BOX 308					1 0	<sup>/</sup> 2	5	2 0 <sup>2</sup>	0
	City SILVER SPRINGS	State FL	Zip Code 34489			Amoun	t of Each	Disburse		
	Purpose of Disbursement			Ů	·	L.			1000.	00
	Candidate Name			Cate Typ						
	Office Sought:  X House Senate President State: FL District: 06	Disbursement For Primary Other (s								
	State: FL District: 06  Full Name (Last, First, Middle Initial)  FRIENDS OF ERIK PAULSEN					Date of	ction ID: Disburse	ment		
	Mailing Address 250 PRAIRIE C SUITE 120	ENTER DRIVE				10	<sup>/</sup> 2	5 / []	2 0 <sup>2</sup>	0
	City Eden Prairie	State MN	Zip Code 55347			Amoun	t of Each	Disburse		
	Purpose of Disbursement  Candidate Name			Coto	non/	<u> </u>			3000.	00
		Distance 17	6040	Cate						
	Office Sought:  X House Senate President State: MN District: 03	Disbursement Fo								
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## SCHEDULE B (FEC Form 3X)

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)  College of American Pathologists Politica	ne and address of any political		
<u> </u>	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775			Transaction ID: SB23.39671 Date of Disbursement
	City UNIONVILLE Purpose of Disbursement	State Zip Code PA 19375		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: PA District: 16	ement For: 2010 Primary X General Other (specify)		
В.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC			Transaction ID: SB23.39668 Date of Disbursement
	Mailing Address PO BOX 16664			
	City ARLINGTON Purpose of Disbursement	State Zip Code VA 22215		Amount of Each Disbursement this Period 2500.00
	Candidate Name		Category/ Type	
	Office Sought:  House X Senate President  State: AZ  District: 00	ement For: 2010 Primary X General Other (specify)	,	
 C.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE			Transaction ID: SB23.39727 Date of Disbursement
	Mailing Address PO BOX 233			10 25 7 2010
	City NASHUA	State Zip Code NH 03061		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name		Category/ Type	5000.00
	Office Sought:  House X Senate President  State: NH  District: 00	ement For: 2010 Primary X General Other (specify)	. , , , ,	
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	GREDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check on	E NUMBER: PAGE 80 / 97
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE			Transaction ID: SB23.39672 Date of Disbursement
	Mailing Address 224 18th Street P.O. Box 4183			10 M / D 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
	State: IL District: 17			
	Full Name (Last, First, Middle Initial) Friends of Sam Johnson			Transaction ID: SB23.39673 Date of Disbursement
	Mailing Address PO Box 860096			10 M / 25 / Y 2010 Y
	City Plano	State Zip Code TX 75086-0096		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	2500.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: TX District: 03	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER			Transaction ID: SB23.39674 Date of Disbursement
	Mailing Address 426 C Street, NE			10 M / D D / Y 2010 Y
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement		•	3000.00
	Candidate Name		Category/ Type	
	Office Sought:    House   Disburs     X Senate   President     State: NY District: 00	ement For: 2010 Primary X General Other (specify)		
	UBTOTAL of Disbursements This Page (optional)			6500.00

SCHEDULE B (FEC Form 3X)	Use separate sch	Euule(S)   /_	E NUMBER: PAGE 81 / 97
ITEMIZED DISBURSEMENTS	for each category Detailed Summary	of the (check on	nly one)  22   X   23   24   25   2  28a   28b   28c   29   3
Any Information copied from such Reports and Sta		d or used by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and address of any	political committee to s	olicit contributions from such committee
NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee	•	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39676
Gene Green Congressional Campaign			Date of Disbursement
Mailing Address P.O. Box 16128			10 M / 25 / Y 2010 Y
City Houston	State Zip Coo TX 77222		Amount of Each Disbursement this Period
Purpose of Disbursement	77222		2500.00
Condidate Name			
Candidate Name		Category/ Type	
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State: TX District: 29	Care (openity) V		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39677
GEOFF DAVIS FOR CONGRESS			Date of Disbursement
Mailing Address 700 12TH STREET NV SUITE 700	V		$\begin{bmatrix} 1 & 0 & M & 1 & D & D & D & D & D & D & D & D & D$
City WASHINTON	State Zip Coo DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement	20000	, 	1500.00
Candidate Name		Category/ Type	
Office Sought: X House Disbu Senate President	Primary X G	10 General	
State: KY District: 02	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39644
GERRY CONNOLLY FOR CONGRESS			Date of Disbursement
,			
GERRY CONNOLLY FOR CONGRESS	State Zip Coo VA 22116		Date of Disbursement    M M M
GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City	State Zip Coo		Date of Disbursement    M M M
GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City MERRIFIELD	State Zip Coo	Category/	Date of Disbursement    M
GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City MERRIFIELD Purpose of Disbursement  Candidate Name	State Zip Coo VA 22116		Date of Disbursement    M
GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City MERRIFIELD  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Disbu	State Zip Coo VA 22116 rsement For: 20 Primary X G	Category/ Type	Date of Disbursement    Moment   Description   Description
GERRY CONNOLLY FOR CONGRESS  Mailing Address PO BOX 563  City MERRIFIELD  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President	State Zip Coo VA 22116 rsement For: 20 Primary X G	Category/ Type	Date of Disbursement    M

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	y Information copied from such Reports ar or commercial purposes, other than using												
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Co	mmittee										
<u> </u>	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS					Date of	action ID	ement	.39762	2			
	Mailing Address 815 KING STREE SUITE 311	ĒΤ				1 1	M / D	15 /	Ý Ž0	10			
	City ALEXANDRIA	State VA	Zip Code 22314			Amou	nt of Eacl	n Disburs					
	Purpose of Disbursement DEBT RETIREMENT 2010					L.	-		5000	0.00			
	Candidate Name			Categ Typ	-								
	Senate President	Disbursement For:  Primary  X Other (spe	2010 General ecify) ▼										
	State: GA District: 09 Full Name (Last, First, Middle Initial)	DEBT RETIREM				_		0.000	. 0007/				
	Hall for Congress					Date of	action ID of Disburs	ement					
	Mailing Address PO Box 711					1 0		25	20	10			
	City Rockwell	State TX	Zip Code 75087			Amou	nt of Eacl	n Disburs					
	Purpose of Disbursement					] L.	• •		2500	0.00			
	Candidate Name			Categ Typ	-								
	Office Sought:  X House Senate President State: TX District: 04	Disbursement For: Primary Other (spe	2010 X General ecify) ▼										
	Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS					Date of	action ID	ement					
	Mailing Address PO Box 176					1 <sup>M</sup> 0	M / D	25	žo	10			
	City Crete	State IL	Zip Code 60417			Amou	nt of Eacl	n Disburs	ement t	his Perio			
	Purpose of Disbursement			·		<u> </u>			1500	0.00			
	Candidate Name			Categ Typ									
	Office Sought:  X House Senate President State: IL District: 11	Disbursement For: Primary Other (spe	2010 X General ecify) ▼										
	State. IL DISTITUT. I I												

CHEDULE B (FEC FORM 3X)	Use sepa	arate schedule(s) category of the	FOR LINE (check only	NUMBER: PAGE 83 / 97 y one)
TEMIZED DISBURSEMENTS	Detailed	Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
ny Information copied from such Reports and State for commercial purposes, other than using the report NAME OF COMMITTEE (In Full)  College of American Pathologists Politic	name and addre	ss of any political		
Full Name (Last, First, Middle Initial) HOEVEN FOR SENATE  Mailing Address PO BOX 15114				Transaction ID: SB23.39729 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ARLINGTON	State VA	Zip Code 22215		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement  Candidate Name			Category/ Type	3000.00
Office Sought:  House X Senate President State: ND District: 00	ursement For: Primary Other (spe	2010  X General ecify)	.,,,,,	
Full Name (Last, First, Middle Initial) JAIME HERRERA FOR CONGRESS				Transaction ID: SB23.39645 Date of Disbursement
Mailing Address PO Box 1614				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Ridgefield	State WA	Zip Code 98642		Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name			Category/ Type	5000.00
Office Sought:  X House Senate President State: WA District: 03	ursement For: Primary Other (spe	2010  X General ecify)	.,,,,,,	
Full Name (Last, First, Middle Initial) JOHN D DINGELL FOR CONGRESS (	COMMITTEE			Transaction ID: SB23.39681 Date of Disbursement
Mailing Address P.O. Box 75214				10 M / 25 / Y 2010 Y
City WASHINGTON	State DC	Zip Code 20013-5214		Amount of Each Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name			Category/ Type	
Office Sought:  X House Senate President State: MI District: 16	ursement For: Primary Other (spe	2010 X General ecify) <b>V</b>		
SUBTOTAL of Disbursements This Page (option	nal)		<b>&gt;</b>	12500.00
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SCHEDULE B (FEC Form 3X)	Llee cond		F	OR LI	NE N	NE NUMBER: PAGE 84 / 97									
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		(	check o	nly c				Г	¬				
	Detailed 9	Summary Page		F	21b 27	Н	22 28a	X	23 28b		24 280	,	25		26 30b
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or for commercial purposes, other than using the nam	e and addres	ss of any political	com	nm	ittee to	solic	it conti	ributi	ions	fro	m such	cor	nmitte	е	
NAME OF COMMITTEE (In Full)	Action Co.	mmittaa													
College of American Pathologists Political	Action Col	mmuee													
Full Name (Last, First, Middle Initial) JOHN S FUND							Trans Date				SB2:	3.39	9682		
Mailing Address 104 Hume Avenue							1 <sup>M</sup> 0	М	/ [	2	<sup>D</sup> /	Υ	ž 0	í o	Y
City Alexandria	State VA	Zip Code 22301					Amou	int o	f Ead	h [	Disburs	eme	ent thi	s P	eriod
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Candidate Name					egory/ /pe										
Senate President	ement For: Primary Other (spe	2010 X General													
State: District:						_									
Full Name (Last, First, Middle Initial) JULIE LASSA FOR CONGRESS							Date	of D	isbur	ser					
Mailing Address PO Box 112							1 <sup>M</sup> 0	М	/ [	2	5	Y	ž 0	í o	Y
City Stevens Point	State WI	Zip Code 54481					Amou	int o	f Ead	h [	Disburs			-	eriod
Purpose of Disbursement							L.	_	_			5	5000.	00	
Candidate Name					egory/ /pe										
Office Sought: X House Senate President State: WI District: 07	ement For: Primary Other (spe	2010 X General cify) ▼													
Full Name (Last, First, Middle Initial) JUSTIN AMASH FOR CONGRESS									-		SB2	3.39	9760		
JUSTIN AMASH FOR CONGRESS							Date	of D	/ D			Υ	Υ ,	Y	Υ
Mailing Address 1500 E BELTLINE AVE	SE STE 25						11		L	1			ž 0		
City GRAND RAPIDS	State MI	Zip Code 49506					Amou	int o	f Ead	h [	Disburs		ent thi		eriod
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# SCHEDULE B (FEC Form 3X)

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•		rican Pathologists	s Political <i>i</i>	Action Co	ommittee									
	, .	First, Middle Initial) FOR CONGRESS	3					Trans Date	of Di	sburse	ement			Y
_	Mailing Address	777 S FIGUER SUITE 4050						1 0		<sup>D</sup> 2			ž 0 i (	
L	City LOS ANGELES			State CA	Zip Code 90017			Amou	nt of	Each	Disbu		nt this I	
_	Purpose of Disbur	rsement							•			3	000.00	•
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	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼									
F	•	District: 33 First, Middle Initial)						Trans	acti	on ID:	SB	23.39	749	
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_	City	205 South 5th Suite 428		State	Zip Code				nt of			<u> </u>	nt this I	
L	La Crosse			WI	54601			Amou	TIL OI	Eacii	DISDU		000.00	
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F	State: WI Full Name (Last, F LARSON FOR	District: 03 First, Middle Initial) CONGRESS	1					Trans		sburse	ement	23.39	683	
<u> </u>	Mailing Address	29 RUFF CIRC	CLE					1 <sup>M</sup> 0	M	<sup>D</sup> 2	<b>5</b> /	Υ	ž 0 i (	) Y
	City GLASTONBUR	Υ		State CT	Zip Code 06033			Amou	nt of	Each	Disbu	rseme	nt this I	Perio
_	Purpose of Disbur	rsement				0		L.	_			1	00.00	)
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		NE NUMBER: PAGE 86 / 97 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee		
V	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS			Transaction ID: SB23.39684 Date of Disbursement  10 25 2010
	Mailing Address P.O. Box 71 PO BOX 71			10 25 2010
	City Clarion	State Zip Code IA 50525		Amount of Each Disbursement this Period
	Purpose of Disbursement			3000.00
	Candidate Name		Category/ Type	
	Senate President	ement For: 2010 Primary X General Other (specify)		
	State: IA District: 04  Full Name (Last, First, Middle Initial)  MADISON PAC; THE			Transaction ID: SB23.39707 Date of Disbursement
	Mailing Address 235 STATE STREET #2	06		M 0 M / D 2 5 / Y 2 0 1 0 Y
	City SPRINGFIELD	State Zip Code MA 01103		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name		Category/ Type	
	Office Sought:    House   Disburs     Senate   President     State: District:	ement For: 2010 Primary X General Other (specify)	1 21	
	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES	S INC.		Transaction ID: SB23.39685 Date of Disbursement
	Mailing Address PO Box 682185			10 M / D 25 / Y 2010 Y
	City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Perio
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
	Office Sought:    X   House   Disburs     Senate   President     State: TN   District: 07	ement For: 2010 Primary X General Other (specify)		
_				. 10500.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NUMBER: PAGE 87/97
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one)   22       23     24     25     2
			27	28a 28b 28c 29 3
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\	NAME OF COMMITTEE (In Full)	and address of any pointed		Short contributions from such committee
	College of American Pathologists Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS			Transaction ID: SB23.39641 Date of Disbursement
	Mailing Address 2118 CENTRAL AVENUE #71	E SE		10 19 7 2010
	City	State Zip Code NM 87105		Amount of Each Disbursement this Period
	Purpose of Disbursement			2500.00
	Candidate Name		Category/ Type	
	Senate President	ment For: 2010 Primary X General Other (specify)	,	
	State: NM District: 01			
В.	Full Name (Last, First, Middle Initial) MICA FOR CONGRESS			Transaction ID: SB23.39686 Date of Disbursement
	Mailing Address P. O. Box 181546			10 M / 25 / Y 2010 Y
	•	State Zip Code FL 32718		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Disburse Senate President State: FL District: 07	ment For: 2010 Primary X General Other (specify)		
С.	Full Name (Last, First, Middle Initial) MISSION PAC			Transaction ID: SB23.39766 Date of Disbursement
	Mailing Address 38 IVY STREET, SE			111 D 15 Y 2010 Y
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement		0 0	2500.00
	Candidate Name		Category/ Type	
	Senate President	ment For: 2010 Primary X General Other (specify)		
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# SCHEDULE B (FEC Form 3X)

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ny Information copied from such Reports and State r for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	To and address of any pointed		
College of American Pathologists Politica	I Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39733
MORAN FOR KANSAS			Date of Disbursement
Mailing Address 228 S. Washington St. Suite B-20			10 25 2010
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Pe
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
X Senate President	ement For: 2010 Primary X General Other (specify)		
State: KS District:  Full Name (Last, First, Middle Initial)			Transaction ID: CD02 20760
MORGAN GRIFFITH FOR CONGRESS			Transaction ID: SB23.39769 Date of Disbursement
Mailing Address PO BOX 361			1 1 1 1 1 5 / Y 2 0 1 0
City CHRISTIANSBURG	State Zip Code VA 24068		Amount of Each Disbursement this Pe
Purpose of Disbursement		· · ·	1000.00
Candidate Name		Category/ Type	
X X	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) NY VICTORY FUND 2010			Transaction ID: SB23.39758 Date of Disbursement
Mailing Address 10 G STREET, NE SUITE 570			111 / 111 / 2010
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Pe
Purpose of Disbursement RECOUNT FUND			5000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 Primary General Other (specify)		
State: District: 25 Recour	t		
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 89 / 97
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Si for commercial purposes, other than using the			
$\setminus$	NAME OF COMMITTEE (In Full)			
/	College of American Pathologists Polit	ical Action Committee		
	Full Name (Last, First, Middle Initial) PAC TO THE FUTURE			Transaction ID: SB23.39690 Date of Disbursement
	Mailing Address 430 South Capitol St	reet, SE		10 25 / 2010
	City Washingtin	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement			5000.00
	Candidate Name		Category/ Type	
	Senate President	oursement For: 2010 Primary X General Other (specify) ▼		
	State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39691
	PASCRELL FOR CONGRESS INC.			Date of Disbursement
	Mailing Address POB 640			10 M / D 25 / Y 2010 Y
	City Totowa	State Zip Code NJ 07511		Amount of Each Disbursement this Perio
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President  State: NJ  District: 08	oursement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE			Transaction ID: SB23.39695 Date of Disbursement
	Mailing Address P.O. Box 1512			10 25 / 2010
	City Athens	State Zip Code GA 30601		Amount of Each Disbursement this Perio
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought:  X House Senate President State: GA District: 10	oursement For: 2010 Primary X General Other (specify) ▼		
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	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	)		k only	NUMBE	n.		L	PAGE	90 / 9	97
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		2 2	1b [	22 28a		23 28b	24	3c	25 29	
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam											3
$\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee										
<u> </u>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	E				Date		burse				V
	Mailing Address PO BOX 8331					1 0		2	5	2	ž 0 i (	)
	City FREMONT	State Zip Code CA 94537				Amou	int of	Each	Disbu		nt this f	-
	Purpose of Disbursement						•			25	500.00	)
	Candidate Name			itegory Type	//							
	Senate President	ement For: 2010 Primary X General Other (specify)										
	State: CA District: 13 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB2	23 39	781	
	PORTMAN FOR SENATE COMMITTEE					Date		burse	ement			Υ
	Mailing Address 9856 ARCHER LANE					10		2	9 /	2	ž o ž (	)
	City DUBLIN	State Zip Code OH 43017				Amou	int of	Each	Disbu	rseme	nt this F	Perio
	Purpose of Disbursement						_			50	00.00	)
	Candidate Name			tegory	//							
	Office Sought:    House   Disburse     X Senate   President     State: OH District: 00	ement For: 2010 Primary X General Other (specify)	1									
	Full Name (Last, First, Middle Initial) RAJ GOYLE FOR CONGRESS, INC.					Date	of Dis	burse	SB2 ement			
	Mailing Address P.O. Box 780971					1 <sup>M</sup> 0	М /	<sup>D</sup> 2	5	¥ 2	ž o i (	) <sup>Y</sup>
	City Wichita	State Zip Code KS 67278				Amou	int of	Each	Disbu	rsemei	nt this F	Perio
	Purpose of Disbursement				$\exists$					50	00.00	)
	Candidate Name			itegory	//							
	Office Sought:  X House Senate President  State: KS District: 04	ement For: 2010 Primary X General Other (specify)	1	<u> </u>								
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SCHEDULE B (FEC Form 3X)	Use separate schedule	e) I -	NUMBER: PAGE 91/97
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck only	7 one)
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NAME OF COMMITTEE (In Full)	e and address of any politic	cai committee to so	icit contributions from such committee
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39698
ROB WITTMAN FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 999 PO BOX 999			10 25 2010
•	State Zip Code VA 22520		Amount of Each Disbursement this Period
Purpose of Disbursement		•	2500.00
Candidate Name		Category/ Type	
Senate	ement For: 2010 Primary X Genera	1	
President State: VA District: 01	Other (specify)		
Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS			Transaction ID: SB23.39747 Date of Disbursement
Mailing Address POST OFFICE BOX 187	<u>'</u> 1		$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^M\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}5^D\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^1\end{smallmatrix}0^Y$
	State Zip Code		Amount of Each Disbursement this Perio
LAWRENCEVILLE Purpose of Disbursement	GA 30046	I	5000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		
State: GA District: 07  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39699
ROGERS FOR CONGRESS			Date of Disbursement
Mailing Address Post Office Box 581			1 0 M / D 2 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code MI 48116		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  Disburse	Primary X Genera	d	
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Senate President	Primary X General Other (specify) ▼		12500.00

SCHEDULE B (FEC FO TEMIZED DISBURSEI	MENTS for	e separate sched each category of	the (checl	LINE NUMBER:  k only one)	PAGE 92/97
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NAME OF COMMITTEE (In Ful College of American Pathol	- II)				
Full Name (Last, First, Middle In Roskam for Congress	itial)			Transaction II Date of Disbur	D: SB23.39700 sement
Mailing Address 423 W. W	/esley Street			10 /	25 Y 2010 Y
City Wheaton	State IL	Zip Code 60189		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement				7	1500.00
Candidate Name			Category, Type		
Office Sought: X House Senate Presiden	Disbursement Prim t Othe				
State: IL District: 06	itial)				
Full Name (Last, First, Middle In SANGISETTY FOR CONG	,			Date of Disbur	
Mailing Address PO Box 7	051			10 / 0	19 / 2010
City Houma	State LA	Zip Code 70361		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement				7 L	5000.00
Candidate Name			Category, Type		
Office Sought: X House Senate Presiden	Disbursement Prim t Othe				
State: LA District: 03  Full Name (Last, First, Middle In SCHAKOWSKY FOR CON				Transaction II  Date of Disbur	<b>D</b> : SB23.39701
Mailing Address P.O. BOX	( 5130			10 M	25 7 2010
City EVANSTON	State IL	Zip Code 60204		Amount of Eac	ch Disbursement this Perio
Purpose of Disbursement				7	1500.00
Candidate Name			Category, Type		
Office Sought: X House Senate	Disbursement	nary X Ger			
State: IL Presiden District: 09	t Othe	er (specify)			

SCHEDULE B (FEC F	′   Use s	eparate schedule(s)	FOR LINE (check only	NUMBER: PAGE 93 / 97 vone)
TEMIZED DISBURSE	Detail	ch category of the ed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
				for the purpose of soliciting contributions licit contributions from such committee
NAME OF COMMITTEE (In Fu College of American Patho	ıll)		committee to so	ilott contributions from such committee
Full Name (Last, First, Middle In SOUTHERLAND FOR CO	,			Transaction ID: SB23.39774 Date of Disbursement
Mailing Address 528 W B	ALDWIN ROAD			111 / 15 / 2010
City PANAMA CITY	State FL	Zip Code 32405		Amount of Each Disbursement this Period
Purpose of Disbursement DEBT RETIRMENT 2010				5000.00
Candidate Name	1		Category/ Type	
Office Sought:  X House Senate Presider		y General specify) ▼		
State: FL District: 02 Full Name (Last, First, Middle In		NT		T
STIVERS FOR CONGRES				Transaction ID: SB23.39773 Date of Disbursement
Mailing Address 217 THIF	RD STREET, SE			11 1
City WASHINGTON	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement DEBT RETIREMENT 2010 Candidate Name			October	5000.00
	1		Category/ Type	
Office Sought: X House Senate Presider	Disbursement Fo Primary  Mt X Other (			
State: OH District: 15  Full Name (Last, First, Middle II		NT		Turnessian ID. CD00 00700
SUE MYRICK FOR CONG				Transaction ID: SB23.39703 Date of Disbursement
Mailing Address 1850 Eas	st 3rd St., #350			10 M / 25 / Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28204		Amount of Each Disbursement this Perio
Purpose of Disbursement				2000.00
Candidate Name			Category/ Type	
Office Sought: X House Senate Preside	Disbursement Fo			
	,	Specify) 🔻		
State: NC District: 09				

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 94 / 97
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the n  NAME OF COMMITTEE (In Full)			
College of American Pathologists Politic	al Action Committee		
Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS			Transaction ID: SB23.39704 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P O BOX 696			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City MADISON	State Zip Code WI 53701		Amount of Each Disbursement this Perio
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: WI District: 02  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.39708
TIBERI FOR CONGRESS			Date of Disbursement
Mailing Address 217 3rd Street, SE			10 1 2 5 7 2 0 1 0
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  State: OH District: 12	rsement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Transaction ID: SB23.39688 Date of Disbursement
Mailing Address 700 12th Street, NW			10
City Pttsburgh	State Zip Code PA 15234		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
Candidate Name		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: PA District: 18			

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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution.  NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  UPTON FOR ALL OF US  Mailing Address P.O. BOX 490  City ST JOSEPH MI 49085  Purpose of Disbursement  Candidate Name  Other (specify) ▼  Transaction Other (specify) ▼  Transaction Other (specify) ▼  Transaction Other (specify) ▼  Amount of E  Transaction Other (specify) ▼  Transaction Other (specify) The other (specify) The other (specify) The other (	of soliciting contributions is from such committee  ID: SB23.39709  ursement  D D / Y Y Y O Y O Y  ach Disbursement this Period  3500.00
NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US  Mailing Address P.O. BOX 490  City State Zip Code MI 49085  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate President Sulte 202  City State: MI District: 06  Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS  Mailing Address 10605 Concord Street Sulte 202  City State Zip Code MD 20895  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Transaction Date of District 06  Amount of E  Transaction Date of District 06  Full Name (Last, First, Middle Initial) Office Sought: X House Primary X General Other (specify) ▼  Office Sought: X House Primary X General Other (specify) ▼  Senate Other (specify) ▼  Transaction  Transaction  Transaction  Other (specify) ▼  Transaction	ach Disbursement this Period 3500.00
UPTON FOR ALL OF US  Mailing Address P.O. BOX 490  City State Zip Code MI 49085  Purpose of Disbursement  Candidate Name  Office Sought: X House Primary X General Other (specify) ▼  State: MI District: 06  Full Name (Last, First, Middle Initial)  VAN HOLLEN FOR CONGRESS  Mailing Address 10605 Concord Street Suite 202  City State Zip Code Primary X General Other (specify) ▼  Transaction Date of District Of	ach Disbursement this Period 3500.00
City State Zip Code MII 49085  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary General Other (specify) ▼  Transaction Date of Disbursement  City Senate Primary Address 10605 Concord Street Suite 202  City State Zip Code MD 20895  Mailing Address 10605 Concord Street Suite 202  City State Zip Code MD 20895  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary Address 2010  Category/ Type  Transaction Date of Disbursement For: 2010  Category/ Type  Amount of E  Amount of E  Office Sought: X House Senate Primary Address General Other (specify) ▼  State: MD District: 08  Full Name (Last, First, Middle Initial)  Transaction	ach Disbursement this Period 3500.00
ST JOSEPH  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial)  VAN HOLLEN FOR CONGRESS  Mailing Address 10605 Concord Street Suite 202  City State Zip Code Kensington MD 20895  Purpose of Disbursement  Candidate Name  Office Sought: X House Senate Primary X General Other (specify) ▼  Transaction Date of Disbursement For: 2010 Amount of Experiment For: 2010 Primary X General Other (specify) ▼  State: MD District: 08  Full Name (Last, First, Middle Initial)  Transaction	3500.00 ID: SB23.39710
Candidate Name  Category/ Type  Office Sought:	ID: SB23.39710
Office Sought:	
Senate President State: MI District: 06  Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS  Mailing Address 10605 Concord Street Suite 202  City Kensington Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  X House Senate Primary X General Other (specify)  Transaction  Amount of E  Category/ Type  Office Sought: Senate Primary X General Other (specify)  Transaction  Transaction  Transaction	
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Mailing Address 11468 HWY 105	25 Y 2010
City State Zip Code Amount of E BANNER ELK NC 28604	ach Disbursement this Perio
Purpose of Disbursement	2500.00
Candidate Name Category/ Type	
Office Sought: X House Disbursement For: 2010 Senate Primary X General Other (specify) ▼	
State: NC District: 05	

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	` ,	s Political A	Action Co	mmittee												
•								- 1	Trans				SB23	3.397	'12	
Mailing Address	P.O. Box 5458								1 <sup>M</sup> 0	M	/ [	2 5	5 /	ÝŽ	0 1 0	) <sup>Y</sup>
City Springfield			itate L	Zip Code 62705					Amou	nt of	f Ea	ch E	Disburs	emer	t this F	Perio
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Candidate Name						ateg	-									
Office Sought:	X House Senate President		nent For: Primary Other (spe	2010 X General ecify) ▼												
	District: 19															
•	Full Name (Last, First, Middle Initial)  WALLY HERGER FOR CONGRESS COMMITTEE								Date o	of Di	isbu	rsen		3.397	'13	
Mailing Address	PO BOX 16021								1 <sup>M</sup> 0	М	/ [	2 5	D /	ž	0 i 0	) <sup>Y</sup>
City Alexandria			state /A	Zip Code 22302					Amou	nt of	f Ea	ch E	Disburs	emer	t this F	Perio
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Mailing Address	PO BOX 1682								1 <sup>M</sup> 0	М	/ [	2 5	5 /	Ý Ž	010	) <sup>Y</sup>
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee	
Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITT	EE	Transaction ID: SB23.39715 Date of Disbursement
Mailing Address P.O. BOX 391		10 M / D 2 5 / Y 2 0 1 0 Y
City HOPKINSVILLE	State Zip Code KY 42241	Amount of Each Disbursement this Period
Purpose of Disbursement		2000.00
Candidate Name	-	ategory/ Type
Senate President	ment For: 2010 Primary X General Other (specify) ▼	
State: KY District: 01  Full Name (Last, First, Middle Initial)		T ID ODOO 00740
WOOLSEY FOR CONGRESS		Transaction ID: SB23.39716 Date of Disbursement
Mailing Address PO Box 750176		10 25 7 2010
City Petaluma	State Zip Code CA 94975	Amount of Each Disbursement this Period
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Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3000.00
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