06/16/2009 15:31

Image# 29934014934

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2009 05 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Renee R. Ellerbroek Type or Print Name of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek 06 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	eport Covering the Period: From:	0 5 0 1 2 0 0 9	To: 0 5 3 1 2 0 0 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 .	(a) Cash on Hand January 1 Ž009 Y Y		80766.96
	(b) Cash on Hand at Begining of Reporting Period	121943.72	
	(c) Total Receipts (from Line 19)	58152.50	277878.50
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180096.22	358645.46
	Total Disbursements (from Line 31)	51122.74	229671.98
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128973.48	128973.48
١.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

0 1 3^D1 м м 0 5 м м 0 5 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 197128.00 43195.00 (i) Itemized (use Schedule A) 14957.50 75250.50 (ii) Unitemized (iii) TOTAL (add 58152.50 272378.50 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 58152.50 272378.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 58152.50 277878.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

58152.50

277878.50

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

Expenditures.....

Committees.....

II. DISBURSEMENTS

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

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

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

23.

(c) Total Operating Expenditures

26. Loan Repayments Made.....

Individuals/Persons Other

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

(d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity

(i) Federal Share

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

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

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

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

32. Total Federal Disbursements

from Line 31).....

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

(from Schedule H6)

Than Political Committees

(such as PACs)

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 1642.96 5067.20 1642.96 5067.20 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Federal Candidates/Committees.....and Other Political Committees..... 37679.78 208179.78 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 250.00 0.00 0.00 0.00 0.00 0.00 250.00 (add Lines 28(a), (b), and (c)) 11800.00 16175.00 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 51122.74 229671.98

51122.74

229671.98

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)	58152.50	272378.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	58152.50	272128.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1642.96	5067.20
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1642.96	5067.20

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 50 (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 using NAME OF COMMITTEE (In Full) College of American Pathologists	nd Statements may not be sold or used by any perso g 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) A. Mark Arnesen, Dr. Mailing Address Lab 11136 800 E 28th St City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Abbott Northwestern Hosp Receipt For: Primary General	State Zip Code MN 55407-3731 C Occupation Pathologist Aggregate Year-to-Date	Date of Receipt M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) J Ulysses Arretteig, Dr. Mailing Address 18931 Sweet Pepp	1000.00 per Ct	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jupiter FEC ID number of contributing federal political committee. Name of Employer unaffiliated Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33458-3753 C Occupation Pathologist Aggregate Year-to-Date 250.00	Transaction ID: SA11AI.34138 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Jeffrey Mark Barcelo, Dr. Mailing Address Department of Pat 36000 Euclid Aven City Willoughby FEC ID number of contributing federal political committee.		Date of Receipt M M
Name of Employer Lake Hosp System - Lakewe- st Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/50 (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	on for the purpose of soliciting contributions oslicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Co	ommittee	
Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.			Date of Receipt
Mailing Address 1255 W Washingto	05 14 2009		
City Tempe	State AZ	Zip Code 85281-1210	Transaction ID: SA11Al.34047
FEC ID number of contributing federal political committee.	C	89281-1210	Amount of Each Receipt this Period 208.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologis	.t	
Receipt For: Primary General Other (specify) ▼	 '	/ear-to-Date ▼	
Full Name (Last, First, Middle Initial) W Paul Biddinger, Dr.	Date of Receipt		
Mailing Address Dept of Path 1120 15th St Rm BAE 2580			0 5 1 3 Y Y Y Y Y
City	Transaction ID: SA11AI.33961		
Augusta FEC ID number of contributing federal political committee.	GA C	30912	Amount of Each Receipt this Period 250.00
Name of Employer Med College of Georgia	Occupation Pathologis	.t	
Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lee Gordon Bills, Dr.			Date of Receipt
Mailing Address 9293 Witherbone Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cincinnati	State OH	Zip Code 45242	Transaction ID: SA11AI.33908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	TOLTE	400.00
Name of Employer Good Samaritan Hosp	Occupation Pathologis	ıt	
Receipt For: Primary General Other (specify) ▼	 '	rear-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	<u> </u>		858.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 50 (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	d Statements may not be sold or used by any persithe 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) A Thomas Bolton, Dr. Mailing Address Dept of Path 300 Butler 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 West Palm Beach FEC ID number of contributing federal political committee.	State Zip Code FL 33407-6006	Transaction ID: SA11AI.34004 Amount of Each Receipt this Period 250.00
Name of Employer Palm Beach Path Receipt For: Primary Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) H. John Burgess, Dr. Mailing Address Dept of Lab 335 Glessner Ave City Mansfield FEC ID number of contributing federal political committee.	State Zip Code OH 44903-2269	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 MedCentral Health System Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) G. Alvaro Candel, Dr. Mailing Address Dept of Pathology 200 Berteau Avenue City Elmhurst	State Zip Code IL 60126-2966	Date of Receipt M M D D D D D D D D
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Elmhurst Memorial Hosp Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 50 (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 personal he 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) H George Cannon, Dr. Mailing Address Dept Of Path 5121 Cottonwood St	State Zip Code	Date of Receipt M	
Murray FEC ID number of contributing federal political committee.	UT 84107	Amount of Each Receipt this Period 250.00	
Name of Employer Utah Pathology Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00		
Full Name (Last, First, Middle Initial) K. Pramod Carpenter, Dr. Mailing Address Dept of Pathology 700 Broadway City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Ft Wayne FEC ID number of contributing federal political committee.	IN 46802	Transaction ID: SA11AI.34067 Amount of Each Receipt this Period 250.00	
Name of Employer St. Joseph Hospital Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00		
Full Name (Last, First, Middle Initial) D. Douglas Chausow, Dr. Mailing Address N118W15490 Cathe			
City Germantown	State Zip Code WI 53022-2067	Transaction ID: SA11AI.33837 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer West Allis Memorial Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	ilical Action Committee	Data of Descript
A. Atwell Coleman Mailing Address Department of Patholo Taylor @ Marion St	ogy	Date of Receipt M M
City Columbia	State Zip Code SC 29220	Transaction ID: SA11AI.34006
FEC ID number of contributing federal political committee.	C 29220	Amount of Each Receipt this Period 500.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr. Mailing Address Dept of Pathology		Date of Receipt
200 Portland St City	State Zip Code	0 5 0 6 2 0 0 9 Transaction ID: SA11AI.33856
Columbia	MO 65201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Herrick Carl Critz, Dr.		Date of Receipt
Mailing Address Dept of Path 6001 Norris Canyon R		05 22 7 2009
City <u>S</u> an Ramon	State Zip Code CA 94583	Transaction ID: SA11AI.34032 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer San Ramon Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number		

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 50 (check only one) X
or for commerci	copied from such Reports and S al purposes, other than using the COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of	American Pathologists Poli	tical Action (Committee	
Chandra Raj	·			Date of Receipt
Mailing Addı	ess Dept of Path Box 3712			05 06 7 2009
City		State	Zip Code	Transaction ID: SA11AI.33893
<u>Durham</u>		NC	27710	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		250.00
Name of Em Duke Univ H System	ployer losp & Health	Occupation Patholog		
Receipt For:		, '	e Year-to-Date ▼	
Primar Other	ry General (specify) ▼		250.00	
	_ast, First, Middle Initial)			Date of Receipt
Mailing Address 2201 Wadebridge Rd			05 08 2009	
City		State	Zip Code	Transaction ID: SA11AI.33918
<u>Midlothian</u>		VA	23113	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		250.00
Name of Em Henrico Doc	ployer tors Hosp	Occupation Patholog		
Receipt For:		Aggregate	e Year-to-Date ▼	
Other	ry		250.00	
,	Full Name (Last, First, Middle Initial) Allen Christopher Dowling, Dr.			Date of Receipt
Mailing Address Spectrum Medical Group 22 Bramhall St			05 13 7 9 9 9	
City		State	Zip Code	Transaction ID: SA11AI.33955
Portland	handrania et e	ME	04102	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		250.00
Name of Employer Maine Medical Center Occupation Pathologist				
Receipt For:		Aggregate	e Year-to-Date ▼	
Primar Other	ry General (specify) ▼		250.00	
		<u> </u>		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50 (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 solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Dusenbery Mailing Address Lab 900 Seton Dr City Cumberland FEC ID number of contributing federal political committee. Name of Employer Western Maryland HIth Sys Receipt For: Primary General Other (specify)	State Zip Code MD 21502-1854 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) N. Richard Eisen, Dr. Mailing Address Department of Path 5 Perryridge Rd City Greenwich FEC ID number of contributing federal political committee. Name of Employer Greenwich Hosp Receipt For: Primary General Other (specify)	State Zip Code CT 06830-4697 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	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) Rosana Eisenberg Mailing Address 472 Summit Oaks I City Nashville FEC ID number of contributing federal political committee. Name of Employer Univ Hosp of Cleveland Receipt For: Primary General Other (specify)	Or State Zip Code TN 37221-1316 C Occupation Pathologist Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional	l)	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 13 / 50 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any per the name and address of any political committee olitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) B James Elston, Dr. Mailing Address 9420 Greg Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City River Ridge FEC ID number of contributing federal political committee.	State Zip Code LA 70123-2520	Transaction ID: SA11AI.33895 Amount of Each Receipt this Period 75.00
Name of Employer East Jefferson Genl Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Evan Grant Eudy, Dr. Mailing Address 3918 Montclair Rd 9	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City Birmingham FEC ID number of contributing federal political committee.	State Zip Code AL 35213-2417 C	Transaction ID: SA11AI.33886 Amount of Each Receipt this Period 250.00
Name of Employer Dermatopathology Services PC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Anne April Ewton, Dr. Mailing Address Dept of Path		Date of Receipt
MS 205 City Houston FEC ID number of contributing federal political committee.	State Zip Code TX 77030-2703 C	Transaction ID: SA11AI.34070 Amount of Each Receipt this Period 1000.00
Name of Employer The Methodist Hospital Receipt For: Primary General	Occupation Pathologist Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	0 0 0 0 0 0 0 0	1325.00

SCHEDULE ITEMIZED F	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial NAME OF CO	opied from such Reports and S purposes, other than using the MMITTEE (In Full) merican 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.
J. Carol Fehmia Mailing Addres	· · · · · · · · · · · · · · · · · · ·	Chala	7in Code	Date of Receipt M M M
City <u>Ramsey</u>		State NJ	Zip Code 07446-1183	Transaction ID: SA11AI.33912 Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	C		300.00
Name of Empl Hackensack L Receipt For: Primary Other (s	General	Occupatio Patholog Aggregate		
H Andrew Fisch	st, First, Middle Initial) er, Dr. ss 6 Sudbury Rd			Date of Receipt 0 5 2 2 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.34077
Stow		MA	01775-1514	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		250.00
Name of Empl UMass Mem I	oyer Ilth Care	Occupatio Patholog		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (La: Georg Edgar Fi	st, First, Middle Initial) scher, Dr.	1		Date of Receipt
Mailing Addres	S Dept of Pathology One University of New	Mexico		05 / 29 / Y Y Y Y Y
City <u>Albuquerque</u>	<u>.</u>	State NM	Zip Code 87131	Transaction ID: SA11AI.34088 Amount of Each Receipt this Period
•	er of contributing	C	07101	250.00
Name of Empl Univ of New N	oyer exico HSC	Occupatio Patholog		
Receipt For: Primary Other (s	General pecify) ▼	, '	e Year-to-Date ▼ 250.00	
SUBTOTAL of F	eceipts This Page (optional)	1		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 15 / 50 (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 address of ar	ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) E Jack Garon, Dr. Mailing Address Dept of Path 1500 S Calif Ave			Date of Receipt M	
City Chicago FEC ID number of contributing federal political committee.	State Zip C	Code 08-1797	Transaction ID: SA11AI.33982 Amount of Each Receipt this Period 500.00	
Name of Employer Mt Sinai Hosp Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-D	Date ▼ 500.00]	
Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr. Mailing Address 96 Museum Way	Date of Receipt 0 5 2 0 2 0 0 9			
City	·			
San Francisco FEC ID number of contributing federal political committee.	CA 9411	14	Amount of Each Receipt this Period 1000.00	
Name of Employer Doctors Med Ctr	Occupation Pathologist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) W. Fredrick Gilkey, Dr.	l		Date of Receipt	
Mailing Address Department of Pathology 2401 W Belvedere Ave			05 22 7 2009	
City Baltimore	State Zip C MD 2121	Code 15-5271	Transaction ID: SA11AI.34046 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10 0271	250.00	
Name of Employer Sinai Hosp of Baltimore Occupation Pathologist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	250.00		
SUBTOTAL of Receipts This Page (optional	D		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 16 / 50 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements may	v not be sold or used by any pers	n for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol			o solicit contributions from such committee.
/	IIIIcai Action (Johnnitee	
Full Name (Last, First, Middle Initial) Anne Cathryn Goldberg, Dr.			Date of Receipt
Mailing Address 3938 Glendenning Ro	t		05 06 2009
City	State	Zip Code	Transaction ID: SA11AI.33897
Downers Grove	<u>IL</u>	60515-2229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Edward Hosp	Occupatio Patholog		
Receipt For:	, ' 	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) D. Jeffrey Goldstein, Dr.			Date of Receipt
Mailing Address Dept of Pathology 800 Prudential Dr			05 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.33840
<u>Jacksonville</u>	FL	32207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Baptist Med Ctr/Wolfson Children's Hos	Occupatio Patholog		
Receipt For:	_'	e Year-to-Date V	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) A. Manuel Gomez, Dr.			Date of Receipt
Mailing Address 202 Maplewood Aven PO Box 497	iue		05 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.33910
Ronceverte	WV	24970-0497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Greenbrier Valley Med Ctr	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	
College of American Pathologists P Full Name (Last, First, Middle Initial)	olitical Action Committee	
R. Richard Gomez, Dr. Mailing Address Department of Path 1500 SW 10th St	ology	Date of Receipt 0 5 2 2 2 2 0 0 9
City Topeka	State Zip Code KS 66604	Transaction ID: SA11AI.34060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Stormont-Vail Reg Health Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Jackson Andrew Goodwin, Dr. Mailing Address 22 Bilodeau Ct		Date of Receipt 0 5 1 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33995
Burlington FEC ID number of contributing federal political committee.	VT 05401	Amount of Each Receipt this Period 250.00
Name of Employer Northeastern Vermont Reg Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rafael David Guillen, Dr.		Date of Receipt
Mailing Address 3301 C St Ste 200E		05 22 2009
City Sacramento	State Zip Code CA 95816-3363	Transaction ID: SA11AI.33887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Diagn Path Med Grp Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
])	1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the summary Page	FOR LINE NUMBER: PAGE 18 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	orts and Statements may not be sold on using the name and address of any parties. Justis Political Action Committee	or used by any person olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initia Frances Mary Hahn, Dr. Mailing Address Dept of Path 350 W Thom	ns Rd State Zip Code	e	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Phoenix FEC ID number of contributing federal political committee.	AZ 85012	* * *	Amount of Each Receipt this Period 800.00
Name of Employer St Josephs Hosp and Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	1000.00	
Full Name (Last, First, Middle Initia B Robert Hall, Dr. Mailing Address 2318 E Lake			Date of Receipt 0 5 0 6 2 0 0 9
City	State Zip Code	e	Transaction ID: SA11Al.33836
Shorewood FEC ID number of contributing federal political committee.	WI 53211-1	763	Amount of Each Receipt this Period 300.00
Name of Employer Aurora St Luke's Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
Full Name (Last, First, Middle Initia J. Daniel Hanson, Dr.	·		Date of Receipt
Mailing Address 5347 Farming	ton Rd		05 29 2009
City Toledo	State Zip Code OH 43623	e	Transaction ID: SA11AI.34130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer unafilliated	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page	optional)		1600.00

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/50 (check only one) X 11a
Any information copied from such Reports are 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 a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) M. Don Hemelt, Dr.			Date of Receipt
Mailing Address 115 Downing Ct			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City Belle Chasse	State LA	Zip Code 70037-2358	Transaction ID: SA11AI.34014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Pathology Consultants, LLC	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) R. Glenn Hessel			Date of Receipt
Mailing Address 2800 W 95 th Street	et		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.33952
Evergreen Park FEC ID number of contributing federal political committee.	C	60805	Amount of Each Receipt this Period 500.00
Name of Employer Little Co. of Mary Hosp.	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) George Michael Hitchcock, Dr.			Date of Receipt
Mailing Address 3195 Maplewood A	ve Ste 102		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Winston Salem	State NC	Zip Code 27103-3903	Transaction ID: SA11AI.34008
FEC ID number of contributing federal political committee.	C	27103-5903	Amount of Each Receipt this Period 400.00
Name of Employer Path Diag Lab	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		1150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 50 (check only one)
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress 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 Politi	cal Action (Committee	
_	Full Name (Last, First, Middle Initial) W. Jonathon Homeister, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 920 Brinkhous-Bullitt B	ld, CB 7525	5	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chapel Hill	State NC	Zip Code 27599-7525	Transaction ID: SA11AI.34089 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27093-7320	250.00
	Name of Employer Univ of North Carolina	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Yvonne Sharon Hook, Dr.			Date of Receipt
	Mailing Address 2106 NW 23rd Ter			05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State FL	Zip Code	Transaction ID: SA11AI.33993
	Gainesville FEC ID number of contributing federal political committee.	C	32605-3838	Amount of Each Receipt this Period 1000.00
	Name of Employer North Florida Reg Med Ctr	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Lee Daniel House, Dr.			Date of Receipt
	Mailing Address 1000 N. 16th Street			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.33919
	New Castle FEC ID number of contributing federal political committee.	C	47362	Amount of Each Receipt this Period 300.00
	Name of Employer Henry County Memorial Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action Committee	
Full Name (Last, First, Middle Initial) J. Robert Hubbard, Dr.		Date of Receipt
Mailing Address Dept. of Laboratory Sei 1805 Medical Center Dept.	rvice rive	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.34031
San Bernardino	CA 92411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer San Bernardino Community	Occupation	
Hosp Receipt For:	Pathologist Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Lynn Jessica Jacobson, Dr.		Date of Receipt
Mailing Address Blood Bank 11N31A 462 1st Ave		05 20 2009
City	State Zip Code	Transaction ID: SA11AI.33847
New York	NY 10016-9196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bellevue Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) W Bradden Jensen, Dr.		Date of Receipt
Mailing Address Dept of Path PO Box 1600		05 22 2009
City	State Zip Code	Transaction ID: SA11AI.34057
Vancouver	WA 98668-1600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Southwest Washington Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number of		

SCHEDUL ITEMIZED	E A (FEC Form 3X) RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 50 (check only one) X
NAME OF CO	OMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
	American Pathologists Poast, First, Middle Initial)	Olitical Action (Jommittee	
L. Gordon Joh Mailing Addre	nson, Dr.	logy		Date of Receipt
	10101 Forest Hill Blv	rd		05 06 2009
City	-	State	Zip Code	Transaction ID: SA11AI.34113
West Palm	Beach	<u>FL</u>	33414	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing all committee.	C		300.00
Name of Emp Wellington R Ctr	oloyer egional Med	Occupatio Patholog		
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	y		300.00]
Full Name (La P. Roby Joyce	ast, First, Middle Initial) , Dr.			Date of Receipt
Mailing Addre	ess 1092 Madeline St			05 22 7 2009
City		State	Zip Code	Transaction ID: SA11AI.34112
New Braun	fels	TX	78132	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		500.00
Name of Emp Village Oaks	oloyer Pathology	Occupatio Patholog		
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	y	0 0	500.00]
Full Name (La J Edward Kan	ast, First, Middle Initial) e, Dr.			Date of Receipt
Mailing Addre	Mail Drop 211C 10666 N Torrey Pine			05 29 2009
City		State	Zip Code	Transaction ID: SA11AI.34037
<u>La Jolla</u>		CA	92037	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	С		250.00
Name of Emp Scripps Clinic boratory	oloyer c Medical La-	Occupatio Patholog	ist	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	y		250.00]
	Receipts This Page (optional)	1		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 50 (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	d Statements may not be sold or used by any per- 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) J David Keep, Dr. Mailing Address Dept of Path 89 E High St Ste 9		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Painesville FEC ID number of contributing	State Zip Code OH 44077	Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) H Robert Knapp, Dr. Mailing Address 2990 Franklin SW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Grandville	State Zip Code MI 49418	Transaction ID: SA11AI.34015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Pathology Laboratory, PC	Occupation Dath all scient	2000.00
Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) A Keith Krabill, Dr. Mailing Address Pathology - Labora	town Administration	Date of Receipt
Kaleida Health	•	05 08 2009
City <u>Buffalo</u>	State Zip Code NY 14203-1154	Transaction ID: SA11AI.33860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1050.00
Name of Employer Buffalo General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
SUBTOTAL of Receipts This Page (optional		3300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 50 (check only one) X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u>/</u> \.	Full Name (Last, First, Middle Initial) M. Alyssa Krasinskas, Dr.			Date of Receipt
	200 Lothrop St		7:n Oada	05 29 2009
	City Pittsburgh	State PA	Zip Code 15213	Transaction ID: SA11AI.34099 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UPMC Presbyterian	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) F. George Kwass, Dr.			Date of Receipt
	Mailing Address Department of Patholo 140 Lincoln Ave			05 22 2009
	City Haverhill	State MA	Zip Code 01830-6700	Transaction ID: SA11AI.33971
	FEC ID number of contributing federal political committee.	C	01830-0700	Amount of Each Receipt this Period 250.00
	Name of Employer Merrimack Valley Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) A. John Laczin, Dr.	1		Date of Receipt
	Mailing Address 1950 Mulsanne Drive			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.33883
	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	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1	1	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 50 (check only one) X 11a 11b 11c 12
	nd Statements may not be sold or used by any pers g the name and address of any political committee to	13 14 15 16 1 con for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action Committee	
Full Name (Last, First, Middle Initial) L Kathryn Lane, Dr.		Date of Receipt
Mailing Address Ste 108 2904 Westcorp Blv	rd SW	05 22 2009
City	State Zip Code	Transaction ID: SA11AI.34011
<u>Huntsville</u>	AL 35805-6436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Associates PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D Jonathan Levine, Dr.		Date of Receipt
Mailing Address Dept of Pathology 28 Crescent St		05 22 2009
City	State Zip Code	Transaction ID: SA11AI.33973
Middletown	CT 06457-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Middlesex Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) W. Kenneth Linville		Date of Receipt
Mailing Address 5517 Queensborou	ugh Circle	05 22 2009
City	State Zip Code	Transaction ID: SA11AI.33924
Corpus Christi	TX 78413-6203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Histopath Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
OUDTOTAL of Descripto This Descriptor	al)	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Marie Diane Mackie, Dr.		Date of Receipt
Mailing Address 5130 Cameron Street		05 29 2009
City La Porte	State Zip Code IN 46350	Transaction ID: SA11AI.33878
FEC ID number of contributing federal political committee.	C 46350	Amount of Each Receipt this Period 250.00
Name of Employer Community Hosp of Bremen	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.		Date of Receipt
Mailing Address Department of Pathol 2900 N Lake Shore D		05 08 2009
City	State Zip Code	Transaction ID: SA11AI.34061
Chicago	IL 60657-5640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Joseph Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) M Denis McCarthy, Dr.		Date of Receipt
Mailing Address 2243 Kincaid St		05 06 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.34012
Eugene	OR 97405-3053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Oregon Medical Laboratori- es	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 50 (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 using NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any perso g 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) J. Wendy McLaughlin, Dr. Mailing Address 10515 E Olla Ave		Date of Receipt 0 5 2 2 2 2 0 0 9
City Mesa	State Zip Code AZ 85212	Transaction ID: SA11AI.33838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Banner Baywood Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) E. Richard McLendon, Dr. Mailing Address 1211 Union Ave		Date of Receipt
City Memphis FEC ID number of contributing	State Zip Code TN 38104-6600	Transaction ID: SA11AI.33890 Amount of Each Receipt this Period
federal political committee. Name of Employer Duckworth Pathology Group	Occupation Potential and a size	250.00
Receipt For: Primary General Other (specify)	Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Adalberto Mendoza		Date of Receipt
Mailing Address PO Box 10729		05 13 7 2009
City <u>Ponce</u>	State Zip Code PR 00732	Transaction ID: SA11AI.33977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southern Pathology Servic- es Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	900.00

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 28 / 50 (check only one) X
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	
Full Name (Last, First, Middle Initial) P Willard Milby, Dr. Mailing Address 7101 Jahnke Rd		Date of Receipt 0 5 0 6 2 0 0 9
City <u>Richmond</u>	State Zip Code VA 23225-4044	Transaction ID: SA11AI.33870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Chippenham/Johnston-Willis Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) S Sidney Murphree, Dr. Mailing Address 4500 Conaem Dr		Date of Receipt 0 5 2 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.33943
Louisville	KY 40213-1961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Laboratory Corporation of America Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) N. William Nguyen, Dr.		Date of Receipt
Mailing Address PO Box 18743		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Ana</u> heim	State Zip Code CA 92817-8743	Transaction ID: SA11AI.33880
FEC ID number of contributing federal political committee.	CA 92817-8743	Amount of Each Receipt this Period 250.00
Name of Employer Corona Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (entire	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	se separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 29 / 50 (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 Police	e 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) Alan Kent Nickell, Dr. Mailing Address 1825 Logan Ave			Date of Receipt
City Waterloo FEC ID number of contributing		Zip Code 50703-1999	Transaction ID: SA11AI.33823 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Pathologist Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jo Amy Owen, Dr. Mailing Address 801 Virginia PI			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clinton FEC ID number of contributing federal political committee.		Zip Code 64735-3076	Transaction ID: SA11AI.33907 Amount of Each Receipt this Period 250.00
Name of Employer Golden Valley Mem Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Pamela Pierce, Dr. Mailing Address Department of Pathology	ogy		Date of Receipt 0 5 1 3 2 0 0 9
1701 E 23rd St City Hutchinson FEC ID number of contributing federal political committee.		Zip Code 67502-7502	Transaction ID: SA11AI.33930 Amount of Each Receipt this Period 500.00
Name of Employer Hutchinson Hosp	Occupation Pathologist Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼	0 0 0	500.00	
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (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)	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 Poli	tical Action (Committee	
۸.	Full Name (Last, First, Middle Initial) F. Christine Piller, Dr. Mailing Address 18616 Dembridge Dr			Date of Receipt
	Mailing Address 18616 Dembridge Dr			05 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.33876
	Davidson	NC	28036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NorthEast Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) R. Rafael Ramirez-Weiser, Dr.			Date of Receipt
	Mailing Address G.PO Box 36-6258			05 / 29 / 4 4 4 4
	City	State	Zip Code	Transaction ID: SA11AI.34127
	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 Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 :.	Full Name (Last, First, Middle Initial) Newman Apple Rice, Dr.			Date of Receipt
	Mailing Address Dept of Path 4401 S Western			05 / 29 / 4 4 4 4
	City Oklahoma City	State OK	Zip Code 73109	Transaction ID: SA11AI.33933
	FEC ID number of contributing federal political committee.	C	73109	Amount of Each Receipt this Period 400.00
	Name of Employer Integris Southwest Medical Center	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Г		1		1150.00

١,	FEMIZED RECEIPTS	Chata-marks mass	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Po	illical Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Sandner John Rice, Dr.			Date of Receipt
	Mailing Address 3384 Sierra Oaks Dr			05 06 2009
	City	State	Zip Code	Transaction ID: SA11AI.33939
	Sacramento	CA	95864-5729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kaiser Permanente Sacrame- nto Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 3.	Full Name (Last, First, Middle Initial) Rosemary Diana Rogers, Dr.			Date of Receipt
	Mailing Address 1601 Camino Lindo			05 06 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.34136
	South Pasadena	CA	91030-4129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		250.00	
_).	Full Name (Last, First, Middle Initial) W. David Scharnhorst, Dr.			Date of Receipt
	Mailing Address Department of Pathol 9300 Valley Chilidren	is Place		05 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Madera	State CA	Zip Code 93638	Transaction ID: SA11AI.33867
	FEC ID number of contributing federal political committee.	C	93030	Amount of Each Receipt this Period 250.00
	Name of Employer Children Hosp Central Cal- ifornia	Occupation Patholog		
	Receipt For:	'	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 50 (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 persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) P. Joseph Semple, Dr.			Date of Receipt
Mailing Address Laboratory 28 Crescent St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middletown	State CT	Zip Code 06457-3650	Transaction ID: SA11AI.33974 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00-107 0000	250.00
Name of Employer Middlesex Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Y. William Shang, Dr. Mailing Address Department of Pathol 134 Homer Ave	ology		Date of Receipt 0 5 2 0 2 0 0 9
City	State	Zip Code	Transaction ID: SA11Al.33882
Cortland FEC ID number of contributing	C	13045-1206	Amount of Each Receipt this Period 312.00
federal political committee.			
Name of Employer Cortland Regional Medical Center	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		312.00	
Full Name (Last, First, Middle Initial) Carol Susan Sharp, Dr.			Date of Receipt
Mailing Address Dept of Path 2210 Troy Rd			05 29 7 2009
City Niskayuna	State NY	Zip Code 12309	Transaction ID: SA11AI.33848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	250.00
Name of Employer Bellevue Woman's Hosp	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
			812.00

IT A	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS ny information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
OI	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	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Daniel Charles Short, Dr. Mailing Address 12855 N 40 Dr Ste 375	<u> </u>		Date of Receipt
			7'- 0-1-	05 29 2009
	City Saint Louis	State MO	Zip Code 63141-8657	Transaction ID: SA11AI.34101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Urology Consultants, Ltd	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) Howard Byron Simmons, Dr.			Date of Receipt
	Mailing Address PO Box 25036			05 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.33866
	Woodbury	MN	55125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Central Reg Pathology Lab	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
 S.	Full Name (Last, First, Middle Initial) C. Susan Simonton, Dr.			Date of Receipt
	Mailing Address Department of Patholog 2525 Chicago Ave S	gy		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.33868
	Minneapolis FFG ID number of contribution	MN	55404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Children's Hosp of Minnea- polis	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
F				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 50 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	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 F	Political Action (Committee	
Full Name (Last, First, Middle Initial) W John Skinner, Dr.			Date of Receipt
Mailing Address Dept of Path 300 Main St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lewiston	State ME	Zip Code 04240-7027	Transaction ID: SA11AI.33865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central Maine Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Taylor Carl Smedberg, Dr.			Date of Receipt
Mailing Address 1855 W Hibiscus B		7: 0 1	05 13 2009
City Melbourne	State FL	Zip Code 32901-2622	Transaction ID: SA11AI.34058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Space Coast Pathologists, PA	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) W Eric Stark, Dr.			Date of Receipt
Mailing Address 3 Castellan Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lafayette	State IN	Zip Code 47905-8880	Transaction ID: SA11AI.33927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Home Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 50 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Edward Paul Steele, Dr. Mailing Address Pathology & Lab N	Med MLC 1010		Date of Receipt
3333 Burnet Ave City Cincinnati FEC ID number of contributing	State OH	Zip Code 45229	Transaction ID: SA11AI.33871 Amount of Each Receipt this Period 250.00
Name of Employer Cincinnati Children's Hosp Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog		
Full Name (Last, First, Middle Initial) W. Jan Steiner, Dr. Mailing Address 3410 Vintage Valle	ey Road		Date of Receipt 0 5 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.34143
Ann Arbor	MI	48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer unaffiliated	Occupation Patholog		
Receipt For: Primary Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) T. Timothy Stenzel, Dr.			Date of Receipt
Mailing Address 2150 Woodward S	St Ste 100		05 29 2009
City	State	Zip Code	Transaction ID: SA11AI.33835
Austin FEC ID number of contributing federal political committee.	C	78744-1840	Amount of Each Receipt this Period 250.00
Name of Employer Asuragen Inc	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 50 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	
College of American Pathologists P Full Name (Last, First, Middle Initial)	olitical Action Committee	
Todd Kevin Stieglbauer, Dr. Mailing Address Dept of Path		Date of Receipt
4050 Coon Rapids I		05 29 2009
City	State Zip Code	Transaction ID: SA11AI.33967
Coon Rapids	MN 55433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Nedjema Sustento-Reodica		Date of Receipt
Mailing Address 1 Franklin Town Blv Apt 1717		05 06 7 2009
City	State Zip Code	Transaction ID: SA11AI.33983
<u>Philadelphia</u>	PA 19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mt Sinai Hosp Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) E Paula Szypko, Dr.		Date of Receipt
Mailing Address Dept of Path 601 N Elm St PO B		05 20 7 2009
City	State Zip Code	Transaction ID: SA11AI.33923
High Point	NC 27261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer High Point Regional Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
	l)	1500.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) F. Benjamin Tancinco, Dr.		Date of Receipt
Mailing Address Department of Pa 18697 Bagley Rd	thology	05 22 2009
City	State Zip Code	Transaction ID: SA11AI.34055
Middleburg Heights FEC ID number of contributing federal political committee.	OH 44130	Amount of Each Receipt this Period 300.00
Name of Employer Southwest Gen Hith Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Noel Elmer Thompson, Dr.		Date of Receipt
Mailing Address Outpatient Diagno 900 Seton Drive	ostic Center	05 13 7 2009
City	State Zip Code	Transaction ID: SA11AI.34119
Cumberland FEC ID number of contributing federal political committee.	MD 21502	Amount of Each Receipt this Period 250.00
Name of Employer Western Maryland Hith Sys- tem	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) H. Norman Thompson, Dr.		Date of Receipt
Mailing Address Dept of Pathology 3260 Hospital Dr	1	05 06 YYYYY 2009
City	State Zip Code	Transaction ID: SA11Al.33842
Juneau FEC ID number of contributing federal political committee.	AK 99801	Amount of Each Receipt this Period 1000.00
Name of Employer Bartlett Reg Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
CURTOTAL of Descints This Dags (anti-	nal)	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 50 (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 persithe 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) M James Thornbery, Dr. Mailing Address General Medical La 36 S Brooks Street City Madison	State Zip Code WI 53715	Date of Receipt 0 5 29 2009 Transaction ID: SA11AI.33970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Meriter Health Services Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) E. Stuart VanMeter, Dr. Mailing Address Department of Path 1924 Alcoa Highwa City Knoxville FEC ID number of contributing federal political committee. Name of Employer Univ of Tennessee Med Ctr	State Zip Code TN 37920 C Occupation Pathologist	Date of Receipt M M D D 2 0 0 9
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Roman Velez Mailing Address Dept of Anat Path Carr 22 City	Aggregate Year-to-Date ▼ 500.00 State Zip Code	Date of Receipt M
Rio Piedras FEC ID number of contributing federal political committee. Name of Employer ASEM	PR 00935 C Occupation pathologists	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ı)	1000.00

SCHEDULE A (FEC Form 3X)

Miami FEC ID number of contributing federal political committee. Name of Employer Univ of Miami-School of Med Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Miluse Vitkova Mailing Address 1284 Poker Flat Pl City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kalser Santa Clara Med Ctr Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) A Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. C C C C C C C C C C C C C C C C C C C	OR LINE NUMBER: PAGE 39 / 50 neck only one) (11a
Full Name (Last, First, Middle Initial) E. Stephen Vernon, Dr. Mailing Address JMH East Tower Rm 2042 1611 NW 12th Ave City State Zip Code Miami FL 33136-1005 FEC ID number of contributing federal political committee. Name of Employer Univ of Miami-School of Med Receipt For: Primary General Other (specify) Aggregate Year-to-Date City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Primary General Other (specify) Aggregate Year-to-Date City San Jose FEC ID number of contributing federal political committee. Name of Employer City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Last, First, Middle Initial) A Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Last First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code Last First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Occupation	the purpose of soliciting contributions it contributions from such committee.
Mailing Address JMH East Tower Rm 2042 1611 NW 12th Ave City State Zip Code Miami FL 33136-1005 FEC ID number of contributing federal political committee. Name of Employer Univ of Miami-School of Med Receipt For: Primary General Other (specify) ▼	Date of Receipt
Miami FEC ID number of contributing federal political committee. Name of Employer Univ of Miami-School of Med Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Miluse Vitkova Mailing Address 1284 Poker Flat Pl City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cuty State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Cuty State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Coccupation	05 06 Y Y 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 Univ of Miami-School of Med Pathologist Receipt For: Primary General Other (specify) ▼	Transaction ID: SA11AI.33934
Med Patriologist Receipt For: Primary General Other (specify) 250.00 Full Name (Last, First, Middle Initial) Miluse Vitkova Mailing Address 1284 Poker Flat Pl City State CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Pathologist Aggregate Year-to-Date The primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code IL 61615-2240 FEC ID number of contributing federal political committee. City Peoria FEC ID number of contributing federal political committee. City Coccupation Coccupation Coccupation Coccupation	Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Miluse Vitkova Mailing Address 1284 Poker Flat PI City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Pathologist Receipt For: Primary General Other (specify) Other (specify) Other (specify) State Zip Code 250.00 Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Coccupation	
City State Zip Code San Jose CA 95120-1766 FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Carbon Hope	Date of Receipt
San Jose FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Pathologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Crohom Hosp	05 29 2009
FEC ID number of contributing federal political committee. Name of Employer Kaiser Santa Clara Med Ctr Pathologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Graham Hospi	Transaction ID: SA11AI.33941
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Grobern Horio Occupation	Amount of Each Receipt this Period 250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Grobern Hosp. Occupation	
A. Thomas Webb, Dr. Mailing Address 6110 North Oak Leaf Court City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Croham Hosp. Occupation	
City State Zip Code Peoria IL 61615-2240 FEC ID number of contributing federal political committee. C Name of Employer Graham Hone	Date of Receipt
Peoria IL 61615-2240 FEC ID number of contributing federal political committee. Name of Employer Occupation	05 06 2009
federal political committee. Name of Employer Groham Hoor	Transaction ID: SA11AI.33972 Amount of Each Receipt this Period
Name of Employer Graham Hosp	250.00
Pathologist	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 50 (check only one) X
Ai or	ny information copied from such Reports and Stor 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.
∠ A .	Full Name (Last, First, Middle Initial) Howard John Wolk, Dr. Mailing Address Department of Pathology 95 Grasslands Rd City	State	Zip Code	Date of Receipt 0 5 29 2009 Transaction ID: SA11Al.34116
	Valhalla FEC ID number of contributing federal political committee.	C	10595-1652	Amount of Each Receipt this Period 300.00
	Name of Employer Westchester Medical Center Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
— 3.	Full Name (Last, First, Middle Initial) E Joan Woodward, Dr. Mailing Address Lab 2001 Medical Pkwy City Annapolis	State MD	Zip Code 21401-3280	Date of Receipt M M M O D O O O O O O O Transaction ID: SA11AI.33831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Anne Arundel Med Ctr Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		250.00
 >.	Full Name (Last, First, Middle Initial) F. George Worsham, Dr. Mailing Address Department of Pathologist St. Calhoun St. City	Dgy State	Zip Code	Date of Receipt M
	Charleston FEC ID number of contributing federal political committee.	SC	29401	Amount of Each Receipt this Period 1000.00
	Name of Employer Roper Hosp Receipt For:	Occupatio Patholog		
	Primary General Other (specify) ▼	Aggregate	1000.00]
s	SUBTOTAL of Receipts This Page (optional)			1550.00

A.

PAGE 41/50 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 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. Delane Wycoff, Dr. Date of Receipt Mailing Address 500 W Leota 06 05 2009 City State Zip Code Transaction ID: SA11AI.34018 N Platte NE 69103-1289 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Pathology Services, PC Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. C. James Zimring, Dr. Date of Receipt Mailing Address Department of Pathology 0 5 22 2009 1364 Clifton Rd NE City Transaction ID: SA11AI.33901 State Zip Code **Atlanta** GA 30322-1059 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Emory Univ Hosp Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General

		500.00
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number only)	•	43195.00

250.00

Other (specify)

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)		OR LIN			R:			PA	ΙGE	42 / 5	50	
ITEMIZED DISBURSEMENTS		category of the Summary Page	X	_	F	22 28a		23 28b		24 28c	F	25 29	$\boldsymbol{\sqcup}$	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													:	
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Co	mmittee												
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024						Date o		sburs				184 0 0 9	Y	
	State VA	Zip Code 23285				Amou	nt o	f Each	ı D	isburse	men	t this F	Period	_
Purpose of Disbursement Bank Service Charges Candidate Name				egory/				•			4	24.62		
Senate President State: District:	ment For: Primary Other (spe	General cify) ▼												
Full Name (Last, First, Middle Initial) Sun Trust Bank						Date o		sburs		/ \		185 0 0 9	Y	
Mailing Address P.O. Box 85024 City	State	Zip Code					nt o			isburse				
Richmond Purpose of Disbursement	VA	23285	_					•				34.48		٦
Bank Service Charges Candidate Name				egory/		-	-	•		•			•	_
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼												
Full Name (Last, First, Middle Initial) Sun Trust Bank						Trans Date of				SB21I	3.34	186		
Mailing Address P.O. Box 85024						0 ^M 5	М	^D 2	2 5) /	Ž	0 0 9	Y	
Richmond	State VA	Zip Code 23285				Amou	nt o	f Each	ı D	isburse	-		-	— ¬
Purpose of Disbursement Bank Service Charges						L.		-			. 1	04.21		_
Candidate Name				egory/ vpe										
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼												
State: District:		•												_
SUBTOTAL of Disbursements This Page (optional) .			 	. •							5	63.31		

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 43/50 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.34187 Sun Trust Bank Date of Disbursement 25 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 1041.15 Purpose of Disbursement Bank Services Charges Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.34188 Sun Trust Bank Date of Disbursement 25 0 5 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 38.50 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	1079.65
TOTAL This Period (last page this line number only)	•	1642.96

Other (specify)

State:

SCHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	(check only	22 X 23 24 25
	<u> </u>		27	28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
College of American Pathologists Political	Action Com	nmittee		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.34157
CITIZENS FOR ALTMIRE				Date of Disbursement O 5 1 5 2 0 0 9
Mailing Address 499 South Capitol Stree Suite 404				
City Washington		Zip Code 20003		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name			Category/ Type	
	ement For: Primary	2010 General		
President	Other (speci			
State: PA District: 04				
Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN				Transaction ID: SB23.34158 Date of Disbursement
				05 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 426 C STREET, NE				03 15 2009
City WASHINGTON		Zip Code 20002		Amount of Each Disbursement this Period
Purpose of Disbursement			•	1500.00
Candidate Name			Category/ Type	
	ement For:	2014 General		
President State: IA District:	Other (speci			
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.34160
COMMITTEE FOR THE PRESERVATION	OF CAPITA	ALISM (CPC),	THE	Date of Disbursement
COMMITTEE FOR THE PRESERVATION Mailing Address P.O. Box 65314	OF CAPITA	ALISM (CPC),	THE	
Mailing Address P.O. Box 65314 City	State	ALISM (CPC), Zip Code 20036	THE	Date of Disbursement M 5 M / D 1 5 / Y 2 0 0 9 Y
Mailing Address P.O. Box 65314	State	Zip Code	THE	Date of Disbursement
Mailing Address P.O. Box 65314 City Washington	State	Zip Code	THE Category/ Type	Date of Disbursement M 5 M / D 1 5 Y Y Y O 9 9 Amount of Each Disbursement this Period
Mailing Address P.O. Box 65314 City Washington Purpose of Disbursement Candidate Name	State DC ement For: Primary	Zip Code 20036 2009 X General	Category/	Date of Disbursement M 5 M / D 1 5 Y Y Y O 9 9 Amount of Each Disbursement this Period
Mailing Address P.O. Box 65314 City Washington Purpose of Disbursement Candidate Name Office Sought: House Senate	State DC	Zip Code 20036 2009 X General	Category/	Date of Disbursement M 5 M / D 1 5 Y Y Y O 9 9 Amount of Each Disbursement this Period
Mailing Address P.O. Box 65314 City Washington Purpose of Disbursement Candidate Name Office Sought: House Senate President	State DC ement For: Primary Other (speci	Zip Code 20036 2009 X General	Category/ Type	Date of Disbursement M 5 M / D 1 5 / Y Y Y O 9 9 Amount of Each Disbursement this Period

В.

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 45 / 50
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)] 22	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political col	minitiee to son	Cit Continbutions from	in such committee
College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIG	N COMMITTEE		Transaction ID: Date of Disburse	
Mailing Address P. O. Box 47025			05 1	5 2009
,	State Zip Code FL 33743		Amount of Each I	Disbursement this Period
Purpose of Disbursement				2000.00
Candidate Name	C	Category/ Type		
Senate X President	ment For: 2010 Primary General Other (specify)			
State: FL District: 10 Full Name (Last, First, Middle Initial)				
Congressman Joe Barton Committee			Transaction ID: Date of Disburse	ment
Mailing Address P. O. Box 1444			05 1	5 / 2009
•	State Zip Code TX 75120		Amount of Each I	Disbursement this Period
Purpose of Disbursement				1500.00
Candidate Name		Category/ Type		
	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) DIRIGO PAC			Transaction ID: Date of Disburse	
Mailing Address PO Box 1355			05 1	5 2009
	State Zip Code VA 22313		Amount of Each I	Disbursement this Period
Purpose of Disbursement				2500.00
Candidate Name	(Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: 2009 Primary X General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional) .		•		6000.00
TOTAL This Period (last page this line number only)				

	CHEDULE B (FEC FOI	, ,		parate schedule(s)) [k only	NUMBE	n.		17	GE 4	0 / 30	_
	EMIZED DISBURSEM		Detailed	category of the Summary Page		2 2	1b 7	22 28a	X 23	Bb	24 28c	2	5 9	\exists
	y Information copied from such Rep for commercial purposes, other than NAME OF COMMITTEE (In Full) College of American Patholog	using the name	and addre	ess of any politica										
<u>/</u>		J. 01.0 1 0.11.10 a. 7												
	Full Name (Last, First, Middle Initia Chris Donnellan	al)							action of Disbo) 0 9	′
	Mailing Address 1350 I Stree Suite 590	et, NW						0.5		15		20	0.9	_
	City Washington		tate C	Zip Code 20005				Amou	nt of Ea	ach Dis	burser	nent th	nis Pe	ric
	Purpose of Disbursement In Kind Contribution to Kosmas for	Congress				•						179	0.78	_
	Candidate Name	Congress				ategory	//							
	Office Sought: House Senate President	X	nent For: Primary Other (sp	2009 General		. , , , ,								
_	State: District:	Other												
	Full Name (Last, First, Middle Initia ERIC PAC	al)							action of Disb			34167	7	
	Mailing Address 209 Pennsy SE	Ivania Ave.						0 ^M 5	M /	15	/ Y	ž o	ŏ9	
	City Washington		state OC	Zip Code 20003				Amou	nt of E	ach Dis	burser	nent th	nis Pe	ric
	Purpose of Disbursement					•						5000	0.00	_
	Candidate Name					ategory	//							
	Office Sought: House Senate President		nent For: Primary Other (sp	2009 X General secify)										
_	State: District: Full Name (Last, First, Middle Initia	<u> </u>						T	• •	ID (ND00.0	24400		_
	Eshoo for Congress	,						Date of	action of Disbo	urseme				/
	Mailing Address 555 Capital	Mall Suite 142	25					0 ^M 5		15		20	ŏ9	
	City Sacramento		state CA	Zip Code 95814				Amou	nt of E	ach Dis	burser		-	ric
	Purpose of Disbursement				Г	•						1000	0.00	_
	Candidate Name					ategory	//							
	Office Sought: X House Senate President		nent For: Primary Other (sp	2010 General ecify) ▼										
	State: CA District: 14													

SCHEDULE B (FEC Form 3X)

Any Information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) College of American Pathologists Political Act Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City Stat LAS VEGAS NV Purpose of Disbursement Candidate Name Office Sought: House X Senate President President State: NV District: 00 Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City Stat Bowie MD Purpose of Disbursement Candidate Name Office Sought: X House Disbursement Candidate Name Office Sought: X House Disbursement Candidate Name	d address of any politication Committee e Zip Code 89132 ht For: 2010 General her (specify)	ed by any personal committee to see Category/Type	22 X 23 24 25 26 28 28 28 29 30 n for the purpose of soliciting contributions
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) College of American Pathologists Political Act Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City Statt LAS VEGAS NV Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: NV District: 00 Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City Statt Bowie MD Purpose of Disbursement Candidate Name Office Sought: X House Senate ND Disbursement Candidate Name Disbursement X Pri	d address of any politication Committee e Zip Code 89132 ht For: 2010 General her (specify)	Category/	Transaction ID: SB23.34169 Date of Disbursement M M M / D D / Y Y Q O 9 Y Amount of Each Disbursement this Period 2500.00 Transaction ID: SB23.34171 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 19163 City State LAS VEGAS NV Purpose of Disbursement Candidate Name Office Sought: House X Senate President President State: NV District: 00 Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City State MD Purpose of Disbursement Candidate Name Office Sought: X House Senate X Pri	89132 Int For: 2010 Imary General Inter (specify)	Туре	Date of Disbursement M
AS VEGAS Purpose of Disbursement Candidate Name Office Sought: House X Senate President President Other President Note Purpose of Disbursement Mailing Address 4201 Northview Drive Suite 307 City State Sought Address MD Purpose of Disbursement Candidate Name Office Sought: X House Senate X Private President Note Purpose of Disbursement Candidate Name Office Sought: X House Senate X Private Purpose of Disbursement X Private Purpose Note	89132 Int For: 2010 Imary General Inter (specify)	Туре	Transaction ID: SB23.34171 Date of Disbursement 05 M / D D / Y Y Y O Y 9
Office Sought: House	mary General her (specify)	Туре	Date of Disbursement M 5 M / D 5 D / Y 2 0 0 9
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City Stat Bowie MD Purpose of Disbursement Candidate Name Office Sought: X House Senate Disbursement			Date of Disbursement M 5 M / D 5 D / Y 2 0 0 9
City Stat Bowie MD Purpose of Disbursement Candidate Name Office Sought: X House Disbursemer Senate X Pri			Amount of Each Disbursement this Period
Senate X Pri		Category/	5000.00
State: MD District: 05		Туре	
Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS Mailing Address 1707 PRINCE STREET, #5			Transaction ID: SB23.34173 Date of Disbursement M 5 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat ALEXANDRIA VA Purpose of Disbursement	•		Amount of Each Disbursement this Period 1000.00
Candidate Name Office Sought: X House Disbursemen	nt For: 2010	Category/ Type	
Senate X Pri			
SUBTOTAL of Disbursements This Page (optional)		>	8500.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule	e(S) (char	R LINE NUMBER: PAGE 48 / 50 eck only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ge 2	21b 22 X 23 24 25 27 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the i			erson for the purpose of soliciting contributions e to solicit contributions from such committee
abla	NAME OF COMMITTEE (In Full)			
/	College of American Pathologists Politi	cal Action Committee		
	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS			Transaction ID: SB23.34176 Date of Disbursement
	Mailing Address 430 South Capitol Str 1st Floor	reet, SE		05 15 7 2009
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
	Purpose of Disbursement		1	5000.00
	Candidate Name		Categor Type	ry/
	Senate President	ursement For: 2010 X Primary Gener Other (specify)	al	
	State: CA District: 08 Full Name (Last, First, Middle Initial)			T
	PALLONE FOR CONGRESS			Transaction ID: SB23.34175 Date of Disbursement
	Mailing Address PO BOX 3176			05 15 7 2009
	City LONG BRANCH	State Zip Code NJ 07740		Amount of Each Disbursement this Perio
	Purpose of Disbursement		v v	2500.00
	Candidate Name		Categor	ry/
	Office Sought: X House Senate President State: NJ District: 06	ursement For: 2010 X Primary Gener Other (specify) ▼	ral	
	Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE			Transaction ID: SB23.34161 Date of Disbursement
	Mailing Address PO Box 60405 PO Box 60405			05 15 7 2009
	City Worcester	State Zip Code MA 01606		Amount of Each Disbursement this Perio
	Purpose of Disbursement			1000.00
	Candidate Name		Categor	ry/
	Office Sought: X House Senate President State: MA District: 03	ursement For: 2010 X Primary Gener Other (specify) ▼	ral	
	UBTOTAL of Disbursements This Page (option			8500.00

	CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 49 / 50 y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using t	•			· ·
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Co	ommittee		
	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE Mailing Address 426 C STREET, N	E			Transaction ID: SB23.34156 Date of Disbursement O 5
	City WASHINGTON Purpose of Disbursement	State DC	Zip Code 20002		Amount of Each Disbursement this Period 1000.00
	Candidate Name		C		
	Office Sought: House X Senate President State: MI District: 00	X Primary Other (spe	2012 General ecify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)		37679.78

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 50 / 50
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nate NAME OF COMMITTEE (In Full)			
College of American Pathologists Politica	l Action Committee		
Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU			Transaction ID: SB29.34155 Date of Disbursement
Mailing Address NONE		$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} $	
City None	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer from Hard Dollars to Soft Dollars		10250.00	
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB29.34182
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Mailing Address NONE		$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} Y \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} V \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\$	
City None	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer Hard Dollars to Soft Dollars		1500.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU			Transaction ID: SB29.34183 Date of Disbursement
Mailing Address NONE		05 7 27 7 2009	
City None	State Zip Code IL 60093		Amount of Each Disbursement this Perio
Purpose of Disbursement Transfer Hard Dollars to Soft Dollars			50.00
Candidate Name	Category/ Type		
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		11800.00
	,	<u> </u>	11800.00