11/19/2009 16:05

Image# 29935488985

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

F	FORM 3X	For	Other Than A	An Authorized	Committee		Office Use Only
1.	NAME OF COMMITTEE (in fu		FEC MAILING L TYPE OR PRINT		nple:If typing, type the lines		
L	College of America	n Pathologists F	Political Action Co	mmittee			
Ш		1 1 1 1 1		1 1 1 1 1			
AD	DRESS (number and	street)	350 I Street, NW				
	Check if differenthan previously reported. (ACC	ent L	uite 590			DC	20005
2.	FEC IDENTIFICAT	ION NUMBER	₩ _	CITY 🛕		STATE	ZIPCODE 🛕
	C00274944			3. IS THIS REPORT	NEW (N)		AMENDED A)
4.	July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) 5 Report(Q3) 11 Report(YE) iid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elec Report for Supplementation (d) 30-Day Post -Elec Report for Supplementation (e) Report for Supplementation	Election on	May 20 Jun 20 Jul 20 (Primary (12P) Convention (12C) General (30G)	(M6) Se	in the State of
5.	Covering Period	0 9		0 9	tillough	09 30	2009
	ertify that I have exam be or Print Name of T		t and to the best on the best of the transfer	_	nd belief it is true, co	orrect and complete) .
Sig	nature of Treasurer	Electronically	/ Filed by Dr. R	enee R. Ellerbroek	<u>:</u>	Date 1	1 19 2009
NO	TE : Submission of f	alse, erroneous	, or incomplete in	formation may sub	ject the person sign	ing this Report to the	ne penalties of 2 U.S.C 437g.
	Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/60

FEC Form 3X (Rev. 02/2003)

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

D D [®]D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 84806.66 January 1 (b) Cash on Hand at 224478.08 Begining of Reporting Period 91087.00 526359.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 315565.08 611165.66 6(a) and 6(c) for Column B) 54860.28 350460.86 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 260704.80 260704.80 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 60

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

D D 0 1

М М

2009

To:

м м 0 9 D D D

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	86427.50	402619.50
	(ii) Unitemized	4659.50	117989.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	91087.00	520609.00
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	91087.00	520609.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	5750.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	91087.00	526359.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	91087.00	526359.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 60

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: — (a) Shared Federal/Non-Federal		I .
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1000.00	0004.00
	Expenditures	1360.28	9031.08
	(c) Total Operating Expenditures	1360.28	0001.00
_	(add 21(a)(i), (a)(ii) and (b))	1360.26	9031.08
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	53500.00	341179.78
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Г	0.00	0.00
	Loans Made	0.00	0.00
Ο.	(a) Individuals/Persons Other	0.00	250.00
	Than Political Committees	0.00	250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	0.00	0.00
	_		
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		3.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	54860.28	350460.86
		5.550.25	353,553,500
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	54860.28	350460.86

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 60

	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)	91087.00	520609.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	91087.00	520359.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1360.28	9031.08
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1360.28	9031.08

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
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	name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr. Mailing Address Department of Patholo 16251 Sylvester Road City Seattle FEC ID number of contributing federal political committee. Name of Employer Highline Community Hosp Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) D Garrett Alcorn, Dr. Mailing Address 16251 Sylvester Rd S' City Burien FEC ID number of contributing federal political committee. Name of Employer Highline Med Ctr Receipt For: Primary General Other (specify)	W State Zip Code WA 98166-3017 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) M. Victor Alvarez, Dr. Mailing Address 2045 S 14th Ave Unit City Yuma FEC ID number of contributing federal political committee. Name of Employer Yuma Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code AZ 85364-6286 C Occupation Pathologist Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) L Ruth Anker, Dr.			Date of Receipt
	Mailing Address 5100 W Broad St	01-1-	7'- 0-1-	09 / 03 / 2009
	City <u>Columbus</u>	State OH	Zip Code 43228-1607	Transaction ID: SA11AI.35215 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TOLLE TOO	1000.00
	Name of Employer Doctors Hospital	Occupatio Patholog		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.			Date of Receipt
	Mailing Address Dept of Lab Med 2799 W Grand Blvd #	09 04 2009		
	City Detroit	State MI	Zip Code 48202-2608	Transaction ID: SA11AI.35242
	FEC ID number of contributing federal political committee.	C	40202-2000	Amount of Each Receipt this Period 500.00
	Name of Employer Henry Ford Health System	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial) D. Norman Bell, Dr.			Date of Receipt
	Mailing Address PO Box 242752	09 03 YYYYY 2009		
	City	State	Zip Code	Transaction ID: SA11AI.35183
	Montgomery FEC ID number of contributing federal political committee.	C	36124	Amount of Each Receipt this Period 250.00
	Name of Employer Baptist Medical Ctr-East Patholog			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1750.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 8 / 60 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	name and address of any po	r used by any person olitical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Jane Bennett-Munro, Dr. Mailing Address PO Box 409 650 Addison Ave W City Twin Falls FEC ID number of contributing federal political committee. Name of Employer Magic Valley Reg Med Ctr Receipt For: Primary General Other (specify)	State Zip Code ID 83301 C Occupation Pathologist Aggregate Year-to-Date	, ,	Date of Receipt 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) A. Richard Bernert, Dr. Mailing Address 9815 N 107th St City Scottsdale FEC ID number of contributing	State Zip Code AZ 85258-60		Date of Receipt M M M D D D 2 0 0 9 Transaction ID: SA11AI.35380 Amount of Each Receipt this Period 208.00
Name of Employer Clin-Path Associates, P.C. Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	▼ 208.00	_
Full Name (Last, First, Middle Initial) F. Peter Bernhardt, Dr. Mailing Address Department of Pathologous Biesterfield Rd City	gy State Zip Code		Date of Receipt M
Elk Grove Village FEC ID number of contributing federal political committee.	IL 60007-33	397	Amount of Each Receipt this Period 500.00
Name of Employer Alexian Brothers Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page (optional) .		0 0 0 0	1308.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 60 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (Committee	
Full Name (Last, First, Middle Initial) G. Jared Block, Dr.			Date of Receipt
Mailing Address 2928 Forest Park D)r		09 17 2009
City Charlotte	State NC	Zip Code 28209-1402	Transaction ID: SA11AI.35191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Carolinas Med Ctr - Unive- rsity	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) W. Henry Bockelman, Dr.			Date of Receipt
Mailing Address Department of Path 600 Mary Street	nology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Evansville	State IN	Zip Code 47747	Transaction ID: SA11AI.35210
FEC ID number of contributing federal political committee.	C	47747	Amount of Each Receipt this Period 600.00
Name of Employer Deaconess Hosp	Occupation Patholog		
Receipt For: Primary General Other (specify)	_ ' ' 	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Hecht Edward Bossen, Dr.			Date of Receipt
Mailing Address 2811 Wade Road			0 9 0 4 2 0 0 9
City Durham	State NC	Zip Code 27705-5622	Transaction ID: SA11AI.35218
FEC ID number of contributing federal political committee.	C	21703-3022	Amount of Each Receipt this Period 250.00
Name of Employer Duke Univ Med Ctr	Occupation Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60 (check only one) X 11a
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 t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Marylee Braniecki, Dr. Mailing Address 2078 Fargo Blvd. City Geneva FEC ID number of contributing federal political committee. Name of Employer ACL Illinois Central Laboratory Receipt For: Primary General Other (specify)	State Zip Code IL 60134 C Occupation Pathologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) L Irwin Browarsky, Dr. Mailing Address 5751 Hoover Blvd City Tampa FEC ID number of contributing federal political committee. Name of Employer Ruffolo, Hooper & Associates Receipt For: Primary General Other (specify)	State Zip Code FL 33634-5340 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) L Curtis Buchholz, Dr. Mailing Address Lab 44455 Sterling Hwy City Soldotna FEC ID number of contributing federal political committee. Name of Employer Peninsula Pathology Institute Receipt For: Primary General Other (specify)	State Zip Code AK 99669 C Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 11 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	Statements may not be sold or used by any perso e name and address of any political committee to itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Delvalle Rebeca Candal, Col Mailing Address 100 Medical Center D City Slidell FEC ID number of contributing federal political committee. Name of Employer Northshore Regional Medical Center	r State Zip Code LA 70461-5520 C Occupation Pathologist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Jeffrey Cao, Dr. Mailing Address Dept of Path 11234 Anderson St City Loma Linda	State Zip Code CA 92354	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Loma Linda Univ Med Ctr Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) J. Thomas Carroll, Dr. Mailing Address Pathology Departmen 2720 Stone Park Blvd City Sioux City	t State Zip Code IA 51104-3734	Date of Receipt M M J D D J 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 St Lukes Reg Med Ctr Receipt For:	Occupation Pathologist	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	>	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists F	olitical Action Committee	
Full Name (Last, First, Middle Initial) Victor Casas		Date of Receipt
Mailing Address Dept of Path 65 James St		09 / 11 / 2009
City Edison	State Zip Code NJ 08818	Transaction ID: SA11AI.35249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer John F. Kennedy Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lizardo Cerezo		Date of Receipt
Mailing Address Dept of Path 1414 Kuhl Ave		09 17 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.35292
Orlando FEC ID number of contributing federal political committee.	FL 32806-2115	Amount of Each Receipt this Period
Name of Employer Orlando Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) E. Robert Charles, Dr.		Date of Receipt
Mailing Address 710 FM 1960 West Medical Mall 3		09 17 2009
City Houston	State Zip Code TX 77090	Transaction ID: SA11AI.35247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Houston Northwest Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 60 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) W. John Chowning, Dr.		Date of Receipt
Mailing Address 111 Franklin Health	09 25 2009	
City Farmington	State Zip Code ME 04938	Transaction ID: SA11AI.35225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Franklin Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carol Barbara Comess, Dr. Mailing Address Department of Path	ology	Date of Receipt
39000 Bob Hope Dr	09 04 2009	
City	State Zip Code CA 92270-3221	Transaction ID: SA11AI.35219
Rancho Mirage FEC ID number of contributing federal political committee.	CA 92270-3221	Amount of Each Receipt this Period 500.00
Name of Employer Eisenhower Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Douglas Paul Cook, Dr.		Date of Receipt
Mailing Address Path Dept 1000 W 10th St		09 03 7 2009
City	State Zip Code	Transaction ID: SA11AI.35301
Rolla FEC ID number of contributing federal political committee.	MO 65401-2905	Amount of Each Receipt this Period
Name of Employer Phelps County Reg Med Ctr	Occupation Pathologists	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	·)	2000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS Any information copied from such F	for e Deta	separate schedule(s) ach category of the ailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60 (check only one) X
or for commercial purposes, other the NAME OF COMMITTEE (In Full	nan using the name and address of	any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle In Joseph Thomas Cooper, Dr. Mailing Address 5620 East I	, 		Date of Receipt
City	·) Code	0 9 1 7 2 0 0 9 Transaction ID: SA11AI.35197
Long Beach FEC ID number of contributing federal political committee.	CA 90	815-4129	Amount of Each Receipt this Period 71.50
Name of Employer Centinela Hosp Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	214.50	
Full Name (Last, First, Middle In W. David Couch	tial)		Date of Receipt
Mailing Address Dept of Pat 350 N Wilm	ot Rd		09 11 2009
City Tucson	'	O Code 1711	Transaction ID: SA11AI.35195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Carondelet St Joseph's Ho- sp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to	500.00	
Full Name (Last, First, Middle In Neil Arthur Crowson, Dr.	tial)		Date of Receipt
Mailing Address Dept of Pat 1923 S Utio			09 18 2009
City Tulsa	State Zip	Code 104-6520	Transaction ID: SA11AI.35324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer St John Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 400.00	
SUBTOTAL of Receipts This Pag	e (optional)	>	971.50

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 15 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists	und Statements may not be sold or used by any pers g the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) D. Hernani Cualing, Dr. Mailing Address Department of Pat 12902 USF Magno		Date of Receipt 0 9 0 3 2 0 0 9
City Tampa	State Zip Code FL 33612-9416	Transaction ID: SA11AI.35233
FEC ID number of contributing federal political committee.	C 33012-9410	Amount of Each Receipt this Period 75.00
Name of Employer H Lee Moffitt Cancer Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 325.00	
Full Name (Last, First, Middle Initial) S. DeWitt Davenport, Dr. Mailing Address PO Box 2918		Date of Receipt 0 9 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35214
<u>Harlingen</u>	TX 78551-2918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Valley Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr.		Date of Receipt
Mailing Address 250 Fountain Ct		0 9 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35211
Lexington FEC ID number of contributing federal political committee.	KY 40509-1888	Amount of Each Receipt this Period 500.00
Name of Employer Dermatopathology Reference Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1075.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 60 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne 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) A. Craig Dise, Dr. Mailing Address Department of Patho 100 Madison Ave City Morristown	logy State NJ	Zip Code 07960	Date of Receipt 0 9 0 8 2 0 0 9 Transaction ID: SA11AI.35279 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Morristown Memorial Hosp	C	n	1000.00
	Morristown Memorial Hosp Receipt For: Primary General Other (specify) ▼	Patholog Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) D. James Dollar, Dr. Mailing Address 231 Pat Stough Ln			Date of Receipt 0 9 0 4 2 0 0 9
	City Davidson FEC ID number of contributing federal political committee.	State NC	Zip Code 28036-8405	Transaction ID: SA11AI.35190 Amount of Each Receipt this Period 750.00
	Name of Employer Pathology Assocs Svcs Receipt For:	Occupatio Patholog		
	Primary General Other (specify) ▼	Aggregate	750.00	
) <u>.</u>	Full Name (Last, First, Middle Initial) H Justin Ekuan, Dr. Mailing Address Path 27700 Medical Center			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mission Viejo FEC ID number of contributing federal political committee.	State CA	Zip Code 92691-6426	Transaction ID: SA11AI.35277 Amount of Each Receipt this Period 500.00
	Name of Employer Mission Hosp & Reg Med Ctr	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional))	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 17 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) M Galen Eversole, Dr. Mailing Address Dent of Path		Date of Receipt
4230 Burnham Ave	Ctata 7'a Cada	09 04 2009
City Las Vegas	State Zip Code NV 89119	Transaction ID: SA11AI.35303 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Quest Diag	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Edward Ewing		Date of Receipt
Mailing Address Lab 405 W Grand Ave		09 17 2009
City Dayton	State Zip Code OH 45459	Transaction ID: SA11AI.35228 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 43439	750.00
Name of Employer Grandview Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) L. Marianne Feran, Dr.		Date of Receipt
Mailing Address 23 Whittier St		09 17 2009
City Melrose	State Zip Code MA 02176-3601	Transaction ID: SA11AI.35207 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Converge Diagnostic Servi- ces LLC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 60 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	Statements may not be sold or used by any personal name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) T. Noel Florendo, Dr. Mailing Address 1211 Union Ave Ste : City Memphis FEC ID number of contributing federal political committee. Name of Employer Duckworth Pathology Group Receipt For: Primary General		Date of Receipt M M M O D D O D O D O D O D O D O D O D
Other (specify) ▼ Full Name (Last, First, Middle Initial) D. Rebecca Folkerth, Dr. Mailing Address Department of Patho 75 Francis St City Boston FEC ID number of contributing federal political committee.		Date of Receipt M M J D D J Z D O 9 Transaction ID: SA11AI.35187 Amount of Each Receipt this Period 500.00
Name of Employer Brigham & Women's Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) V. Steven Foster, Dr. Mailing Address Department of Patho 1441 N Beckley Ave City	logy State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Dallas FEC ID number of contributing federal political committee.	TX 75203	Amount of Each Receipt this Period 500.00
Name of Employer Methodist Dallas Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	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 Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> 4.	Full Name (Last, First, Middle Initial) S. Robert Freedman			Date of Receipt
•	Mailing Address Department of Patholo 225 North Jackson Ave			0 9 1 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35308
	San Jose FEC ID number of contributing federal political committee.	CA	95116	Amount of Each Receipt this Period 250.00
	Name of Employer Regional Med Ctr Receipt For: Primary General	Occupation Patholog Aggregate	gist e Year-to-Date ▼	1
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
3.	Michael Dennis Frisman, Dr. Mailing Address Pathology Department 39000 Bob Hope Drive			Date of Receipt 0 9 1 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35220
	Rancho Mirage FEC ID number of contributing federal political committee.	CA	92270	Amount of Each Receipt this Period 500.00
	Name of Employer Eisenhower Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
-).	Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr.			Date of Receipt
	Mailing Address Department of Lab Me 615 South New Ballas			09 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.35325
	St Louis FEC ID number of contributing federal political committee.	C	63141-8277	Amount of Each Receipt this Period 500.00
	Name of Employer St. Johns Mercy Med Ctr	Occupation		
	Receipt For: Primary General Other (specify) ▼	, ' ~	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1250.00
ļ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 60 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any persitress 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 C	Committee	
۸.	Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr.			Date of Receipt
	Mailing Address Dept of Path/Lab 4500 13th St			09 / 25 / 2009
	City Gulfport	State MS	Zip Code 39501	Transaction ID: SA11AI.35267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Hosp @ Gulfport	Occupation Pathologic		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.			Date of Receipt
	Mailing Address Dept of Path 1000 Fourth St SW			09 / 17 / 2009
	City Mason City	State IA	Zip Code 50401-2800	Transaction ID: SA11AI.35270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30401-2000	250.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologic		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Buntyn Paul Googe, Dr.			Date of Receipt
	Mailing Address 315 Erin Dr			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.35255
	Knoxville FEC ID number of contributing federal political committee.	C	37919-6202	Amount of Each Receipt this Period 500.00
	Name of Employer Knoxville Dermatopathology Laboratorie	Occupation Pathologic	ist	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 60 (check only one) X 11a
or for commercial purposes NAME OF COMMITTE	, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mailing Address 290 City Lexington FEC ID number of contraction federal political committed in the complete in the contraction of the cont	r. Big Run Rd State KY sibuting se. Occupati Patholo		Date of Receipt M M M
Full Name (Last, First, N Dwayne Brent Hall, Dr. Mailing Address PO I City Boone FEC ID number of contr federal political committee	State NC ibuting	Zip Code 28607-1818	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
unaffiliated Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Notari Gordon Handte, Dr.	General	egist te Year-to-Date ▼ 1000.00	Date of Receipt
Mailing Address Depoid 1800 City State College FEC ID number of contrest federal political committee Name of Employer Centre Community Hose Receipt For:	Occupati Patholo		Transaction ID: SA11AI.35280 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts T	his Page (optional)		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 22 / 60 (check only one) X 11a
	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	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) A.	Full Name (Last, First, Middle Initial) V. William Harrer, Dr.			Date of Receipt
	Mailing Address 129 The Mews City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<u>Haddonfield</u>	NJ	08033-1344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Our Lady of Lourdes Med Ctr Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
В.	Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr. Mailing Address The Pathology Center			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	8303 Dodge St	State	Zip Code	Transaction ID: SA11AI.35274
	Omaha	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Methodist Hospital	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
С.	Full Name (Last, First, Middle Initial) M Douglas Hughes, Dr.	•		Date of Receipt
	Mailing Address 6063 Sabal Creek Blvd			09 04 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.35234
	Port Orange FEC ID number of contributing federal political committee.	C	32128	Amount of Each Receipt this Period 500.00
	Name of Employer Halifax Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1850.00
•	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 60 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) M. Thomas James, Dr.			Date of Receipt
Mailing Address Dept of Pathology 4343 N Josey Ln			09 04 YYYYY
City Carrollton	State TX	Zip Code	Transaction ID: SA11AI.35341
FEC ID number of contributing federal political committee.	C	75010	Amount of Each Receipt this Period 250.00
Name of Employer Trinity Med Ctr	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Emmett William Jefferson, Dr.			Date of Receipt
Mailing Address 101 Elm Ave SE			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roanoke	State VA	Zip Code 24013-2222	Transaction ID: SA11AI.35188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	ETOTO ELLE	1000.00
Name of Employer Carilion Roanoke Mem Hosp	Occupatio Patholog		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) E Danna Johnson, Dr.			Date of Receipt
Mailing Address Dept of Path 1401 Johnston Willi	s Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond	State VA	Zip Code 23235-4730	Transaction ID: SA11AI.35203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23233-4730	500.00
Name of Employer Commonwealth Lab Consulta- nts	Occupatio Patholog	ist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P	d Statements may not be sold or used by any pers the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregorius Joan Jones, Dr. Mailing Address 1320 York Ave 34H		Date of Receipt
City New York FEC ID number of contributing	State Zip Code NY 10021-4878	Transaction ID: SA11AI.35285 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer New York Presbyterian Hosp - Cornell C Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) G. Megha Joshi, Dr. Mailing Address 2 Dana Ave		Date of Receipt 0 9 1 7 2 0 0 9
City Winchester FEC ID number of contributing	State Zip Code MA 01890-1010 C	Transaction ID: SA11AI.35262 Amount of Each Receipt this Period 38.00
Name of Employer Lawrence General Hosp Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to-Date 266.00	
Full Name (Last, First, Middle Initial) Alexandre Andre Kajdacsy-Balla, Dr. Mailing Address Dept of Path	440	Date of Receipt 0 9 1 7 2 0 0 9
Lity Chicago FEC ID number of contributing federal political committee.	State Zip Code L 60612-4356	Transaction ID: SA11AI.35351 Amount of Each Receipt this Period 500.00
Name of Employer Univ of Illinois at Chicago Receipt For:	Occupation Pathologist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	788.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60 (check only one)			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) College of American Pathologists	<u>-</u>					
Full Name (Last, First, Middle Initial) Elwin Marc Keen, Dr.			Date of Receipt			
	Mailing Address Director of Clinical Laboratory					
City Ludington	State MI	Zip Code 49431-9431	Transaction ID: SA11AI.35268 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		2500.00			
Name of Employer Memorial Med Ctr of W Mic- higan	Occupation Patholog					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) L Dennis Laffay, Dr.	I		Date of Receipt			
Mailing Address 18856 North Valle	у		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.35246			
Fairview Park FEC ID number of contributing	ОН	44126	Amount of Each Receipt this Period			
federal political committee.						
Name of Employer Hillcrest Hosp	Occupation Patholog					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	1000.00				
Full Name (Last, First, Middle Initial) D.K. Clarke Lambe, Dr.			Date of Receipt			
Mailing Address 16019 N 53rd St			0 9 1 1 1 2 0 0 9			
City	State	Zip Code	Transaction ID: SA11AI.35376			
Scottsdale FEC ID number of contributing federal political committee.	C	85254-1776	Amount of Each Receipt this Period 1000.00			
Name of Employer Western Pathology Assoc, Ltd.	Occupation Patholog					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼				
SUBTOTAL of Receipts This Page (option			4500.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 60 (check only one) X 11a		
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Pathologists F	olitical Action (Committee			
Full Name (Last, First, Middle Initial) L. Rosanna Lapham, Dr.			Date of Receipt		
Mailing Address 101 East Wood Str	Mailing Address 101 East Wood Street				
City Spartanburg	State SC	Zip Code 29303	Transaction ID: SA11AI.35194 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Spartanburg Pathology Associates, PA	Occupation Patholog				
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) E. Philip LeBoit, Dr.	I		Date of Receipt		
Mailing Address 1701 Divisadero St	Rm 350		09 / 03 / 2009		
City San Francisco	State CA	Zip Code 94115-3011	Transaction ID: SA11AI.35347 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	34110 0011	1000.00		
Name of Employer Univ of California San Fr-	Occupation Patholog				
ancisco Receipt For: Primary General Other (specify) ▼	_ , '	e Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) J Christopher Leigh, Dr.			Date of Receipt		
Mailing Address Mercy Medical Cent 250 Mercy Dr	ter		0 9 1 8 2 0 0 9		
City Dubugue	State IA	Zip Code 52001	Transaction ID: SA11AI.35345 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer United Clinical Laborator- ies	Occupation Patholog				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
			2000.00		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 60 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action C	committee	
. ∠ \.	Full Name (Last, First, Middle Initial) Alan Levin			Date of Receipt
	Mailing Address 1701 Hillmoor Dr Ste			09 / 03 / 4 4 4 4 4
	City Port St Lucie	State FL	Zip Code 34952	Transaction ID: SA11AI.35175 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3430 <u>2</u>	500.00
	Name of Employer AmeriPath	Occupation Pathologic		
	Receipt For: Primary General Other (specify) ▼	- ' 	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.			Date of Receipt
	Mailing Address PO Box 870 1209 Bishop ST			09 03 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.35184
	Union City	TN	38281-0870	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Memorial Hosp-Uni- on City	Occupation Pathologic		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) L Richard Lozano, Dr.			Date of Receipt
	Mailing Address Dept of Path 290 Big Run Rd			09 / 04 / 2009
	City Lexington	State KY	Zip Code 40502	Transaction ID: SA11AI.35294
	FEC ID number of contributing federal political committee.	C	40002	Amount of Each Receipt this Period 1000.00
	Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologic		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60 (check only one) X
or for commercial p	oied from such Reports and S urposes, other than using the IMITTEE (In Full) nerican Pathologists Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	, First, Middle Initial)			Date of Receipt
Mailing Address	Department of Patholo 500 J. Clyde Morris Bl			09 / 04 / 4 2009
City Newport New	s	State VA	Zip Code 23601	Transaction ID: SA11AI.35309 Amount of Each Receipt this Period
FEC ID number federal political of	of contributing	C	25001	1000.00
Name of Employ Riverside Reg N	/er /led Ctr	Occupatio Patholog		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last Patrice Anne Mai				Date of Receipt
	Dept of Pathology 290 Big Run Rd			09 / 04 / 2009
City Lexington		State KY	Zip Code 40503	Transaction ID: SA11AI.35295
FEC ID number federal political		C	4000	Amount of Each Receipt this Period
Name of Employ Pathology & Cyl Inc.	ver ology Labs	Occupatio Patholog		
Receipt For: Primary Other (spe	☐ General ecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last E. John McDona	, First, Middle Initial) d, Dr.			Date of Receipt
Mailing Address	Dept of Pathology 4401 Booth Calloway			09 03 2009
City		State	Zip Code	Transaction ID: SA11AI.35286
North Richlar FEC ID number federal political	of contributing	C	76180	Amount of Each Receipt this Period 1000.00
Name of Employ North Hills Hos	ver O	Occupatio Patholog		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Be	ceipts This Page (optional)	1		3000.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 60 (check only one) X
Any information copied from such Reports 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 persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R Myron Melamed, Dr. Mailing Address 3000 S Ocean Bl	vd Apt 1504	Date of Receipt
City Boca Raton	State Zip Code FL 33432	Transaction ID: SA11AI.35374 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	500.00
Name of Employer Westchester Medical Center Receipt For: Primary General Other (specify) ▼	Pathologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Bruce Melin, Dr. Mailing Address Department of Pa 401 E Spruce St	athology	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.35332
Garden City FEC ID number of contributing federal political committee.	KS 67846-5672	Amount of Each Receipt this Period 250.00
Name of Employer St. Catherine Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) A. Karen Miller, Dr. Mailing Address Lab	,	Date of Receipt
1255 W Washing		09 04 2009
City Tempe	State Zip Code AZ 85281-1210	Transaction ID: SA11AI.35318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	1	1750.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	ntomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 60 (check only one) X
or for	nformation copied from such Reports and Stacommercial purposes, other than using the rame of COMMITTEE (In Full) college of American Pathologists Politic	name and ad	dress of any political committee to	o solicit contributions from such committee.
A. <u>De</u> Ma Cit <u>Fr</u>	rench Camp EC ID number of contributing	State CA	Zip Code 95231	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na Sa <u>ta</u> l	deral political committee. ame of Employer an Joaquin General Hospi- eceipt For: Primary General Other (specify) ▼	Occupation Patholog		
B. <u>F.</u> Ma	Ill Name (Last, First, Middle Initial) Gary Neitzel, Dr. ailing Address ACL Laboratories 2900 W. Oklahoma Ave ty ilwaukee	enue State WI	Zip Code 53215-4330	Date of Receipt M M
fed Na St	ec ID number of contributing deral political committee. Tame of Employer Luke's Med Ctr Seceipt For: Primary General Other (specify)	Occupation Patholog Aggregate		500.00
C. R. Ma Cit S)	Ill Name (Last, First, Middle Initial) Michael O'Leary, Dr. ailing Address 1304 Buckley Rd ty yracuse EC ID number of contributing deral political committee.	State NY	Zip Code 13212-4311	Date of Receipt M M M O D D O S O D O D O D O D O D O D O D O
Na La <u>Ne</u>	ame of Employer ab Alliance of Central ew York secipt For: Primary Other (specify)	Occupation Patholog Aggregate		
SUB	TOTAL of Receipts This Page (optional)			2035.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Cheng Yao Ong, Dr.			Date of Receipt
	Mailing Address 4712 Grandview Ave	nue		09 / 03 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.35232
	New Port Richey FEC ID number of contributing federal political committee.	C	34652-1039	Amount of Each Receipt this Period 500.00
	Name of Employer Gulf Coast Pathologists	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) A. Stephen Ovanessoff, Dr. Mailing Address 1255 W Washington	C+		Date of Receipt
	walling Address 1255 W Washington	09 18 2009		
	City	State	Zip Code	Transaction ID: SA11AI.35319
	Tempe	AZ	85281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clin-Path Associates, P.C.	Occupatio Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_).	Full Name (Last, First, Middle Initial) Norman Robert Page, Dr.			Date of Receipt
	Mailing Address 315 Erin Dr			09 03 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.35256
	Knoxville	TN	37919-6202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Knoxville Dermatopathology Laboratorie	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F	nd Statements may not be sold or used by any pers the name and address of any political committee to	
Full Name (Last, First, Middle Initial)	Childa / Ichon Committee	
A. Abraham Philip Mailing Address Department of Path 10500 Montgomery		Date of Receipt 0 9 1 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.35185
Cincinnati	OH 45242-4402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Bethesda North Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.		Date of Receipt
Mailing Address Dept of Path 290 Big Run Rd		09 04 2009
City	State Zip Code	Transaction ID: SA11AI.35296
Lexington	KY 40503-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr.		Date of Receipt
Mailing Address 506 Devonhall Ln		09 16 2009
City <u>Cary</u>	State Zip Code NC 27518-2658	Transaction ID: SA11AI.35364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Wake Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l	1600.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information period from such Penerte and S	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60 (check only one) X 11a
	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 Politics	name and ad	dress of any political committee t	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) G Thomas Puckett, Dr. Mailing Address Dept of Path 421 S 28th Ave Ste 31	0		Date of Receipt 0 9 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35239
	Hattiesburg FEC ID number of contributing federal political committee.	MS C	39401-7208	Amount of Each Receipt this Period 1000.00
	Name of Employer Hattiesburg Clinic, PA Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
Б.	Full Name (Last, First, Middle Initial) Richard Donald Pulitzer, Dr. Mailing Address 706 Green Valley Rd S	Ste 104		Date of Receipt 0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35231
	Greensboro	NC	27408-7043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Greensboro Pathology Assoc PA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
С.	Full Name (Last, First, Middle Initial) A. Felipe Querimit, Dr. Mailing Address Clinical Laboratories 25 Pocono Rd	l		Date of Receipt 0 9 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.35322
	<u>Denville</u>	NJ	07834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Clare's Hosp	Occupation Patholog	pist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60 (check only one) X
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and ad	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) C. James Quigley, Dr.			Date of Receipt
	Mailing Address Department of Pathol PO Box 2923	ogy		09 17 7 2009
	City Shawnee Mission	State KS	Zip Code 66201	Transaction ID: SA11AI.35315
	FEC ID number of contributing federal political committee.	C	00201	Amount of Each Receipt this Period 500.00
	Name of Employer Shawnee Mission Med Ctr	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Shrin Rajagopalan Mailing Address 1900 Kildaire Farm R	ld		Date of Receipt
	City	State	Zip Code	0 9 1 8 2 0 0 9 Transaction ID: SA11Al.35368
	Cary	NC	27518-6616	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer WakeMed Cary Hosp	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) J. Thomas Reed, Dr.			Date of Receipt
	Mailing Address 2001 Webber St			09 04 2009
	City	State	Zip Code	Transaction ID: SA11AI.35314
	Sarasota FEC ID number of contributing federal political committee.	C	34239-5237	Amount of Each Receipt this Period 500.00
	Name of Employer Sarasota Pathology	Occupatio Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Pol	e name and 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. Susan Rendon, Dr. Mailing Address 913B North Blvd East City Leesburg FEC ID number of contributing federal political committee. Name of Employer Pathology Medical Laboratories, PA Receipt For:	State Zip Code FL 34748 C Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) E. Ronald Rocha, Dr. Mailing Address 3701 S Higuera St St	1750.00 e 200	Date of Receipt
City San Luis Obispo FEC ID number of contributing	State Zip Code CA 93401	Transaction ID: SA11AI.35196 Amount of Each Receipt this Period
Federal political committee. Name of Employer Central Coast Pathology Consultants Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) F Charles Romberger, Dr. Mailing Address 555 N. Duke St.		Date of Receipt 0 9 0 3 2 0 0 9
P.O. Box 3555 City Lancaster	State Zip Code PA 17604-3555	Transaction ID: SA11AI.35261 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .		3250.00

SCHEDULE A (FEC FOI	m 3x)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 60 (check only one)		
Any information copied from such Re or for commercial purposes, other than	ports and Statements may an using the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) College of American Patholo	gists Political Action (Committee			
Full Name (Last, First, Middle Init J Assad Saad, Dr.	al)		Date of Receipt		
City Dallas	State TX	Zip Code 75203-1201	Transaction ID: SA11AI.35272 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Surgical Pathologists	Occupation Patholog				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Init D. Clifford Sauls, Dr.	al)		Date of Receipt		
Mailing Address 4899 Montro	se Blvd Apt 1510		0 9 2 5 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.35248		
Houston FEC ID number of contributing federal political committee.	C	77006-6170	Amount of Each Receipt this Period 1000.00		
Name of Employer Houston Pathology Associa- tes	Occupation Doctor	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Init T Berton Schaeffer, Dr.	al)		Date of Receipt		
Mailing Address Dept of Path 214 Hospital	Cir		M M / D D / Y Y Y Y O O O O		
City Blairsville	State GA	Zip Code 30512-3102	Transaction ID: SA11AI.35344 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Union General Hosp	Occupation Patholog				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page	(optional)		3000.00		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60 (check only one) X					
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	the name and add	dress of any political committee to	on for the purpose of soliciting contributions					
Full Name (Last, First, Middle Initial) C David Schlosnagle, Dr. Mailing Address 510 Old Path Crossi		7'- 0-1-	Date of Receipt 0 9 0 3 2 0 0 9					
City Roswell FEC ID number of contributing federal political committee.	State GA	Zip Code 30075	Transaction ID: SA11AI.35372 Amount of Each Receipt this Period 500.00					
Name of Employer WellStar Kennestone Hosp Receipt For: Primary General Other (specify) ▼	Occupatior Pathologi Aggregate							
Full Name (Last, First, Middle Initial) J Andrew Sloman, Dr. Mailing Address Dept of Path 1414 Kuhl Ave City Orlando FEC ID number of contributing	State FL	Zip Code 32806-2008	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Receipt For: Primary Other (specify) ▼	Occupation Pathologi							
Full Name (Last, First, Middle Initial) Travis Elton Smith, Dr. Mailing Address 1101 Veramonte Dr			Date of Receipt 0 9 1 7 2 0 0 9					
City Matthews FEC ID number of contributing federal political committee.	State NC	Zip Code 28104	Transaction ID: SA11AI.35193 Amount of Each Receipt this Period 500.00					
Name of Employer Carolinas Pathology Group Receipt For: Primary General Other (specify) ▼	Occupation Pathologi Aggregate							
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	1250.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 1					
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 Statements may not be sold or used by any personal statements and address of any political committee to blitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) M. Ray Smith, Dr. Mailing Address Department of Labs. 150 Kingsley Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Norfolk FEC ID number of contributing federal political committee.	State Zip Code VA 23505-4602 C	Transaction ID: SA11AI.35186 Amount of Each Receipt this Period 500.00					
Name of Employer Bon Secours DePaul Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00]					
Full Name (Last, First, Middle Initial) Joy Snell Mailing Address 5405 SW Daun Dr		Date of Receipt 0 9 1 7 2 0 0 9					
City Lawton FEC ID number of contributing federal political committee.	State Zip Code OK 73505	Transaction ID: SA11AI.35172 Amount of Each Receipt this Period 300.00					
Name of Employer Advanced Pathology Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 300.00						
Full Name (Last, First, Middle Initial) James Matthew Snyder, Dr. Mailing Address WakeMed Hospital		Date of Receipt 0 9 1 8 2 0 0 9					
Pathology Dept. City Raleigh FEC ID number of contributing federal political committee.	State Zip Code NC 27610	Transaction ID: SA11AI.35307 Amount of Each Receipt this Period 1000.00					
Name of Employer Raleigh Pathology Lab Assoc PA Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 1000.00						
SUBTOTAL of Receipts This Page (optional)		1800.00					

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes. NAME OF COMMITTEE	other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Strimel Kathleen Sunshine Mailing Address 7617	e, Dr.	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Vancouver FEC ID number of contri federal political committee		98664-1736	Amount of Each Receipt this Period 500.00
Name of Employer Southwest Washington Ctr Receipt For: Primary Other (specify)	Patriolo		
Full Name (Last, First, M Justin Eric Thompson, Dr. Mailing Address 501			Date of Receipt 0 9 0 4 2 0 0 9
City Norman FEC ID number of contri federal political committe		Zip Code 73071-5465	Transaction ID: SA11AI.35298 Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Consultation S rvices Inc Receipt For: Primary Other (specify)	Fatholo		
5301	of Path E Huron River Dr	7's Oarle	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ann Arbor FEC ID number of contri federal political committe		Zip Code 48106-0995	Transaction ID: SA11AI.35326 Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph Mercy Hosp	Occupati Patholo		
Receipt For: Primary Other (specify)		te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts T	his Page (optional)		2000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 60 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	he name and add	ress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Melvin Van Boven, Dr. Mailing Address Department of Patho 744 W 9th St City Tulsa FEC ID number of contributing federal political committee. Name of Employer Tulsa Regional Med Ctr Receipt For:	State OK C Occupation Pathologi	Zip Code 74127	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 500.00]
A Carol Van der Harten, Dr. Mailing Address 4230 Burnham Ave S			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Las Vegas	State NV	Zip Code	Transaction ID: SA11AI.35306
FEC ID number of contributing federal political committee.	C	89119-5489	Amount of Each Receipt this Period 250.00
Name of Employer Quest Diagnostics Incorpo- rated Receipt For:	Occupation Pathologi		
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) E Laura Van Newkirk, Dr.	1		Date of Receipt
Mailing Address 2738 E 51st St Ste 2	90		09 25 2009
City	State	Zip Code	Transaction ID: SA11AI.35342
Tulsa	OK	74105-6271	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Tulsa Medical Laboratory	Occupation Pathologi	st	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	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) Guillermo Villarmarzo Mailing Address PO Box 366527 City San Juan FEC ID number of contributing federal political committee. Name of Employer Hato Rey Pathology Associates Receipt For: Primary General Other (specify)	State PR C Occupation Patholog Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr. Mailing Address Department of Patholo 44201 Dequindre Rd City Troy FEC ID number of contributing federal political committee. Name of Employer William Beaumont Hosp Receipt For: Primary General Other (specify)	State MI C Occupatio Patholog		Date of Receipt M M M / D D / Y Y Y Y Y O 9 18 2009 Transaction ID: SA11AI.35377 Amount of Each Receipt this Period 1200.00
_ С.	Full Name (Last, First, Middle Initial) B Don Vollman, Dr. Mailing Address 411 East Matthews City Jonesboro FEC ID number of contributing federal political committee. Name of Employer Doctors' Anatomic Path Sv-cs, PA Receipt For: Primary General Other (specify)	State AR C Occupatio Patholog Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	2450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 60 (check only one) X
A 0	ny information copied from such Reports and S 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	itical Action	Committee	
	Full Name (Last, First, Middle Initial) C. Larry VonKuster, Dr. Mailing Address Department of Pathology	ogy		Date of Receipt
	715 South Taft			09 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.35226
	FEC ID number of contributing federal political committee.	C	43420	Amount of Each Receipt this Period 500.00
	Name of Employer Fremont Mem Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) L Dale Waldner, Dr. Mailing Address 1700 Iron Jacket Trl	1		Date of Receipt
	Mailing Address 1700 Iron Jacket Trl			09 18 2009
	City	State	Zip Code	Transaction ID: SA11AI.35209
	Harker Heights	TX	76548-6955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Darnell Community Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Michael Francis Walsh, Dr.			Date of Receipt
	Mailing Address Dept of Path 3170 W Central Ave			09 03 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.35206
	Toledo	OH	43606-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Consultants in Laboratory Medicine	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	~)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X					
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action (Committee						
Full Name (Last, First, Middle Initial) G Patricia Wasserman, Dr.			Date of Receipt					
Mailing Address 270-05 76th Ave			09 11 2009					
City New Hyde Park	State NY	Zip Code 11040	Transaction ID: SA11AI.35264 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer Long Island Jewish Med Ctr	Occupatio Patholog							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) H. Michael Weinstein, Dr.	L		Date of Receipt					
Mailing Address Dept of Pathology 3000 New Bern Av	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Raleigh	State NC	Zip Code 27610-1231	Transaction ID: SA11AI.35366					
FEC ID number of contributing federal political committee.	C	27010-1231	Amount of Each Receipt this Period 1000.00					
Name of Employer Wake Med Ctr	Occupatio Patholog							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.			Date of Receipt					
Mailing Address Dept of Pathology 500 Chipeta Way			0 9 1 1 2 0 0 9					
City Salt Lake City	State UT	Zip Code 84108-4108	Transaction ID: SA11AI.35180 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer ARUP Clinical Laboratories	Occupatio Patholog							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optional	al)		2500.00					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Jerome Wilkenfeld, Dr. Mailing Address PO Box 55008 City Houston FEC ID number of contributing federal political committee. Name of Employer Spring Branch Med Ctr Receipt For: Primary General Other (specify)	State Zip Code TX 77255-5008 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) R. Bruce Williams Mailing Address 2915 Missouri Ave City Shreveport FEC ID number of contributing federal political committee.	State Zip Code LA 71109	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 The Delta Pathology Group, LLP Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 750.00]
Full Name (Last, First, Middle Initial) D. Douglas Wilson Mailing Address Department of Pa 1924 Alcoa Highw City Knoxville FEC ID number of contributing federal political committee.	State Zip Code TN 37920	Date of Receipt M M M
Name of Employer Univ of Tennessee Med Ctr Knoxville Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date 500.00]
SUBTOTAL of Receipts This Page (option	nal)	1750.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for o	formation copied from such Reports and Scommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Co	ollege of American Pathologists Pol	itical Action (Committee	
	l Name (Last, First, Middle Initial) oseph Wilson, Dr.			Date of Receipt
	iling Address 411 E Matthews Ave			09 / 04 / 2009
City <u>Jo</u>	y nesboro	State AR	Zip Code 72401	Transaction ID: SA11AI.35213 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		250.00
CS,	me of Employer ctors' Anatomic Path Sv- PA ceipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
B. <u>W</u>	I Name (Last, First, Middle Initial) Reginald Wilson, Dr. illing Address PO Box 1527	I		Date of Receipt 0 9 1 1 1 2 0 0 9
City	у	State	Zip Code	Transaction ID: SA11AI.35290
<u>Mi</u>	lledgeville	GA	31059-1527	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Na Oc	me of Employer onee Regional Med Ctr	Occupation Patholog		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	I Name (Last, First, Middle Initial)			Date of Receipt
	iling Address 4608 21st St			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.35176
FE	bbock C ID number of contributing leral political committee.	C	79407-2312	Amount of Each Receipt this Period 500.00
Nai Co	me of Employer venant Health System	Occupatio Patholog		
Re	ceipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
SUBT	FOTAL of Receipts This Page (optional) .	1		1250.00
TOTA	AL This Period (last page this line number	r only)	······································	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr.		Date of Receipt
Mailing Address Lab 701 10th St SE		09 17 2009
City	State Zip Code	Transaction ID: SA11AI.35269
Cedar Rapids	IA 52403-1292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Shourong Zhao		Date of Receipt
Mailing Address PO Box 0951 710 Center St		09 / 04 / 2009
City	State Zip Code	Transaction ID: SA11AI.35338
Columbus	GA 31902-0951	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer The Medical Center	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) J Louis Zinterhofer, Dr.		Date of Receipt
Mailing Address Dept of Path 300 Second Ave		09 / 04 / 2009
City	State Zip Code	Transaction ID: SA11AI.35278
Long Branch	NJ 07740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer Monmouth Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional)		4250.00
TOTAL This Period (last page this line number	·	

A.

В.

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

PAGE 47/60 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt S. Robert Zirl, Dr. Mailing Address Dept of Pathology 09 2009 11 605 Holderrieth City State Zip Code Transaction ID: SA11AI.35333 Tomball TX 77375 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C federal political committee. Name of Employer Tejas Pathology Associates Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 5000.00 Other (specify) Full Name (Last, First, Middle Initial) R. Philip Zollars, Dr. Date of Receipt Mailing Address 1255 W Washington Street 0 9 03 2009 City State Zip Code Transaction ID: SA11AI.35320 **Tempe** ΑZ 85281-1210 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Clin-Path Associates, P.C. Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼

1000.00

SUBTOTAL of Receipts This Page (optional)		6000.00
TOTAL This Period (last page this line number only)	→	86427.50

Primary

Other (specify)

General

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				IE NUMBER: PAGE 48 / 60 nly one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	X 21b 27	Ė	22 28a		23 28b	24 28c	F	25 29	26 30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name											5	
NAME OF COMMITTEE (In Full)	··											
College of American Pathologists Political	Action Committee											
Full Name (Last, First, Middle Initial) Sun Trust Bank							on ID:	SB21I	3.35	428		
Mailing Address P.O. Box 85024					0 ^M 9	M	0	0 4 Y	Ž	0 0 9) Y	
City Richmond	State Zip Code VA 23285				Amou	nt of	f Each	Disburse	men	t this I	Period	
Purpose of Disbursement Bank Service Chargers									5	93.25	5	
Candidate Name			egory/ ype									
Senate President	ement For: Primary General Other (specify) ▼											
State: District: Full Name (Last, First, Middle Initial)												
Sun Trust Bank					Date of	of Di	sburse				V	
Mailing Address P.O. Box 85024					0 9	M	0	7 /	Ž	0 ŏ 9) [*]	
City Richmond	State Zip Code VA 23285				Amou	nt of	f Each	Disburse		-	-	
Purpose of Disbursement Bank Service Charges									.1	10.25	5	
Candidate Name			tegory/ type									
Senate President	ement For: Primary General Other (specify)											
State: District: Full Name (Last, First, Middle Initial)												
Sun Trust Bank					Date o		on ID: sburse	SB21E ement			V	
Mailing Address P.O. Box 85024					0 9	MI /	0	8 / '	2	o ŏ s)	
City Richmond	State Zip Code VA 23285				Amou	nt of	f Each	Disburse	-			
Purpose of Disbursement Bank Service Charges						-			2	47.28	3	
Candidate Name			tegory/									
Office Sought: House Disburs: Senate President	ement For: Primary General Other (specify)											
State: District:												
SUBTOTAL of Disbursements This Page (optional)			•	<u>.</u>					9	50.78		

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check						NE NUMBER: PAGE 49 / 60 only one)								
ITEMIZED DISBURSEMENTS	for each category of th Detailed Summary Page				21b 27	F	22 28a		23 28b		24 28c	F	25 29	\mathbf{H}	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				6431 0 ŏ s	Y	
	State VA	Zip Code 23285					Amou	nt o	Each	ı D	isburse	men	t this F	Perioc	<u>.</u>
Purpose of Disbursement Bank Services Charges Candidate Name					egory/		L.						88.20		
Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼													
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024							Date o		sburs) / \		6432 0 0 9	Y	
City	State	Zip Code					Amou	nt o	Each	n D	isburse	men	t this F	Perioc	
Purpose of Disbursement Bank Service Charges	VA	23285											28.24		
Candidate Name	ment For:				gory/ pe										
Office Sought: House Disburse Senate President State: District:	Primary Other (spe	General ccify) ▼													
Full Name (Last, First, Middle Initial) Sun Trust Bank							Trans Date o		sburs	en		3.35	425		
Mailing Address P.O. Box 85024							0 ^M 9	М	D 2	2 1) / \	Ž	0 ŏ s	Y	
	State VA	Zip Code 23285					Amou	nt o	Each	ı D	isburse	-		-	i i
Purpose of Disbursement Bank Service Charges Candidate Name			Ca	ate	egory/		L.					1	95.31		
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General	ר	Ту	pe										
State: District:								_		_		_			_
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>			_				3	11.75		

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 50 / 60 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.35426 Sun Trust Bank Date of Disbursement 2 1 0 9 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23285 50.50 Purpose of Disbursement Bank Service 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.35427 Sun Trust Bank Date of Disbursement 2 9 0 9 2009 Mailing Address P.O. Box 85024 City State Zip Code Amount of Each Disbursement this Period 23285 Richmond VA 47.25 Purpose of Disbursement Bank Service Charges Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	97.75
TOTAL This Period (last page this line number only)	•	1360.28

Primary

Other (specify)

State:

	Use separate sch		NE NUMBER: PAGE 51 / 60
ITEMIZED DISBURSEMENTS	for each category Detailed Summary	of the (Crieck o	inly one) 22
Any Information copied from such Reports and Sta			
or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	cal Action Committed	e	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.35383
BAMPAC			Date of Disbursement
Mailing Address 10 G Street Suite 470			09 11 2 2 0 0 9
City Washington	State Zip Co DC 20002		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement			3000.00
Candidate Name		Category/ Type	
Senate President		009 General	
State: District:			
Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN	IC		Transaction ID: SB23.35385 Date of Disbursement
Mailing Address 175 SOUTH WEST T SUITE 650	EMPLE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City SALT LAKE CITY	State Zip Co UT 8410		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
Candidate Name		Category/ Type	
Office Sought: House Disb		010 General	
President	Other (specify)		
	Other (specify)		
President			Transaction ID: SB23.35386 Date of Disbursement
President State: UT District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN Mailing Address 175 SOUTH WEST T	IC		
State: UT District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN	IC		Date of Disbursement M9 M / D2 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period
President State: UT District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN Mailing Address 175 SOUTH WEST T SUITE 650 City	IC EMPLE State Zip Co		Date of Disbursement M 9 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
President State: UT District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN Mailing Address 175 SOUTH WEST T SUITE 650 City SALT LAKE CITY	IC EMPLE State Zip Co	1 Category/	Date of Disbursement M9 M / D2 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period
President District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN Mailing Address 175 SOUTH WEST T SUITE 650 City SALT LAKE CITY Purpose of Disbursement Candidate Name	IC State Zip Co UT 8410	1	Date of Disbursement M9 M / D2 D / Y 2 0 0 9 Amount of Each Disbursement this Period
President District: 00 Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE IN Mailing Address 175 SOUTH WEST T SUITE 650 City SALT LAKE CITY Purpose of Disbursement Candidate Name Office Sought: House X Senate	State Zip Co UT 8410	Category/ Type	Date of Disbursement M9 M / D2 D / Y 2 0 0 9 Y Amount of Each Disbursement this Period

	CHEDULE B (FEC FORM 3X)	Use sepa	arate schedule(s) category of the	FOR LINE (check only	NUMBER: PAGE 52 / 60 y one)
	EMIZED DISBURSEMENTS	Detailed	Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) College of American Pathologists Politica	ne and addre	ss of any political		
<u>/</u>	Full Name (Last, First, Middle Initial) BUCHANAN FOR CONGRESS Mailing Address 2875 Towerview Road				Transaction ID: SB23.35387 Date of Disbursement O 9
	Suite 1000 City Herndon	State VA	Zip Code 20171		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name			Category/	1000.00
	Office Sought: X House Disburs	sement For: C Primary Other (spe	2010 General	Туре	
	Full Name (Last, First, Middle Initial) BURGESS FOR CONGRESS				Transaction ID: SB23.35388 Date of Disbursement 0 9
	Mailing Address P.O. BOX 2334 City	State	Zip Code		Amount of Each Disbursement this Period
	DENTON	TX	76202		
	Purpose of Disbursement Candidate Name			Category/ Type	1000.00
		sement For: C Primary Other (spe	2010 General ecify)		
	Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIO	NAL CAMF	PAIGN		Transaction ID: SB23.35389 Date of Disbursement
	Mailing Address PO BOX 12612				$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}9^M\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}1^D\end{smallmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}009^Y\end{smallmatrix}$
	City SAN ANTONIO	State TX	Zip Code 78212		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name			Category/	1000.00
	Office Sought: X House Disburs	sement For: C Primary Other (spe	2010 General ecify)	Туре	
s	UBTOTAL of Disbursements This Page (optional))		>	3000.00
	OTAL This Period (last page this line number only	/)		>	
E6	6AN026				FEC Schedule B (Form 3X) (Revised

CHEDULE B (FEC Form 3X)	Use separate schedule	(S) Laboria	NE NUMBER: only one)	PAGE 53 / 60
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e 21b	22 X 23 28a 28b	24 25 26 28c 29 30
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee			
Full Name (Last, First, Middle Initial) FIRST STATE PAC			Date of Disburs	
Mailing Address P.O. Box 3006			09 / 02	21
City Wilmington	State Zip Code DE 19804		Amount of Each	Disbursement this Period
Purpose of Disbursement			<u> </u>	5000.00
Candidate Name		Category/ Type		
Office Sought: House Disbu Senate President State: District:	rsement For: 2009 Primary X Gener Other (specify) ▼	al		
Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE			Transaction ID Date of Disburs	: SB23.35393 ement
Mailing Address PO Box 865			09 ^M / D2	21 7 2009
City Brooksville	State Zip Code FL 34605		Amount of Each	Disbursement this Period
Purpose of Disbursement		0 0		1000.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: FL District: 05	x Primary Gener Other (specify)	al		
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW			Transaction ID Date of Disburs	: SB23.35395 ement
Mailing Address PO Box 8166			09 / 2	21
City Savannah	State Zip Code GA 31412		Amount of Each	Disbursement this Period
Purpose of Disbursement			T L	2500.00
Candidate Name		Category/ Type		
Office Sought: X House Senate President State: GA Disbu	x Sement For: 2010 X Primary Gener Other (specify)	al		
SUBTOTAL of Disbursements This Page (optional	I)			8500.00
			-	

	Use separate schedule) FOR LINE (check onl	NUMBER: PAGE 54 / 60
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) College of American Pathologists Politica			
	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON			Transaction ID: SB23.35392 Date of Disbursement
	Mailing Address POST OFFICE BOX 25	0116		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ 2 & 0 & O & 9 \end{smallmatrix} \end{bmatrix}$
	City ATLANTA	State Zip Code GA 30325	_	Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name		Category/ Type	
	X Senate President	ement For: 2010 Primary General Other (specify)		
	State: GA District: 00 Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE			Transaction ID: SB23.35396 Date of Disbursement
	Mailing Address 1415 NORTH TAFT STI SUITE 477	REET		09 / 21 / 2009
	City ARLINGTON	State Zip Code VA 22201		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Candidate Name		Category/ Type	
	X Senate President	ement For: 2010 Primary General Other (specify)		
	State: NY District: 00 Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE			Transaction ID: SB23.35397 Date of Disbursement
	Mailing Address 1415 NORTH TAFT STI SUITE 477	REET		09 7 21 7 2009
	City ARLINGTON	State Zip Code VA 22201		Amount of Each Disbursement this Period
	Purpose of Disbursement			3500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs X Senate President State: NY District: 00	ement For: 2010 Primary X General Other (specify) ▼		
Г	Didition 00			7000.00

Any Information copied from such Reports and State for commercial purposes, other than using the result of the commercial purposes.	name and address of any polical Action Committee	ge 21b 27 25 27 25 27	22 X 23 24 25 28 28a 28b 28c 29 for the purpose of soliciting contributions
or for commercial purposes, other than using the reservoir for commercial purposes.	name and address of any polical Action Committee		olicit contributions from such committee
Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS			Transaction ID: SR23 35398
GUTHRIE FOR CONGRESS	ve		Transaction ID: SR23 35398
Mailing Address 406 College View Driv	/e		Date of Disbursement
			09 / 21 / 2009
City Elizabethtown	State Zip Code KY 42701		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Senate President	ursement For: 2010 X Primary Gene Other (specify) ▼	ral	
State: KY District: 02 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.35399
LATHAM FOR CONGRESS			Date of Disbursement
Mailing Address P.O. Box 71 PO BOX 71			09 7 21 7 2009
City Clarion	State Zip Code IA 50525		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Senate President	ursement For: 2010 X Primary Gene Other (specify) ▼	ral	
State: IA District: 04 Full Name (Last, First, Middle Initial) MADISON PAC; THE			Transaction ID: SB23.35422 Date of Disbursement
Mailing Address 235 STATE STREET	#206		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City SPRINGFIELD	State Zip Code MA 01103		Amount of Each Disbursement this Perio
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disb Senate President State: District:	ursement For: 2009 Primary X Gene Other (specify) ▼	ral	
SUBTOTAL of Disbursements This Page (option	D	>	7000.00

ITEMIZE	·	Use separ	rate schedule(s)		NUMBER: PAGE 56 / 60
	ED DISBURSEMENTS	for each c	category of the Summary Page	(check only	y one) 22 X 23 24 25 28a 28b 28c 29 3
	ion copied from such Reports and State ercial purposes, other than using the na				or the purpose of soliciting contributions licit contributions from such committee
I \	F COMMITTEE (In Full) of American Pathologists Politica	al Action Cor	nmittee		
	e (Last, First, Middle Initial)				Transaction ID: SB23.35413 Date of Disbursement
Mailing A	address 601 N Ferncreek Ave, S	Suite 200			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ Z & O & Q & 9 \end{smallmatrix} \end{bmatrix}$
City Orlando)	State FL	Zip Code 32803		Amount of Each Disbursement this Period
	of Disbursement				2500.00
Candidate				Category/ Type	
Office Sc	Senate President	sement For: Primary Other (spec	2009 X General cify) ▼		
	District: le (Last, First, Middle Initial) RNEY FOR CONGRESS				Transaction ID: SB23.35400 Date of Disbursement
Mailing A	ddress 888 16TH STREET, NV SUITE 680	V			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Q \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City WASHII	NGTON	State DC	Zip Code 20006		Amount of Each Disbursement this Perio
	of Disbursement				1000.00
	e Name			Category/	
Candidat				Туре	
Office Sc	ought: X House Disbur Senate President	sement For: X Primary Other (spec	2010 General	Гуре	
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College of American Patholog	ists Political Action C	ommittee		
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee	
Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS Mailing Address PO BOX 1682		Transaction ID: SB23.35411 Date of Disbursement O 9
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