

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1350 I Street, NW  
Suite 590  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of IL  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 01 12 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	517795.47									
(c) Total Receipts (from Line 19) .....	30950.00	479653.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	548745.47	867060.60								
7. Total Disbursements (from Line 31) .....	22515.00	340830.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	526230.47	526230.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	27800.00	387736.00
(ii) Unitemized .....	3150.00	91917.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30950.00	479653.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	30950.00	479653.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30950.00	479653.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30950.00	479653.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.00	1639.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.00	1639.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	338780.68
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	410.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22515.00	340830.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22515.00	340830.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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 .....	30950.00	479653.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30950.00	479653.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	1639.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.00	1639.35

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
E Evan Baker, Dr.

Mailing Address Dept of Path  
815 Freeport Rd

City Pittsburgh State PA Zip Code 15215-3301

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

Name of Employer UPMC-St. Margaret Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11AI.39143

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address Dept of Path  
855 N Westhaven Dr

City Oshkosh State WI Zip Code 54904

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

Name of Employer Aurora Med Ctr of Oshkosh Inc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11AI.39146

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Wray Alfred Campbell, Dr.

Mailing Address Dept of Path  
101 E Wood St

City Spartanburg State SC Zip Code 29303

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

Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

Transaction ID: SA11AI.39148

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
G. Alvaro Candel, Dr.

Mailing Address Dept of Pathology  
200 Berteau Avenue

City Elmhurst State IL Zip Code 60126-2966

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

Name of Employer Elmhurst Memorial Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 08 / 2010

**Transaction ID:** SA11AI.39149

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
R Brian Carlson, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City Hermitage State TN Zip Code 37076

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

Name of Employer Pathologists Laboratory, PC Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** SA11AI.39150

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
L Timothy Cole, Dr.

Mailing Address Dept of Path  
421 S 28th Ave Ste 310

City Hattiesburg State MS Zip Code 39401-7208

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

Name of Employer Hattiesburg Clinic, PA Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.39156

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
M James Crawford, Dr.

Mailing Address Dept of Path and Lab Med  
10 Nevada Drive

City State Zip Code  
Lake Success NY 11042-1114

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

Name of Employer Occupation  
North Shore LIJ Core Lab Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2010

**Transaction ID:** SA11AI.39158

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
H David Cresson, Dr.

Mailing Address 1914 Thomson Dr

City State Zip Code  
Lynchburg VA 24501-1009

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

Name of Employer Occupation  
Pathology Consultants of Central VA Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.39160

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
W Abby Davis, Dr.

Mailing Address 1001 S George St

City State Zip Code  
York PA 17403-3676

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

Name of Employer Occupation  
unaffiliated Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2010

**Transaction ID:** SA11AI.39164

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sandra Ewaskow

Mailing Address 1280 116th Ave NE Ste 100

City Bellevue State WA Zip Code 98004-3803

FEC ID number of contributing federal political committee. C

Name of Employer Eastside Pathology Inc, PS Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.39170

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
T. Noel Florendo, Dr.

Mailing Address 1211 Union Ave Ste 300

City Memphis State TN Zip Code 38104-6655

FEC ID number of contributing federal political committee. C

Name of Employer Duckworth Pathology Group Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.39172

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
F. Alan Frigy, Dr.

Mailing Address Department of Pathology  
1800 East Lakeshore Drive

City Decatur State IL Zip Code 62521-2521

FEC ID number of contributing federal political committee. C

Name of Employer St. Mary's Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** SA11AI.39173

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
E Jack Garon, Dr.

Mailing Address Dept of Path  
1500 S Calif Ave

City State Zip Code  
Chicago IL 60608-1797

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

Name of Employer Occupation  
Mt Sinai Hosp Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39174

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Don Humphrey Germaniuk, Dr.

Mailing Address 2931 Youngstown Rd SE

City State Zip Code  
Warren OH 44484

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

Name of Employer Occupation  
Trumbull Memorial Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39175

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Christopher Golembeski, Dr.

Mailing Address 1255 W Washington St

City State Zip Code  
Tempe AZ 85281-1210

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

Name of Employer Occupation  
Sonora Quest Laboratories Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.39178

Amount of Each Receipt this Period

250.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Department of Pathology  
1500 SW 10th St

City State Zip Code  
Topeka KS 66604

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

Name of Employer Stormont-Vail Reg Health Ctr      Occupation Pathologist

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

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

**Transaction ID:** SA11AI.39179

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
A Patricia Gregg, Dr.

Mailing Address Dept of Path  
1601 Watson Blvd

City State Zip Code  
Warner Robins GA 31093-3431

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

Name of Employer Southeastern Pathology Associates      Occupation Pathologist

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

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

**Transaction ID:** SA11AI.39182

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
S. Thomas Haas, Dr.

Mailing Address Department of Pathology  
1000 Mineral Point Ave

City State Zip Code  
Janesville WI 53548

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

Name of Employer Mercy Hosp      Occupation Pathologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

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

**Transaction ID:** SA11AI.39183

Amount of Each Receipt this Period  
250.00

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

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Forbes John Hamilton, Dr.	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address Department of Pathology 4440 West 95th Street	<b>Transaction ID:</b> SA11AI.39184
	City State Zip Code Oak Lawn IL 60453	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Advocate Christ Medical Center Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) M Michelle Hebert, Dr.	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 500 Medical Center Blvd Ste 360A	<b>Transaction ID:</b> SA11AI.39187
	City State Zip Code Conroe TX 77304	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Baylor Pathology Laboratory Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Andrew Hoot, Dr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3501 S Soncy Rd	<b>Transaction ID:</b> SA11AI.39190
	City State Zip Code Amarillo TX 79119-6407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Amarillo Pathology Group LLP Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
S Bharati Jhaveri, Dr.

Mailing Address 1312 Woods Farm Ln

City Springfield State IL Zip Code 62704-6431

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 05 / 2010  
Transaction ID: SA11AI.39191  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
M. Darlene Lee, Dr.

Mailing Address 1200 N Beaver

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Flagstaff Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 05 / 2010  
Transaction ID: SA11AI.39195  
Amount of Each Receipt this Period: 2000.00

**C.**

Full Name (Last, First, Middle Initial)  
A. Joe Lewis, Dr.

Mailing Address Lab  
600 Elizabeth St

City Corpus Christi State TX Zip Code 78404

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

Name of Employer Christus Spohn Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 05 / 2010  
Transaction ID: SA11AI.39197  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Michael Mitchell, Dr.		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address 89 Puritan Rd		<b>Transaction ID:</b> SA11AI.39198		
	City Newton	State MA	Zip Code 02468-1705	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UMass Mem Hlth Care	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) S. Thomas Namiki, Dr.		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address Department of Pathology 1301 Punchbowl St		<b>Transaction ID:</b> SA11AI.39201		
	City Honolulu	State HI	Zip Code 96813	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Queens Med Ctr	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) G. John Newby, Dr.		Date of Receipt MM / DD / YYYY 10 / 05 / 2010		
	Mailing Address Dept of Pathology 11110 Medical Campus Rd Ste 230		<b>Transaction ID:</b> SA11AI.39202		
	City Hagerstown	State MD	Zip Code 21742-6727	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington County Health System	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

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

3800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 23  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
M Patricia Novak, Dr.  
Mailing Address 7417 Fen Ridge  
City Clarkston State MI Zip Code 48348-4366  
FEC ID number of contributing federal political committee. **C**  
Name of Employer William Beaumont Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 05 / 2010  
Transaction ID: SA11AI.39203  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
James Ogburn  
Mailing Address 134 Rosedale Dr  
City Athens State TX Zip Code 75751-3625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eastern Texas Path Labs Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 13 / 2010  
Transaction ID: SA11AI.39204  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
D John Olson, Dr.  
Mailing Address Dept of Pathology  
7703 Floyd Curl Dr  
City San Antonio State TX Zip Code 78229-3900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UTHSC at San Antonio Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 08 / 2010  
Transaction ID: SA11AI.39205  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
C James Quigley, Dr.

Mailing Address 2750 Clay Edwards Dr  
Ste 420

City State Zip Code  
North Kansas City MS 64116-3258

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

Name of Employer Occupation  
MAWD Pathology Group PA Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.39207

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Anthony John Riccio, Dr.

Mailing Address 17 Lansing St

City State Zip Code  
Auburn NY 13021-1943

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

Name of Employer Occupation  
Auburn Memorial Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.39211

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
J. Stanley Robboy, Dr.

Mailing Address Department of Pathology  
DUMC-3712

City State Zip Code  
Durham NC 27710-0001

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

Name of Employer Occupation  
Duke Univ Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11AI.39212

Amount of Each Receipt this Period  
250.00

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

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



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

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

FOR LINE NUMBER: PAGE 17 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
G Denise Ross, Dr.  
Mailing Address 1404 Blue Heron Rd  
City Virginia Beach State VA Zip Code 23454  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sentara Virginia Beach Ho-sp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 13 / 2010  
Transaction ID: SA11AI.39213  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
G Wilson Russell, Dr.  
Mailing Address Dept of Path 3333 Silas Creek Pkwy  
City Winston Salem State NC Zip Code 27103-7103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Forsyth Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 13 / 2010  
Transaction ID: SA11AI.39214  
Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
M John Salmon, Dr.  
Mailing Address 144 Beacon Hill Pl  
City Lynchburg State VA Zip Code 24503-4128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pathology Consultants of Central VA Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 05 / 2010  
Transaction ID: SA11AI.39215  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 18 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
O David Scamurra, Dr.  
Mailing Address 2950 Elmwood Ave  
City Kenmore State NY Zip Code 14217  
FEC ID number of contributing federal political committee. **C**  
Name of Employer X-Cell Labs of Western New York Inc Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 05 / 2010  
Transaction ID: SA11AI.39216  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
W Ross Simpson, Dr.  
Mailing Address Lab 6500 Excelsior Blvd  
City Saint Louis Park State MN Zip Code 55426-4702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Park Nicollet Health Svcs Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 08 / 2010  
Transaction ID: SA11AI.39220  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
James Matthew Snyder, Dr.  
Mailing Address Pathology Dept 3000 New Bern Ave  
City Raleigh State NC Zip Code 27610-1231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 10 / 05 / 2010  
Transaction ID: SA11AI.39223  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
E Maureen Trotter, Dr.

Mailing Address 11 Cypress Point St

City State Zip Code  
Abilene TX 79606-5130

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

Name of Employer: Clinical Pathology Associates  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: SA11AI.39224  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
H Gail Walker, Dr.

Mailing Address 1354 Drakie Ct

City State Zip Code  
Lilburn GA 30047

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

Name of Employer: Emory Eastside Med Ctr  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: SA11AI.39226  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
L. Ronald Weiss, Dr.

Mailing Address Dept of Pathology  
500 Chipeta Way

City State Zip Code  
Salt Lake City UT 84108-4108

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

Name of Employer: ARUP Clinical Laboratories  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 05 / 2010  
Transaction ID: SA11AI.39230  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 23  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Le Michael Woltman, Dr.

Mailing Address 1911 1st Ave SE

City State Zip Code  
Cedar Rapids IA 52403

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

Name of Employer Occupation  
Weland Clinical Lab PC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.39233

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew John Wright, Dr.

Mailing Address 1001 S George St

City State Zip Code  
York PA 17403-3676

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

Name of Employer Occupation  
York Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.39235

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Changao Yang

Mailing Address 3020 Old Ranch Pkwy Ste 300

City State Zip Code  
Seal Beach CA 90740-2751

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

Name of Employer Occupation  
Sterling Pathology Med Co-rp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.39237

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	27800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 23

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

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

A.

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

Transaction ID: SB21B.39250  
Date of Disbursement

Mailing Address P.O. Box 85024

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

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
MONERIS ACH FEE

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

15.00
-------

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

15.00
-------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE**

Full Name (Last, First, Middle Initial)

Mailing Address 2501 WISCONSON AVE, NW  
#304

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39242

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

2500.00

**B. HOYER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 4201 Northview Drive  
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: MD District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39246

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

**C. MAJORITY COMMITTEE PAC--MC PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.39247

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

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

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

A.	Full Name (Last, First, Middle Initial) MARY'S PAC	Transaction ID: SB23.39241 Date of Disbursement 10 / 01 / 2010
	Mailing Address 7315 WISCONSIN AVE SUITE 310 EAST	Amount of Each Disbursement this Period 5000.00
	City BATHESDA State MD Zip Code 20814	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: SB23.39249 Date of Disbursement 10 / 07 / 2010
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

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

22500.00