

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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 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 02 18 2010

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>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	387407.60									
(c) Total Receipts (from Line 19)	26667.00	26667.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	414074.60	414074.60								
7. Total Disbursements (from Line 31)	3695.02	3695.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	410379.58	410379.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

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)	20058.00	20058.00
(ii) Unitemized	6609.00	6609.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26667.00	26667.00
(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)	26667.00	26667.00
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))	26667.00	26667.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26667.00	26667.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	695.02	695.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	695.02	695.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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	0.00
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))..	3695.02	3695.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3695.02	3695.02

DETAILED SUMMARY PAGE
of Disbursements

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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)	26667.00	26667.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26667.00	26667.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	695.02	695.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	695.02	695.02

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 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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) N. Stephen Bauer, Dr.		Date of Receipt	
	Mailing Address Laboratory 6501 Coyle Ave.		M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 1 0	
	City State Zip Code Carmichael CA 95608		Transaction ID: SA11AI.36336	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
	Name of Employer Occupation Mercy San Juan Hosp Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Scott Christopher Bee, Dr.		Date of Receipt	
	Mailing Address 1412 Wimbledon Ct		M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 1 0	
	City State Zip Code Ft Collins CO 80524		Transaction ID: SA11AI.36358	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00	
	Name of Employer Occupation McKee Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr.		Date of Receipt	
	Mailing Address 9815 N 107th St		M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 1 0	
	City State Zip Code Scottsdale AZ 85258-6090		Transaction ID: SA11AI.36408	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00	
	Name of Employer Occupation Clin-Path Associates, P.C. Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	▶	4508.00
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 7 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
T John Braun, Dr.

Mailing Address Dept of Path
Armory Bldg Second Flr

City Baltimore State MD Zip Code 21201-4606

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

Name of Employer Maryland General Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2010
Transaction ID: SA11AI.36331
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
S Earle Collum, Dr.

Mailing Address Anatomic Path
350 W Thomas Rd

City Phoenix State AZ Zip Code 85013-4409

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

Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 13 / 2010
Transaction ID: SA11AI.36379
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
A Patricia Devine, Dr.

Mailing Address 200 F Main St 302

City Stoneham State MA Zip Code 02180

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

Name of Employer Lowell General Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 15 / 2010
Transaction ID: SA11AI.36328
Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

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 8 / 17
(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)
Anthony Marc Dvoracek, Dr.

Mailing Address Department of Pathology
1406 6th Ave N

City State Zip Code
St Cloud MN 56303

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

Name of Employer Occupation
CentraCare Laboratory Ser- Pathologist
vices

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

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

Transaction ID: SA11AI.36299

Amount of Each Receipt this Period
250.00

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

Mailing Address Department of Pathology
1 Medical Village Drive

City State Zip Code
Edgewood KY 41017

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

Name of Employer Occupation
St. Elizabeth Med Ctr Pathologist

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

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

Transaction ID: SA11AI.36374

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd
Ste 101A

City State Zip Code
Lakeland FL 33801-5845

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

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

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

Transaction ID: SA11AI.36337

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 17
(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)
Jane Laura Gardner, Dr.

Mailing Address 417 Edgar Road

City State Zip Code
Webster Groves MO 63119

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

Name of Employer Occupation
St. Louis Univ HSC 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
0 1 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.36373

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
George Robert Gurdak, Dr.

Mailing Address Dept of Path
1350 E Market St

City State Zip Code
Warren OH 44482

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 ▼ 500.00

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

Transaction ID: SA11AI.36386

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
M David Johnson, Dr.

Mailing Address 2300 W Edward St

City State Zip Code
Decatur IL 62526

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

Name of Employer Occupation
Decatur 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 Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.36307

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 17
(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)
Bruce David Jones, Dr.

Mailing Address Dept of Path
1001 S George St

City York State PA Zip Code 17403-3676

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

Name of Employer York Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 27 / 2010
Transaction ID: SA11AI.36406
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Thaddeus Khachaturian

Mailing Address 555 N 18th St

City Phoenix State AZ Zip Code 85006-3759

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

Name of Employer TAACH Path Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2010
Transaction ID: SA11AI.36384
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
J Robert L'hoste, Dr.

Mailing Address 105 Sherry Ln

City Mandeville State LA Zip Code 70471-7256

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

Name of Employer East Jefferson Genl Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2010
Transaction ID: SA11AI.36309
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(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 Thomas Mego, Dr.

Mailing Address Dept of Path
3200 Providence Dr

City Anchorage State AK Zip Code 99508-4615

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

Name of Employer Providence Alaska Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 15 / 2010
Transaction ID: SA11AI.36359
Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
C. Juan Millan, Dr.

Mailing Address Laboratory Administration
1225 NE 2nd Ave

City Portland State OR Zip Code 97232-2003

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

Name of Employer Legacy Central Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2010
Transaction ID: SA11AI.36326
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Farhad Moatamed

Mailing Address 2449 Angelo Dr

City Los Angeles State CA Zip Code 90077-2126

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

Name of Employer VA Greater LA Healthcare System Occupation pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.36402
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 3050.00

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 12 / 17
(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)
A. Steven Mudrovich, Dr.

Mailing Address Department of Pathology
1400 Eighth Ave

City State Zip Code
Ft Worth TX 76104-4110

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

Name of Employer Occupation
Baylor-All Saints Medical Pathologist
Center

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

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

Transaction ID: SA11AI.36294

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
350 N Wall Street

City State Zip Code
Kankakee IL 60901-2901

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

Name of Employer Occupation
Riverside Med Ctr 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
0 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.36362

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
A. James Robb, Dr.

Mailing Address 11613 Kensington Ct

City State Zip Code
Boca Raton FL 33428-2415

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

Name of Employer Occupation
unaffiliated Pathologist

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

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

Transaction ID: SA11AI.36427

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 13 / 17

(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. Kris Shekitka, Dr.

Mailing Address Department of Pathology
900 S Caton Ave

City State Zip Code
Baltimore MD 21229

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

Name of Employer Occupation
St Agnes Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.36372

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
W. William West, Dr.

Mailing Address Dept of Path/Microbiology
983135 Nebraska Med Ctr

City State Zip Code
Omaha NE 68198-3135

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

Name of Employer Occupation
Univ of Nebraska Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.36395

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)
L Charles Wilkinson, Dr.

Mailing Address Clinical Lab
2124 14 St

City State Zip Code
Meridian MS 39301-6116

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

Name of Employer Occupation
Jeff Anderson Regional Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.36321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

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

A.

Full Name (Last, First, Middle Initial) D Louis Wright, Dr.		Date of Receipt
Mailing Address PO Box 998		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 6 / 2 0 1 0
City	State	Zip Code
Charleston	SC	29402
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.36352
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 2500.00
Name of Employer Pathology Services Associates LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2500.00	

B.

Full Name (Last, First, Middle Initial) F Rebecca Yorke, Dr.		Date of Receipt
Mailing Address 2504 Elmen		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 3 / 2 0 1 0
City	State	Zip Code
Houston	TX	77019
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.36429
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL This Period (last page this line number only)	<input type="text"/> 20058.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.36433</p> <p>Date of Disbursement 01 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 480.40</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.36435</p> <p>Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 7.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.36436</p> <p>Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 63.40</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>551.68</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 16 / 17

<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.36437

Date of Disbursement

Mailing Address P.O. Box 85024

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

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

0.01

Purpose of Disbursement
Adjust Prior Years Difference Jan.07

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

0.01

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

551.69

**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 17 / 17

<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)
KIRK FOR SENATE

Transaction ID: SB23.36430
Date of Disbursement

Mailing Address P.O. Box 8

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

City Winnetka State IL Zip Code 60093

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00
