

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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of IL

5. Covering Period 10 14 2010 through 11 22 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 12 02 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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	526230.47									
(c) Total Receipts (from Line 19)	82585.00	562238.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	608815.47	949645.60								
7. Total Disbursements (from Line 31)	265128.00	605958.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	343687.47	343687.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	68612.00	456348.00
(ii) Unitemized	13973.00	105890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	82585.00	562238.00
(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)	82585.00	562238.00
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))	82585.00	562238.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82585.00	562238.00

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.....	128.00	1767.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	128.00	1767.35
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	260000.00	598780.68
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))..	265128.00	605958.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265128.00	605958.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 97

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	82585.00	562238.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82585.00	562238.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	128.00	1767.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	128.00	1767.35

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

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

FOR LINE NUMBER: PAGE 6 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
E Mary Adams, 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
Clin-Path Associates, P.C. Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.39535
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
P. James Almas, Dr.
Mailing Address 171 Winged Foot Circle
City State Zip Code
Jackson MS 39211
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St. Dominic-Jackson Memor- Pathologist
ial Hosp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.39543
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
F Dale Andres, Dr.
Mailing Address Lab
1111 6th Ave
City State Zip Code
Des Moines IA 50314-2611
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mercy Med Ctr-Des Moines Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.39422
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00
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 7 / 97
	<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) Ray Armand		Date of Receipt
	Mailing Address 1140 Business Center Dr Ste 370		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77043-2742
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.39441
Name of Employer MLD Pathology		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="400.00"/>	

B.	Full Name (Last, First, Middle Initial) Herbert Lloyd Arnold, Dr.		Date of Receipt
	Mailing Address 900 Illinois Ave		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Stevens Point	WI	54481-3114
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.39560
Name of Employer St Michael's Hosp		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	

C.	Full Name (Last, First, Middle Initial) Paul Bannister		Date of Receipt
	Mailing Address 6339 Riverview Ln		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dallas	TX	75248-2841
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.39280
Name of Employer Baylor Med Ctr @ Garland		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 8 / 97
	<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) Bjorn Jiri Bedrnicek, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address The Pathology Ctr 8303 Dodge St	Transaction ID: SA11AI.39426
	City State Zip Code Omaha NE 68114-4108	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Methodist Hospital Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address Dept. Of Pathology 2401 S 31st St	Transaction ID: SA11AI.39526
	City State Zip Code Temple TX 76508-0002	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Scott and White Memorial Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Steven Robert Beissner, Dr.	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address Dept. Of Pathology 2401 S 31st St	Transaction ID: SA11AI.39527
	City State Zip Code Temple TX 76508-0002	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Scott and White Memorial Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	400.00
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 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
John Peter Benson, Dr.

Mailing Address Pathology Department
3300 Oakdale North

City Robbinsdale State MN Zip Code 55422

FEC ID number of contributing federal political committee. C

Name of Employer North Memorial Med Ctr 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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39459

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joseph Karl Blessinger, Dr.

Mailing Address Department of Pathology
172 4th Street SE

City Huron State SD Zip Code 57350

FEC ID number of contributing federal political committee. C

Name of Employer Huron Regional Med Ctr 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 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.39370

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
G. Jared Block, Dr.

Mailing Address 2928 Forest Park Dr

City Charlotte State NC Zip Code 28209-1402

FEC ID number of contributing federal political committee. C

Name of Employer Carolinas Med Ctr - Unive-
rsity Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: SA11AI.39297

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 700.00

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 / 97
(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

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)
G. Jared Block, Dr.

Mailing Address 2928 Forest Park Dr

City State Zip Code
Charlotte NC 28209-1402

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

Name of Employer: Carolinas Med Ctr - University
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2010

Transaction ID: SA11AI.39298

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
K Andrea Blumberg, Dr.

Mailing Address 800 SE 9th St

City State Zip Code
Fort Lauderdale FL 33316-1230

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

Name of Employer: Memorial Hosp West
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.39417

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. Richard Boatsman, Dr.

Mailing Address Department of Pathology
Box 129

City State Zip Code
Lawton OK 73502

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

Name of Employer: Comanche County Mem Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.39310

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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 / 97
(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)
Joy Teri Bohlmeier, Dr.

Mailing Address 25638 487th Ave

City Garretson State SD Zip Code 57030

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

Name of Employer Physicians Lab of NW Iowa Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 09 / 2010
Transaction ID: SA11AI.39497
Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
L. David Booker, Dr.

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.39269
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
L. David Booker, Dr.

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.39270
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: (check only one)	PAGE 12 / 97
	<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) P. Eleni Boursos, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 5101 S Willow Springs Rd	Transaction ID: SA11AI.39390
	City State Zip Code LaGrange IL 60525	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LaGrange Memorial Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) D Mark Brissette, Dr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1610 Little Raven St #508	Transaction ID: SA11AI.39599
	City State Zip Code Denver CO 80202-6180	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VA Med Ctr-Denver Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) T Izabela Burja, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address Laboratory 908 West 4th North St	Transaction ID: SA11AI.39446
	City State Zip Code Morristown TN 37814	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Morristown-Hamblen Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 / 97
(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)
Patrick Nicholas Byrne, Dr.

Mailing Address 6028 Ocean View Dr

City State Zip Code
Oakland CA 94618-1845

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

Name of Employer Occupation
John Muir Med Ctr-Walnut Creek 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.39378

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Z. Rafael Campanini, Dr.

Mailing Address Department of Pathology
1044 N Francisco St

City State Zip Code
Chicago IL 60622-2794

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

Name of Employer Occupation
Norwegian American 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
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39467

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City State Zip Code
Hermitage TN 37076

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

Name of Employer Occupation
Pathologists Laboratory, PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11AI.39478

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 97
(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) Alexander Castiello		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address Lab 100 North Crest Dr		Transaction ID: SA11AI.39461
City Springfield	State TN	Zip Code 37172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NorthCrest Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) G James Collins, Dr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 13855 E 14th St		Transaction ID: SA11AI.39525
City San Leandro	State CA	Zip Code 94578-2600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer San Leandro Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) M Jessica Comstock, Dr.		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address Dept Of Pathology 100 Mario Capecchi Dr		Transaction ID: SA11AI.39502
City Salt Lake City	State UT	Zip Code 84113-1103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Primary Childrens Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 / 97
(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)
C Carol Cooke-Dittmann, Dr.

Mailing Address Dept of Path
3401 W Gore Blvd

City Lawton State OK Zip Code 73502

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

Name of Employer Comanche County Mem Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.39309
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 90815-4129

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

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.39300
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 90815-4129

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

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.39301
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 16 / 97
	<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) Richard Cote	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address Holtz Ctr 2070 1611 NW 12th Ave	Transaction ID: SA11AI.39376
	City Miami State FL Zip Code 33136-1005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jackson Memorial Hospital Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) K. Dwayne Crabtree, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address Department of Pathology 1000 W Tenth St	Transaction ID: SA11AI.39494
	City Rolla State MO Zip Code 65401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Phelps County Reg 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	

C.	Full Name (Last, First, Middle Initial) J Michael Crossey, Dr.	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 1001 Woodward PI NE	Transaction ID: SA11AI.39583
	City Albuquerque State NM Zip Code 87102	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tricore Reference Laboratories Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 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 17 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
Michael David Crossland, Dr.

Mailing Address Dept of Path
3435 Bailey Ave

City State Zip Code
Buffalo NY 14215-1145

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

Name of Employer Occupation
VA WNY Healthcare System Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

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

Transaction ID: SA11AI.39597

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
Michael David Crossland, Dr.

Mailing Address Dept of Path
3435 Bailey Ave

City State Zip Code
Buffalo NY 14215-1145

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

Name of Employer Occupation
VA WNY Healthcare System Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.00

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

Transaction ID: SA11AI.39598

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
A Barbara Crothers, Col

Mailing Address 6481 Topsails Ln

City State Zip Code
Springfield VA 22150-7837

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

Name of Employer Occupation
44th Path Team 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
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.39326

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **292.00**

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 / 97						
	(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

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) L. Jeffrey Curtis, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1601 Ygnacio Valley Road		M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City Walnut Creek State CA Zip Code 94598-3194		Transaction ID: SA11AI.39379	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer John Muir Med Ctr Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) B. David Danner, Dr.		Date of Receipt	
	Mailing Address Laboratory 219 S Washington St		M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City Easton State MD Zip Code 21601		Transaction ID: SA11AI.39414	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
	Name of Employer Memorial Hosp Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Melissa Peggy Delahoussaye, Dr.		Date of Receipt	
	Mailing Address 4922 Linden St		M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City Bellaire State TX Zip Code 77401-4435		Transaction ID: SA11AI.39439	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer MLD Pathology Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	700.00
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 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
H. Phillip Deos, Dr.
Mailing Address 2625 Coffee Road
City Modesto State CA Zip Code 95355
FEC ID number of contributing federal political committee. **C**
Name of Employer Yosemite Pathology Med Grp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 11 / 16 / 2010
Transaction ID: SA11AI.39620
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
S. Paul Dickman, Dr.
Mailing Address Department of Pathology/Laboratory
1919 E Thomas Rd
City Phoenix State AZ Zip Code 85016-7710
FEC ID number of contributing federal political committee. **C**
Name of Employer Phoenix Children's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.39495
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
S. Paul Dickman, Dr.
Mailing Address Department of Pathology/Laboratory
1919 E Thomas Rd
City Phoenix State AZ Zip Code 85016-7710
FEC ID number of contributing federal political committee. **C**
Name of Employer Phoenix Children's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.39496
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
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 / 97
(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)
Marilyn Virginia Donovan, Dr.

Mailing Address 26 Pine Dr N

City Roslyn State NY Zip Code 11576-2037

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

Name of Employer Winthrop Univ Hosp Occupation Pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.39617
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
F Michael Doyle, Dr.

Mailing Address 1320 Mercy Dr Nw

City Canton State OH Zip Code 44708-2641

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 03 / 2010
Transaction ID: SA11AI.39420
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
M. Adam Dubin, Dr.

Mailing Address Department of Pathology
120 N Oak St

City Hinsdale State IL Zip Code 60521-3829

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

Name of Employer Hinsdale Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.39361
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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 21 / 97
(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)
Lawton Keith Duncan, Dr.

Mailing Address Department of Pathology
1783 El Camino Real

City State Zip Code
Burlingame CA 94010

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

Name of Employer Peninsula Med Ctr 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 Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.39492

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michelle Leigh Ehrlich Powers, Dr.

Mailing Address 262 Vivaron Ave

City State Zip Code
Saint Charles MO 63303-4213

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

Name of Employer Washington Univ Sch of Med 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 Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39579

Amount of Each Receipt this Period
250.00

C.

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 St. Elizabeth Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.39545

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 22 / 97
(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)
J. David Eisenstein, Dr.

Mailing Address Department of Pathology
1 Medical Village Drive

City Edgewood State KY Zip Code 41017

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

Name of Employer St. Elizabeth Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.39546

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
G Paul Ellerbeck, Dr.

Mailing Address 250 Mercy Dr RM
PO Box 731

City Dubuque State IA Zip Code 52004-0731

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 15 / 2010

Transaction ID: SA11AI.39480

Amount of Each Receipt this Period 750.00

C.

Full Name (Last, First, Middle Initial)
E. Janice Errick, Dr.

Mailing Address 521 East Ave

City Lockport State NY Zip Code 14094-3201

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

Name of Employer Lockport Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.39396

Amount of Each Receipt this Period 300.00

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: (check only one)	PAGE 23 / 97
	<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) Edward Ewing	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address Lab 405 W Grand Ave	Transaction ID: SA11AI.39347
	City Dayton State OH Zip Code 45459	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grandview Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1500.00	

B.	Full Name (Last, First, Middle Initial) P. Kevaghn Fair, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 733 Boush St Ste 200	Transaction ID: SA11AI.39331
	City Norfolk State VA Zip Code 23510-1501	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dominion Pathology Laboratories Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) R. Marc Filstein, Dr.	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address Department of Pathology PO Box 16052	Transaction ID: SA11AI.39514
	City Reading State PA Zip Code 19612-6052	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Reading Hosp & Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	2100.00
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 24 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
G. Kenneth Flanagan, Dr.

Mailing Address Clinical Lab
1003 Willow Creek Road

City State Zip Code
Prescott AZ 86301-1645

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

Name of Employer Occupation
Yavapai Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.39618

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
M. Margaret Flanagan, Dr.

Mailing Address 50 Kenwood Road

City State Zip Code
Chambersburg PA 17201-1256

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

Name of Employer Occupation
The Chambersburg Hospital 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
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39572

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D
215 E 95th St

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Mt Sinai Schl of Med Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.39451

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 25 / 97
	<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) Elizabeth Mary Fowkes, Dr.		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address Apt 8 D 215 E 95th St		Transaction ID: SA11AI.39452		
	City New York	State NY	Zip Code 10128	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mt Sinai Schl of Med	Occupation Pathologist	Aggregate Year-to-Date 475.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) J Stanley Geyer, Dr.		Date of Receipt MM / DD / YYYY 11 / 08 / 2010		
	Mailing Address 3 Willow Farms Ln		Transaction ID: SA11AI.39345		
	City Pittsburgh	State PA	Zip Code 15238	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer unaffiliated	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) M Paul Gibbs, Dr.		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 2308 Sandridge Dr		Transaction ID: SA11AI.39316		
	City Dayton	State OH	Zip Code 45439-1856	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CompuNet Clinical Labs	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1275.00
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 26 / 97

(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 Sarah Gibson, Dr.		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 9260 Stony Crest Cir Apt 733		Transaction ID: SA11AI.39607		
	City Richmond	State VA	Zip Code 23235-6889	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Virginia Commonwealth University School	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) J. Alexandra Gillespie, Dr.		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 3111 Beverly Dr		Transaction ID: SA11AI.39475		
	City Dallas	State TX	Zip Code 75205-2922	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PathAdvantage Assoc	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) F. Eric Glassy, Dr.		Date of Receipt MM / DD / YYYY 11 / 16 / 2010		
	Mailing Address 19951 Mariner Ave Ste 160		Transaction ID: SA11AI.39256		
	City Torrance	State CA	Zip Code 90503-1738	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Little Company of Mary Hosp-Torrance	Occupation Pathologist	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 27 / 97
	<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) A Gary Gochman, Dr.		Date of Receipt	
	Mailing Address Lab 9333 E Imperial Hwy		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0	
	City Downey	State CA	Zip Code 90242-2812	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39380	
	Name of Employer Kaiser Downey 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		Amount of Each Receipt this Period 250.00

B.	Full Name (Last, First, Middle Initial) Anne Julie Gulizia, Dr.		Date of Receipt	
	Mailing Address 6819 Fallbrook Ct		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City Colleyville	State TX	Zip Code 76034-6571	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39477	
	Name of Employer PathAdvantage Assoc		Occupation Pathologists	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		Amount of Each Receipt this Period 500.00

C.	Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.		Date of Receipt	
	Mailing Address 13351 Rosehawk Dr		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City Morningview	State KY	Zip Code 41063	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39327	
	Name of Employer Kings Daughters Med Ctr		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		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 28 / 97
(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. Thomas Hanes, Dr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address Main Lab 3441 Dickerson Pike		Transaction ID: SA11AI.39533
City Nashville	State TN	Zip Code 37207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Skyline Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Alan Douglas Hansen, Dr.		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 7620 Overlake Dr W		Transaction ID: SA11AI.39509
City Medina	State WA	Zip Code 98039-4733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Puget Sound Inst of Pathology PLLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Joseph Richard Hare, Dr.		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 6317 Elm Crest Ct		Transaction ID: SA11AI.39500
City Ft Worth	State TX	Zip Code 76132-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Plaza Med Ctr of Ft Worth	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 29 / 97
	<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) D. Brent Hartsell, Dr.	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 1923 S Utica Ave	Transaction ID: SA11AI.39547
	City State Zip Code Tulsa OK 74104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St John Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) D. Jeff Harvell, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address Bethesda Dermatopathology 1730 Elton Road	Transaction ID: SA11AI.39284
	City State Zip Code Silver Spring MD 20903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Joseph Michael Hayes, Dr.	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address Apt 4403 1020 S Mesa Hills Drive	Transaction ID: SA11AI.39507
	City State Zip Code El Paso TX 79912-5111	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Memorial Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 30 / 97
	<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) N. Gene Herbek, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address The Pathology Center 8303 Dodge St	Transaction ID: SA11AI.39425
	City Omaha State NE Zip Code 68114	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Methodist Hospital Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00	

B.	Full Name (Last, First, Middle Initial) N. Gene Herbek, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address The Pathology Center 8303 Dodge St	Transaction ID: SA11AI.39428
	City Omaha State NE Zip Code 68114	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Methodist Hospital Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00	

C.	Full Name (Last, First, Middle Initial) B John Herrington, Dr.	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 300 Mamaroneck Ave Apt 401	Transaction ID: SA11AI.39614
	City White Plains State NY Zip Code 10605-6418	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer White Plains Hospital Cen-ter Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 31 / 97
(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

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)
G Thomas Hirose, Dr.

Mailing Address 4061 Davenport Dr

City State Zip Code
Huntington Beach CA 92649-4223

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

Name of Employer Occupation
Good Samaritan Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.39346

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
G. Melvin Hoshiko, Dr.

Mailing Address Pathology Department
2801 Atlantic Ave

City State Zip Code
Long Beach CA 90801-1428

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

Name of Employer Occupation
Long Beach Memorial Med Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.39397

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
H. Lydia Howard, Dr.

Mailing Address Pathology Department
4300 Alton Road

City State Zip Code
Miami Beach FL 33140

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

Name of Employer Occupation
Mt. Sinai Med Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: SA11AI.39450

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 32 / 97
(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)
G Robert Huber, Dr.

Mailing Address 2504 Serravalle St NW

City State Zip Code
Uniontown OH 44685-5727

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 ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.39622

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Andrew Michael Huening, Dr.

Mailing Address Department of Pathology
WakeMed Health & Hospitals

City State Zip Code
Raleigh NC 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 ▼ 1750.00

Date of Receipt

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

Transaction ID: SA11AI.39512

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Department of Pathology
6431 Fannin

City State Zip Code
Houston TX 77030-2017

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

Name of Employer Univ of TX-Houston Med School Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39596

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 33 / 97
(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)
Sanaa Hussain

Mailing Address 4805 NE Glisan St

City State Zip Code
Portland OR 97213-2933

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

Name of Employer Providence Portland Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11AI.39508

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
S. Mehraboon Irani, Dr.

Mailing Address Medical Director
Blood Systems Laboratories

City State Zip Code
Tempe AZ 85282-3113

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 ▼
500.00

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

Transaction ID: SA11AI.39630

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
L. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs
725 North Street

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Berkshire Health Systems
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 Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39283

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 34 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
Bruce David Jones, Dr.

Mailing Address Dept of Path
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 ▼
500.00

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

Transaction ID: SA11AI.39619

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
D Jack Jones, Dr.

Mailing Address 200 Portland St

City State Zip Code
Columbia MO 65201-6525

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

Name of Employer Occupation
Boyce & Bynum Pathology Labs PC Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11AI.39291

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dennis Kasimian

Mailing Address 15107 Vanowen St

City State Zip Code
Van Nuys CA 91405-4542

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

Name of Employer Occupation
Valley Presbyterian Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11AI.39603

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 35 / 97
(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)
S Carolyn Katzen, Dr.

Mailing Address Dept of Path
1364 Clifton Rd NE, Ste C179

City Atlanta State GA Zip Code 30322-1064

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

Name of Employer Emory Univ Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.39336

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Louise Cyenthia Koehler, Dr.

Mailing Address Lab Svc
18701 N 67th Ave

City Glendale State AZ Zip Code 85808

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

Name of Employer Arrowhead Community Hosp 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 Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39266

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3601 W. 13 Mile Road

City Royal Oak State MI Zip Code 48073-6769

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 ▼ 500.00

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

Transaction ID: SA11AI.39615

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 36 / 97

(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)

S. Jonathan Krauss, Dr.

Mailing Address 3005 Vassar Dr

City State Zip Code
Augusta GA 30909

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) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.39626

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

A. John Laczin, Dr.

Mailing Address 1950 Mulsanne Drive

City State Zip Code
Zionsville IN 46077

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

Name of Employer Occupation
Covance Central Lab Svcs, Inc Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39320

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

D. Ragini Lakhia, Dr.

Mailing Address 1140 Business Ctr Dr 370

City State Zip Code
Houston TX 77043-2737

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

Name of Employer Occupation
Applied Diagnostics, Inc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.39440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 97
	<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) R Paula Larson, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Mailing Address 7700 Floyd Curl Dr	Transaction ID: SA11AI.39540
	City State Zip Code San Antonio TX 78229-3979	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) L. Patrick Lawson, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 3757 NW Ridgeway Cir	Transaction ID: SA11AI.39456
	City State Zip Code Bremerton WA 98312-1711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Naval Hospital Bremerton	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) B Ronald Lepoff, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Mailing Address UCH Clinical Lab, Mailstop A022 12401 East 17th Ave, Rm 292	Transaction ID: SA11AI.39587
	City State Zip Code Aurora CO 80045	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ of Colorado Hosp Authority	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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: PAGE 38 / 97
(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) Edwin Leschhorn		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address Meridian Health System Dept of Pathology		Transaction ID: SA11AI.39521
City Red Bank	State NJ	Zip Code 07701-7701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Riverview Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address Lab Medicine and Pathology P4 701 Park Ave		Transaction ID: SA11AI.39358
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) B. Margaret Listrom, Dr.		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 2800 Waymaker Way #31		Transaction ID: SA11AI.39307
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clinical Pathology Assoc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 39 / 97
(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)
L. Fernando Lomba, Dr.

Mailing Address Department of Pathology
809 E Marion Ave

City Punta Gorda State FL Zip Code 33950

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

Name of Employer Charlotte Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 01 / 2010
Transaction ID: SA11AI.39303
Amount of Each Receipt this Period 270.00

B.

Full Name (Last, First, Middle Initial)
E. Jose Maccera, Dr.

Mailing Address Department of Pathology
17 Kraft Ave

City Bronxville State NY Zip Code 10708-4103

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

Name of Employer Bronxville Pathology Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.39292
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
A Ruth Macke, Dr.

Mailing Address Dept of Pathology
1026 A Ave NE

City Cedar Rapids State IA Zip Code 52402-5036

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

Name of Employer St Luke's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2010
Transaction ID: SA11AI.39556
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1370.00

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 40 / 97

(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)
C John Maddox, Dr.

Mailing Address Ste 210
12200 Warwick Blvd

City State Zip Code
Newport News VA 23601-1975

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

Name of Employer Occupation
Riverside Reg Med Ctr 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
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.39520

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
S Larry Mapow, Dr.

Mailing Address 901 Easy St

City State Zip Code
Millville NJ 08332

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

Name of Employer Occupation
South Jersey Healthcare 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
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39537

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W. Alvin Martin, Dr.

Mailing Address Cpa Laboratory
2307 Greene Way

City State Zip Code
Louisville KY 40220-4009

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

Name of Employer Occupation
Norton Healthcare Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.39466

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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 41 / 97
(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)
Robert Joe McFarlane, Mr.

Mailing Address PO Box 72059

City Eugene State OR Zip Code 97401-0285

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

Name of Employer Pathology Consultants PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.39485

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Leo Jane Messina, Dr.

Mailing Address MCC Lab
12902 Magnolia Dr

City Tampa State FL Zip Code 33612

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

Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.39352

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Andrew Joseph Migliozi, Dr.

Mailing Address United Pathology
610 W Dr Martin Luther King Jr Blv

City Tampa State FL Zip Code 33603-3450

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

Name of Employer Marnic Inc LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.39405

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 42 / 97

(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)
Gerald Minkowitz

Mailing Address 904 49th St

City State Zip Code
Brooklyn NY 11219

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

Name of Employer
Minkowitz Consultant Pathology

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 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39436

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Stanley Minkowitz

Mailing Address 904 49th St

City State Zip Code
Brooklyn NY 11219

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

Name of Employer
Minkowitz Consultant Pathology

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 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39437

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
R. Alex Mitchell, Dr.

Mailing Address 4920 Wellington Drive

City State Zip Code
Macon GA 31210

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

Name of Employer
Coliseum Med Ctr

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 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.39308

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 43 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
G Ellen Moffatt, Dr.
Mailing Address 1829 Jefferson Ave
City State Zip Code
Redwood City CA 94062-2003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Med Examiners Ofc-San Francisco Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0
Transaction ID: SA11AI.39411
Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Flint Stephen Morris, Dr.
Mailing Address Department of Pathology
1395 South Pinellas Avenue
City State Zip Code
Tarpon Springs FL 34689
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Helen Ellis Memorial 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 Y
1 1 / 0 5 / 2 0 1 0
Transaction ID: SA11AI.39357
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.
Mailing Address 1000 E 21st St Ste 4100
City State Zip Code
Sioux Falls SD 57117-5050
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Physicians Laboratory Ltd Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0
Transaction ID: SA11AI.39498
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00
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 44 / 97
(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)
Alan David Novis, Dr.

Mailing Address 18 Toon Ln

City State Zip Code
Lee NH 03861-6507

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

Name of Employer Occupation
Oxford Immunotec Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.39473

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
R Bahram Oliai, Dr.

Mailing Address IHC Laboratory
1355 River Bend Dr

City State Zip Code
Dallas TX 75247-4915

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

Name of Employer Occupation
Propath Lab, Inc. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

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

Transaction ID: SA11AI.39503

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J Arcadio Oliva, Dr.

Mailing Address 11088 NW 17th Pl

City State Zip Code
Coral Springs FL 33071-6329

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

Name of Employer Occupation
Ameripath South FL 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
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39261

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 45 / 97
	<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) C Tushar Padhya, Dr.		Date of Receipt	
	Mailing Address 1008 Boxwood Dr		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.39424
	Munster	IN	46321-2841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Methodist Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 80 Seymour St.		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.39355
	Hartford	CT	06102-5037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Hartford Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) D Eva Patalas, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 1493 Cambridge St		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.39294
	Cambridge	MA	02139-1099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Cambridge Health Alliance		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

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 46 / 97
(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)
S Gary Pearl, Dr.

Mailing Address Dept of Path
1414 Kuhl Ave

City State Zip Code
Orlando FL 32806-2008

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

Name of Employer Pathology Specialists, P.-A.
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11AI.39471

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Marie Ila Peterson, Dr.

Mailing Address 501 Anthonys Dr

City State Zip Code
Exton PA 19341-2349

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

Name of Employer Main Line Hlth Labs
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: SA11AI.39401

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Abraham Philip

Mailing Address Department of Pathology
10500 Montgomery Rd

City State Zip Code
Cincinnati OH 45242-4402

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

Name of Employer Bethesda North Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: SA11AI.39285

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 47 / 97
(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

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)
W. Roy Phillips, Dr.

Mailing Address Suncoast Path
446 Tamiami Trl S # 2ND FLOOR

City Venice State FL Zip Code 34285-2630

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.39636

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
A Julie Plumbley, Dr.

Mailing Address Dept of Path
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

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

Name of Employer Blue Ridge Pathologists Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.39287

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ray Matthew Plymyer, Dr.

Mailing Address 506 Devonhall Ln

City Cary State NC Zip Code 27518-2658

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

Name of Employer Wake Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.39608

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 48 / 97
(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
							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. David Pope, Dr.

Mailing Address 1 St. Vincent Circle
PO Box 55148

City Little Rock State AR Zip Code 72215-5148

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

Name of Employer St Vincent Infirmary Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.39264
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
H Karl Proppe, Dr.

Mailing Address 200 Corporate Pl Ste 7

City Peabody State MA Zip Code 01960-3840

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

Name of Employer Converge Diagnostic Services LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.39317
Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
M James Pullman, Dr.

Mailing Address Surgical Pathology
4th Flr Foreman Pavilion

City Bronx State NY Zip Code 10467-2401

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

Name of Employer Albert Einstein Coll of Med Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.39442
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 97

(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) W.H. Dini Rada, Dr.		Date of Receipt MM / DD / YYYY 11 / 18 / 2010		
	Mailing Address Department of Pathology PO Box 1707		Transaction ID: SA11AI.39356		
	City Avon Park	State FL	Zip Code 33826-1707	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Pathology Assoc, PA	Occupation Pathologist	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Shrin Rajagopalan		Date of Receipt MM / DD / YYYY 11 / 03 / 2010		
	Mailing Address 1900 Kildaire Farm Rd		Transaction ID: SA11AI.39609		
	City Cary	State NC	Zip Code 27518-6616	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WakeMed Cary Hosp	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) R. Rafael Ramirez-Weiser, Dr.		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address G.P.O Box 36-6258		Transaction ID: SA11AI.39633		
	City San Juan	State PR	Zip Code 00936	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer unaffiliated	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 50 / 97

(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)
Arundhati Rao

Mailing Address Department of Pathology
2401 S 31st Street

City State Zip Code
Temple TX 76508

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

Name of Employer Occupation
Scott and White Memorial Pathologist
Hosp

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

Date of Receipt

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

Transaction ID: SA11AI.39528

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ann Ruth Reardon, Dr.

Mailing Address 1915 West Beebe Capps Expy

City State Zip Code
Searcy AR 72143

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

Name of Employer Occupation
Lab of Path, PA Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39387

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Assunta Monica Recine, Dr.

Mailing Address Dept of Path
4300 Alton Rd

City State Zip Code
Miami Beach FL 33140-2800

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

Name of Employer Occupation
Mt Sinai 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
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39449

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 51 / 97
(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

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)
M. Susan Rendon, Dr.

Mailing Address 913B North Blvd East

City State Zip Code
Leesburg FL 34748

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

Name of Employer Pathology Medical Laboratories, PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.39487

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Edward James Richard, Dr.

Mailing Address 401 W. Greenlawn

City State Zip Code
Lansing MI 48910

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

Name of Employer Ingham Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.39373

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Y Jae Ro, Dr.

Mailing Address Dept of Path
6565 Fannin

City State Zip Code
Houston TX 77030

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

Name of Employer The Methodist Hospital Occupation Pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: SA11AI.39427

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: (check only one)	PAGE 52 / 97
	<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) A. James Robb, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 11613 Kensington Ct	Transaction ID: SA11AI.39623
	City State Zip Code Boca Raton FL 33428-2415	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Anthony Cory Roberts, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1355 River Bend Dr	Transaction ID: SA11AI.39504
	City State Zip Code Dallas TX 75247-4915	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Propath Lab, Inc.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Aldon Jeffrey Roberts, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address Dept of Path 2900 W Oklahoma Ave	Transaction ID: SA11AI.39271
	City State Zip Code Milwaukee WI 53215-4330	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Aurora St Luke's 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	

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: PAGE 53 / 97
(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)
Aldon Jeffrey Roberts, Dr.

Mailing Address Dept of Path
2900 W Oklahoma Ave

City Milwaukee State WI Zip Code 53215-4330

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

Name of Employer Aurora St Luke's Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.39272

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
G William Roth, Dr.

Mailing Address 446 Tamiami Trl S 2nd Flr

City Venice State FL Zip Code 34285-2630

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

Name of Employer Suncoast Pathology 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 Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39569

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sandra Tania Rowland, Dr.

Mailing Address 6726 Gilbert Dr

City Shreveport State LA Zip Code 71106-3402

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

Name of Employer VA Med Ctr-Shreveport Occupation 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 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39600

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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 54 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
Raymond Frank Rudy, Dr.
Mailing Address 141 Fineview Road
City State Zip Code
Camp Hill PA 17011
FEC ID number of contributing federal political committee. **C**
Name of Employer Polyclinic Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.39499
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
F Thomas Ruhlen, Dr.
Mailing Address 14185 W. Desert Cove Rd.
City State Zip Code
Surprise AZ 85379
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Assoc Ltd Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 10 / 27 / 2010
Transaction ID: SA11AI.39479
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
O. Reinhardt Sahmel, Dr.
Mailing Address Department of Pathology
219 South Washington St
City State Zip Code
Easton MD 21601
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Hosp at Easton Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.39415
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
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 55 / 97
(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)
R Carl Schaub, Dr.

Mailing Address Dept of Path
1044 Belmont Ave Box 1790

City State Zip Code
Youngstown OH 44501-1790

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

Name of Employer St Elizabeth Hlth Ctr Occupation 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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.39544

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
T. Jeffrey Schleusener, Dr.

Mailing Address Dept of Pathology
2805 Fifth St

City State Zip Code
Rapid City SD 57701-7306

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

Name of Employer Clinical Lab of the Black Hills 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 Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39305

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
B. Ervin Shaw, Dr.

Mailing Address Department of Pathology
2720 Sunset Blvd.

City State Zip Code
West Columbia SC 29169-4810

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

Name of Employer Lexington Med Ctr 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 Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.39394

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 56 / 97

(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)
Charles Eric Sheffer, Dr.

Mailing Address 9707 4th Ave Apt 4N

City State Zip Code
Brooklyn NY 11209-8118

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 ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.39625

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
L. Howard Siegel, Dr.

Mailing Address Department of Pathology
6701 N. Charles St.

City State Zip Code
Baltimore MD 21204

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

Name of Employer Greater Baltimore Med Ctr 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 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.39349

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. Jami Skrade, Dr.

Mailing Address 4672 S Farm Rd 193

City State Zip Code
Rogersville MO 65742-9290

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

Name of Employer Trilakes Pathology Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.39321

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 57 / 97

(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)
R. Jami Skrade, Dr.

Mailing Address 4672 S Farm Rd 193

City State Zip Code
Rogersville MO 65742-9290

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

Name of Employer Occupation
Trilakes Pathology Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.39322

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
L David Slater, Dr.

Mailing Address Sierra Path Lab
PO Box 2130

City State Zip Code
Clovis CA 93613-2130

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

Name of Employer Occupation
Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.39481

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
E. Charles Slonaker, Dr.

Mailing Address 24410 Oaklawn Plantation Rd

City State Zip Code
Pass Christian MS 39571

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

Name of Employer Occupation
Garden Park Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

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

Transaction ID: SA11AI.39413

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

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 58 / 97
(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)
P Ronald Spark, Dr.

Mailing Address PO Box 43877

City Tucson State AZ Zip Code 85733-3877

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

Name of Employer Southern Arizona VA Hlth Care Sys Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.39384
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
F. Janet Stastny, Dr.

Mailing Address 2400 Susannah St
PO Box 2484

City Johnson City State TN Zip Code 37601

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

Name of Employer Outpatient Cytopathology Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.39472
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Bridges Julie Steele, Dr.

Mailing Address Dept. of Pathology, 211C
10666 Torrey Pines Rd.

City La Jolla State CA Zip Code 92037

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

Name of Employer Scripps Clinic Medical Laboratory Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 20 / 2010
Transaction ID: SA11AI.39530
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 59 / 97
(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)
A. Robert Stern, Dr.

Mailing Address 1255 W Washington Street

City State Zip Code
Tempe AZ 85281-1210

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

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: SA11AI.39534

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
C Robert Stern, Dr.

Mailing Address ADC Laboratory
4th floor, South Wing

City State Zip Code
Austin TX 78758

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

Name of Employer Occupation
Austin Diagnostic Clinic 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
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.39273

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
T. David Stewart, Dr.

Mailing Address 1899 Eider Court

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
KWB Pathology Associates 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 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.39382

Amount of Each Receipt this Period
1000.00

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 60 / 97
(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)
Ang Bradford Tan, Dr.

Mailing Address Department of Pathology
2520 Elisha Ave

City State Zip Code
Zion IL 60099-0099

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

Name of Employer Occupation
Midwestern Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2010

Transaction ID: SA11AI.39429

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ann Taylor

Mailing Address Department of Pathology
8th Ave & C St

City State Zip Code
Salt Lake City UT 84143

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

Name of Employer Occupation
LDS Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: SA11AI.39393

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W. Mark Teague, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City State Zip Code
Huntsville AL 35805-6437

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

Name of Employer Occupation
Pathology Associates PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: SA11AI.39483

Amount of Each Receipt this Period
500.00

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 61 / 97
(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

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)
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City Midlothian State VA Zip Code 23113-2516

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.39311
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City Midlothian State VA Zip Code 23113-2516

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.39312
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Leilani Caroline Valdes, Dr.

Mailing Address 608 W Commercial St

City Victoria State TX Zip Code 77901-6302

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 ▼ 350.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.39624
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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 62 / 97
	<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) Leilani Caroline Valdes, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 608 W Commercial St	Transaction ID: SA11AI.39638
	City State Zip Code Victoria TX 77901-6302	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) S John VanHoose, Dr.	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 830 W Bayou Pines Dr	Transaction ID: SA11AI.39474
	City State Zip Code Lake Charles LA 70601-7077	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Path Lab	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ellen Emily Volk, Dr.	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 219 Lamont Ave	Transaction ID: SA11AI.39279
	City State Zip Code San Antonio TX 78209-3753	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baptist Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	875.00
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 63 / 97
(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)
M. Katherine Wagner-Reiss, Dr.

Mailing Address Pathology Lab
2800 Main Street

City State Zip Code
Bridgeport CT 06606

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

Name of Employer Occupation
St. Vincent's Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: SA11AI.39567

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Lewis Leslie Walters, Dr.

Mailing Address 5604 Banister Ct

City State Zip Code
Plano TX 75093-4227

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

Name of Employer Occupation
Medical City Dallas Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2010

Transaction ID: SA11AI.39412

Amount of Each Receipt this Period
1750.00

C.

Full Name (Last, First, Middle Initial)
J Michael Warhol, Dr.

Mailing Address Dept of Path
5645 Main St

City State Zip Code
Flushing NY 11355-5045

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

Name of Employer Occupation
New York Hosp Med Ctr of Queens Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: SA11AI.39458

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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 64 / 97
(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)
L Alice Werner, Dr.

Mailing Address 601 Childrens Ln

City Norfolk State VA Zip Code 23507-1971

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

Name of Employer Children's Hosp of the Kings Daughters Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 12 / 2010
Transaction ID: SA11AI.39304
 Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Allen William Wesche, Dr.

Mailing Address Dept of Pathology 2915 Missouri Ave

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.39573
 Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Allen William Wesche, Dr.

Mailing Address Dept of Pathology 2915 Missouri Ave

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.39574
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 97
	<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) W. William West, Dr.	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address Dept of Path/Microbiology 983135 Nebraska Med Ctr	Transaction ID: SA11AI.39591
	City Omaha State NE Zip Code 68198-3135	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1100.00	

B.	Full Name (Last, First, Middle Initial) Ervin Richard Whisnant, Dr.	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address Second Floor 446 Tamiami Trl S	Transaction ID: SA11AI.39570
	City Venice State FL Zip Code 34285-2625	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Suncoast Pathology Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) M. Robert White, Dr.	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address Department of Pathology PO Box 13367	Transaction ID: SA11AI.39295
	City Roanoke State VA Zip Code 24033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carilion Roanoke Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 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 66 / 97
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
L. John Wilhelmus, Dr.
Mailing Address 87 Lantern Way
City State Zip Code
Nicholasville KY 40356-9009
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St. Joseph Hosp 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 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.39548
Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
H Arthur Williams, Dr.
Mailing Address 525 N Garfield Ave
City State Zip Code
Monterey Park CA 91754-1205
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Garfield Med Ctr 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
1 1 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.39342
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Paul Darren Wirthwein, Dr.
Mailing Address 501 20th St Suite G3
City State Zip Code
Knoxville TN 37916
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Innovative Pathology Services Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.39374
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00
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 67 / 97
	(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) A Geoffrey Witrak, Dr.		Date of Receipt
Mailing Address Dept of Path 407 E 3rd St		<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 1 1 / 0 8 / 2 0 1 0
City State Zip Code Duluth MN 55805-1950		Transaction ID: SA11AI.39566
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 200.00
Name of Employer St. Mary's/Duluth Clinic Health System	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

B.

Full Name (Last, First, Middle Initial) D Mark Woodard, Dr.		Date of Receipt
Mailing Address 27 Gannett Peak Dr		<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 1 1 / 0 3 / 2 0 1 0
City State Zip Code Lander WY 82520-9643		Transaction ID: SA11AI.39391
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Lander Valley Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/> 68612.00

**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

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

<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 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.39776</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 50.50</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.39777</p> <p>Date of Disbursement 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</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 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.39778</p> <p>Date of Disbursement 11 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 62.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

128.00

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

128.00

**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 69 / 97

<input type="checkbox"/> 21b	<input checked="" 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

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)
Friends of Weiner

Mailing Address 1 Ascan Avenue #31

City State Zip Code
Forest Hills NY 11375

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB22.39675

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

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 70 / 97

<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

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) 21ST CENTURY MAJORITY FUND		Transaction ID: SB23.39649	
	Mailing Address 6065 Roswell Road BOX 2274		Date of Disbursement	
	City Atlanta State GA Zip Code 30328		10 / 25 / 2010	
	Purpose of Disbursement		Amount of Each Disbursement this Period	
	Candidate Name		2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010		
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS		Transaction ID: SB23.39663	
	Mailing Address 555 CAPITOL MALL SUITE 1425		Date of Disbursement	
	City SACRAMENTO State CA Zip Code 95814		10 / 25 / 2010	
	Purpose of Disbursement		Amount of Each Disbursement this Period	
	Candidate Name		5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010		
State: CA District: 14		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS		Transaction ID: SB23.39717	
	Mailing Address 1675-F E SEMINOLE		Date of Disbursement	
	City SPRINGFIELD State MO Zip Code 65804		10 / 25 / 2010	
	Purpose of Disbursement		Amount of Each Disbursement this Period	
	Candidate Name		5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010		
State: MO District: 07		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
		<input type="checkbox"/> Other (specify) ▼		

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)

<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

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) BLUMENAUER FOR CONGRESS <hr/> Mailing Address 830 NE Holladay, #105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) BLUMENTHAL FOR SENATE <hr/> Mailing Address 777 SUMMER STREET <hr/> City STAMFORD State CT Zip Code 06901 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39719 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
C. Full Name (Last, First, Middle Initial) BUCHANAN FOR CONGRESS <hr/> Mailing Address 2875 Towerview Road Suite 1000 <hr/> City Herndon State VA Zip Code 20171 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39651 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	8000.00
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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39721</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39652</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39654</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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 73 / 97

<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

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)
CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Transaction ID: SB23.39723
Date of Disbursement

Mailing Address P.O. Box 11091
SUITE 1000 JAMES BUILDING

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

City State Zip Code
Chattanooga TN 37401

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 03

B. Full Name (Last, First, Middle Initial)
CICILLINE COMMITTEE

Transaction ID: SB23.39754
Date of Disbursement

Mailing Address 102 Waterman St
Suite 2

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

City State Zip Code
Providence RI 02906

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: RI District: 01

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT ED TOWNS

Transaction ID: SB23.39655
Date of Disbursement

Mailing Address 438 Lewis Avenue

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

City State Zip Code
Brooklyn NY 11233

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 10

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 74 / 97

<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

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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Transaction ID: SB23.39656

Date of Disbursement

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

Mailing Address PO BOX 1631

Amount of Each Disbursement this Period

2000.00

City State Zip Code
BALTIMORE MD 21203

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 07

B.

Full Name (Last, First, Middle Initial)
DAN BENISHEK FOR CONGRESS

Transaction ID: SB23.39771

Date of Disbursement

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

Mailing Address 415 S STEPHENSON AVE

Amount of Each Disbursement this Period

5000.00

City State Zip Code
IRON MOUNTAIN MI 49801

Purpose of Disbursement
DEBT RETIREMENT 2010

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 01

Debt Retirement

C.

Full Name (Last, First, Middle Initial)
DAN SEALS FOR CONGRESS

Transaction ID: SB23.39725

Date of Disbursement

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

Mailing Address P.O. Box 584

Amount of Each Disbursement this Period

5000.00

City State Zip Code
Wilmette IL 60091

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 10

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

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 75 / 97

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address PO Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39657</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF CA - FEDERAL</p> <p>Mailing Address 1401 21st Street Suite 200</p> <p>City Sacramento State CA Zip Code 95811</p> <p>Purpose of Disbursement RECOUNT FUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p>Transaction ID: SB23.39756</p> <p>Date of Disbursement 11 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39658</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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 76 / 97

<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

Any Information copied from such Reports and Statements and 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)
Diana DeGette for Congress

Transaction ID: SB23.39659
Date of Disbursement

Mailing Address 38 Ivy Street, SE

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 01

B.

Full Name (Last, First, Middle Initial)
DJOU FOR HAWAII

Transaction ID: SB23.39647
Date of Disbursement

Mailing Address P.O. BOX 235280

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

City HONOLULU State HI Zip Code 96823

Amount of Each Disbursement this Period

Purpose of Disbursement

2000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: HI District: 01

C.

Full Name (Last, First, Middle Initial)
DOC PAC

Transaction ID: SB23.39660
Date of Disbursement

Mailing Address 264 N LUMPKIN STREET
#202

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

City ATHENS State GA Zip Code 30601

Amount of Each Disbursement this Period

Purpose of Disbursement

1500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 77 / 97

<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

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) DOGGETT FOR U S CONGRESS COMMITTEE	Transaction ID: SB23.39661
	Mailing Address PO BOX 5843	Date of Disbursement 10 / 25 / 2010
	City AUSTIN State TX Zip Code 78763	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 10	

B.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: SB23.39662
	Mailing Address 462 California Road	Date of Disbursement 10 / 25 / 2010
	City Bronxville State NY Zip Code 10708	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 17	

C.	Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE	Transaction ID: SB23.39665
	Mailing Address PO BOX 620062	Date of Disbursement 10 / 25 / 2010
	City MIDDLETON State WI Zip Code 53562	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 00	

SUBTOTAL of Disbursements This Page (optional)	10000.00
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)

<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

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) FITZPATRICK FOR CONGRESS	Transaction ID: SB23.39767 Date of Disbursement 11 / 15 / 2010
	Mailing Address GOEAS AND ASSOCIATES 1707 PRINCE ST, #5	Amount of Each Disbursement this Period 5000.00
	City ALEXANDRIA	State VA
	Zip Code 22314	
	Purpose of Disbursement DEBT RETIREMENT 2010	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: PA District: 08	Debt Retirement
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CLIFF STEARNS	Transaction ID: SB23.39667 Date of Disbursement 10 / 25 / 2010
	Mailing Address PO BOX 308	Amount of Each Disbursement this Period 1000.00
	City SILVER SPRINGS	State FL
	Zip Code 34489	
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 06	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN	Transaction ID: SB23.39692 Date of Disbursement 10 / 25 / 2010
	Mailing Address 250 PRAIRIE CENTER DRIVE SUITE 120	Amount of Each Disbursement this Period 3000.00
	City Eden Prairie	State MN
	Zip Code 55347	
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 03	

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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 79 / 97

<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

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) FRIENDS OF JOE PITTS	Transaction ID: SB23.39671
	Mailing Address PO BOX 775	Date of Disbursement 10 / 25 / 2010
	City UNIONVILLE State PA Zip Code 19375	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: SB23.39668
	Mailing Address PO BOX 16664	Date of Disbursement 10 / 25 / 2010
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.39727
	Mailing Address PO BOX 233	Date of Disbursement 10 / 25 / 2010
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	9000.00
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 80 / 97

<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

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) FRIENDS OF PHIL HARE	Transaction ID: SB23.39672	
	Mailing Address 224 18th Street P.O. Box 4183	Date of Disbursement 10 / 25 / 2010	
	City Rock Island State IL Zip Code 61204	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: SB23.39673	
	Mailing Address PO Box 860096	Date of Disbursement 10 / 25 / 2010	
	City Plano State TX Zip Code 75086-0096	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.39674	
	Mailing Address 426 C Street, NE	Date of Disbursement 10 / 25 / 2010	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 3000.00	
	Purpose of Disbursement	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

<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

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)
Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District: 29
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.39676
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address 700 12TH STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: KY District: 02
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.39677
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: VA District: 11
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.39644
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 82 / 97

<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

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)
GRAVES FOR CONGRESS

Transaction ID: SB23.39762
Date of Disbursement

Mailing Address 815 KING STREET
SUITE 311

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

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
DEBT RETIREMENT 2010

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼
DEBT RETIREM

B.

Full Name (Last, First, Middle Initial)
Hall for Congress

Transaction ID: SB23.39678
Date of Disbursement

Mailing Address PO Box 711

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

City Rockwell State TX Zip Code 75087

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
HALVORSON FOR CONGRESS

Transaction ID: SB23.39679
Date of Disbursement

Mailing Address PO Box 176

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

City Crete State IL Zip Code 60417

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 84 / 97

<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

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) JOHN S FUND	Transaction ID: SB23.39682
	Mailing Address 104 Hume Avenue	Date of Disbursement 10 / 25 / 2010
	City State Zip Code Alexandria VA 22301	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) JULIE LASSA FOR CONGRESS	Transaction ID: SB23.39731
	Mailing Address PO Box 112	Date of Disbursement 10 / 25 / 2010
	City State Zip Code Stevens Point WI 54481	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

C.	Full Name (Last, First, Middle Initial) JUSTIN AMASH FOR CONGRESS	Transaction ID: SB23.39760
	Mailing Address 1500 E BELTLINE AVE SE STE 250	Date of Disbursement 11 / 15 / 2010
	City State Zip Code GRAND RAPIDS MI 49506	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DEBT RETIREMENT 2010	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: MI District: 03	DEBT RETIREM

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)

<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

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)
KAREN BASS FOR CONGRESS

Transaction ID: SB23.39783

Date of Disbursement

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

Mailing Address 777 S FIGUERA STREET
SUITE 4050

Amount of Each Disbursement this Period

5000.00

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 33

B.

Full Name (Last, First, Middle Initial)
KIND FOR CONGRESS COMMITTEE

Transaction ID: SB23.39749

Date of Disbursement

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

Mailing Address 205 South 5th Ave
Suite 428

Amount of Each Disbursement this Period

5000.00

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 03

C.

Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Transaction ID: SB23.39683

Date of Disbursement

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

Mailing Address 29 RUFF CIRCLE

Amount of Each Disbursement this Period

1000.00

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 01

SUBTOTAL of Disbursements This Page (optional)

11000.00

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 86 / 97

<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

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) LATHAM FOR CONGRESS	Transaction ID: SB23.39684
	Mailing Address P.O. Box 71 PO BOX 71	Date of Disbursement 10 / 25 / 2010
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MADISON PAC; THE	Transaction ID: SB23.39707
	Mailing Address 235 STATE STREET #206	Date of Disbursement 10 / 25 / 2010
	City SPRINGFIELD State MA Zip Code 01103	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.	Transaction ID: SB23.39685
	Mailing Address PO Box 682185	Date of Disbursement 10 / 25 / 2010
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10500.00
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 87 / 97

<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

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

<p>A. Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71</p> <p>City Albuquerque State NM Zip Code 87105</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39641 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MICA FOR CONGRESS</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39686 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MISSION PAC</p> <p>Mailing Address 38 IVY STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39766 Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.39690 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.</p> <p>Mailing Address POB 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08</p>	<p>Transaction ID: SB23.39691 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE</p> <p>Mailing Address P.O. Box 1512</p> <p>City Athens State GA Zip Code 30601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10</p>	<p>Transaction ID: SB23.39695 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 90 / 97

<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

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. PETE STARK RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8331

City State Zip Code
FREMONT CA 94537

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District: 13

Transaction ID: SB23.39697
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

B. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LANE

City State Zip Code
DUBLIN OH 43017

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District: 00

Transaction ID: SB23.39781
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

C. RAJ GOYLE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 780971

City State Zip Code
Wichita KS 67278

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: KS District: 04

Transaction ID: SB23.39745
Date of Disbursement

10 / 25 / 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 91 / 97

<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

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) ROB WITTMAN FOR CONGRESS			Transaction ID: SB23.39698	
	Mailing Address PO BOX 999 PO BOX 999			Date of Disbursement 10 / 25 / 2010	
	City MONTROSS	State VA	Zip Code 22520	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement			Category/ Type	
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: VA		District: 01			
B.	Full Name (Last, First, Middle Initial) ROB WOODALL FOR CONGRESS			Transaction ID: SB23.39747	
	Mailing Address POST OFFICE BOX 1871			Date of Disbursement 10 / 25 / 2010	
	City LAWRENCEVILLE	State GA	Zip Code 30046	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement			Category/ Type	
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA		District: 07			
C.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS			Transaction ID: SB23.39699	
	Mailing Address Post Office Box 581			Date of Disbursement 10 / 25 / 2010	
	City Brighton	State MI	Zip Code 48116	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement			Category/ Type	
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI		District: 08			

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)

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Roskam for Congress</p> <p>Mailing Address 423 W. Wesley Street</p> <p>City Wheaton State IL Zip Code 60189</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39700</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SANGSETTY FOR CONGRESS, LLC</p> <p>Mailing Address PO Box 7051</p> <p>City Houma State LA Zip Code 70361</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39642</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 5130</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39701</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) SOUTHERLAND FOR CONGRESS</p> <p>Mailing Address 528 W BALDWIN ROAD</p> <p>City PANAMA CITY State FL Zip Code 32405</p> <p>Purpose of Disbursement DEBT RETIRMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT</p>	<p>Transaction ID: SB23.39774</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 217 THIRD STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement DEBT RETIREMENT 2010</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ DEBT RETRMNT</p>	<p>Transaction ID: SB23.39773</p> <p>Date of Disbursement 11 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address 1850 East 3rd St., #350</p> <p>City Charlotte State NC Zip Code 28204</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39703</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

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)

<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

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) TAMMY BALDWIN FOR CONGRESS	Transaction ID: SB23.39704
	Mailing Address P O BOX 696	Date of Disbursement 10 / 25 / 2010
	City MADISON State WI Zip Code 53701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: SB23.39708
	Mailing Address 217 3rd Street, SE	Date of Disbursement 10 / 25 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS	Transaction ID: SB23.39688
	Mailing Address 700 12th Street, NW	Date of Disbursement 10 / 25 / 2010
	City Pttsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
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)

<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

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) UPTON FOR ALL OF US		Transaction ID: SB23.39709		
	Mailing Address P.O. BOX 490		Date of Disbursement 10 / 25 / 2010		
	City ST JOSEPH	State MI	Zip Code 49085	Amount of Each Disbursement this Period 3500.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MI District: 06					

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS		Transaction ID: SB23.39710		
	Mailing Address 10605 Concord Street Suite 202		Date of Disbursement 10 / 25 / 2010		
	City Kensington	State MD	Zip Code 20895	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MD District: 08					

C.	Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS		Transaction ID: SB23.39711		
	Mailing Address 11468 HWY 105		Date of Disbursement 10 / 25 / 2010		
	City BANNER ELK	State NC	Zip Code 28604	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC District: 05					

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address P.O. Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39712 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39713 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS</p> <p>Mailing Address PO BOX 1682</p> <p>City BURLINGTON State VT Zip Code 05402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39714 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

<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

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) WHITFIELD FOR CONGRESS COMMITTEE Mailing Address P.O. BOX 391 City HOPKINSVILLE State KY Zip Code 42241 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39715 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS Mailing Address PO Box 750176 City Petaluma State CA Zip Code 94975 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39716 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

26000.00