

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 01 20 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									
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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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	348998.95									
(c) Total Receipts (from Line 19)	69706.00	687512.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	418704.95	772318.66								
7. Total Disbursements (from Line 31)	31297.35	384911.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	387407.60	387407.60								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	54562.00	537083.50
(ii) Unitemized	15144.00	144678.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	69706.00	681762.00
(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)	69706.00	681762.00
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	5750.00
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))	69706.00	687512.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	69706.00	687512.00

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.....	297.35	12481.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	297.35	12481.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	372179.78
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	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31297.35	384911.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31297.35	384911.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	69706.00	681762.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69706.00	681512.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	297.35	12481.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	297.35	12481.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<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) L. Charles Abbott, Dr.		Date of Receipt	
	Mailing Address Dept of Path & Clin Labs 725 North St		M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35903
	Pittsfield	MA	01201-4124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
	Name of Employer Berkshire Health Systems		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) Mahmood Osama Alassi, Dr.		Date of Receipt	
	Mailing Address 48344 Castleside Dr		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35986
	Canton	MI	48187-1249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Henry Ford Health System		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) W Ashley Allison, Dr.		Date of Receipt	
	Mailing Address 3918 Montclair Rd Ste 100		M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35954
	Birmingham	AL	35213-2410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
	Name of Employer Dermatopathology Services PC		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 358.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
D William Anderson, Dr.

Mailing Address Dept of Path
350 W Thomas Rd

City State Zip Code
Phoenix AZ 85013-4409

FEC ID number of contributing federal political committee. C

Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
12 / 28 / 2009

Transaction ID: SA11AI.36133

Amount of Each Receipt this Period 250.00

B. 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 Mercy Med Ctr-Des Moines 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
12 / 07 / 2009

Transaction ID: SA11AI.36030

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
G Lee Beckwith, Dr.

Mailing Address Dept of Path
1701 Lacey St

City State Zip Code
Cape Girardeau MO 63701-5230

FEC ID number of contributing federal political committee. C

Name of Employer Southeast Missouri Hosp 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
12 / 23 / 2009

Transaction ID: SA11AI.36118

Amount of Each Receipt this Period 100.00

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 8 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bjorn Jiri Bedrnicek, Dr.

Mailing Address The Pathology Ctr
8303 Dodge St

City State Zip Code
Omaha NE 68114-4108

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.36033

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
A. Richard Bernert, Dr.

Mailing Address 9815 N 107th St

City State Zip Code
Scottsdale AZ 85258-6090

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 ▼ 832.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.36217

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
W. Arthur Bracey, Dr.

Mailing Address Department of Pathology-P125E
6720 Bertner

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
St. Luke's Episcopal Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.36134

Amount of Each Receipt this Period
1000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee Clifton Bridges, Dr.
Mailing Address 1456 William St
City Leesburg State FL Zip Code 34748
FEC ID number of contributing federal political committee. **C**
Name of Employer Diagnostic Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
12 / 30 / 2009
Transaction ID: SA11AI.35960
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
B. James Cash, Dr.
Mailing Address Laboratory 2693 Forest Hills Rd
City Wilson State NC Zip Code 27893
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastern Carolina Pathology, Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
12 / 15 / 2009
Transaction ID: SA11AI.35963
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
L. Lisa Chandler, Dr.
Mailing Address 1207 Office Park Dr
City Oxford State MS Zip Code 38655
FEC ID number of contributing federal political committee. **C**
Name of Employer Oxford Pathology, Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
12 / 31 / 2009
Transaction ID: SA11AI.36068
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
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 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Phillip Collins, Dr.

Mailing Address Pathology Department
12221 N. Mopac Expwy.

City Austin State TX Zip Code 78758

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

Name of Employer North Austin Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2009
Transaction ID: SA11AI.36060
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Leo James Connolly, Dr.

Mailing Address 78 Robinwood Ave

City Jamaica Plain State MA Zip Code 02130-2155

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

Name of Employer Beth Israel Deaconess Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.35907
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
G Stephen Connolly, Dr.

Mailing Address Stockton Path
1800 N California St

City Stockton State CA Zip Code 95204-6019

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.36147
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
L Gary Cooper, Dr.

Mailing Address 501 20th St Ste G3

City State Zip Code
Knoxville TN 37916-1890

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

Name of Employer Innovative Pathology Services
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: SA11AI.35993

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Marie Michele Cosgrove, Dr.

Mailing Address Dept of Path
1509 Wilson Terr

City State Zip Code
Glendale CA 91206-4098

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

Name of Employer Glendale Adventist Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.35973

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
L. Jeffrey Craver, Dr.

Mailing Address Dept of Pathology
200 Portland St

City State Zip Code
Columbia MO 65201

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

Name of Employer Boyce & Bynum Pathology Labs PC
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: SA11AI.35918

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 600.00
Date of Receipt 12 / 11 / 2009
Transaction ID: SA11AI.36213
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
A Patricia Devine, Dr.
Mailing Address 200 F Main St 302
City Stoneham State MA Zip Code 02180
FEC ID number of contributing federal political committee. **C**
Name of Employer Lowell General Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.36012
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
D James Faix, Dr.
Mailing Address Stanford Univ School of Medicine
3375 Hillview Ave # 5627
City Palo Alto State CA Zip Code 94304-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Stanford Clinical Labs at Hillview Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 299.00
Date of Receipt 12 / 17 / 2009
Transaction ID: SA11AI.36151
Amount of Each Receipt this Period 99.00

SUBTOTAL of Receipts This Page (optional) ► 2699.00
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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Robert Farnham		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 200 Hawthorne Ln		Transaction ID: SA11AI.36095
City Charlotte	State NC	Zip Code 28204-2515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Michael Christopher Flynn, Dr.		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 175 College St		Transaction ID: SA11AI.36109
City Battle Creek	State MI	Zip Code 49017-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RML Pathologist, PC	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) Michael Joseph Foley, Dr.		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 2252 E Minton St		Transaction ID: SA11AI.35891
City Mesa	State AZ	Zip Code 85213-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Banner Baywood 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	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. Jean Forest, Dr.
Mailing Address 3 Carey Dr
City Ambler State PA Zip Code 19002-5416
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36229
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
C. Elliott Foucar
Mailing Address 14029 Wind Mountain Road NE
City Albuquerque State NM Zip Code 87112-6564
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 18 / 2009
Transaction ID: SA11AI.36230
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Mary Fowkes, Dr.
Mailing Address Apt 8 D
215 E 95th St
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C**
Name of Employer Mt Sinai Schl of Med Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.36053
Amount of Each Receipt this Period 50.00

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 15 / 51
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
S. Robert Freedman

Mailing Address Department of Pathology
815 Pollard Rd

City State Zip Code
Los Gatos CA 95032

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

Name of Employer Occupation
Los Gatos Community 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 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35967

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
N. Jack Gay, Dr.

Mailing Address 1102 Palm View Ave

City State Zip Code
Belleair FL 33756-1013

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

Name of Employer Occupation
Diagnostic Clinic 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35959

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
M Paul Gibbs, Dr.

Mailing Address 2308 Sandridge Dr

City State Zip Code
Dayton OH 45439-1856

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

Name of Employer Occupation
CompuNet Clinical Labs 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35945

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
F. Eric Glassy, Dr.

Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503-1738

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

Name of Employer Little Company of Mary Hosp-Torrance
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.35878

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
P Steven Goetz, Dr.

Mailing Address Dept of Path
1000 Fourth St SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Mercy Med Ctr-North Iowa
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 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.36031

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
D. Jeffrey Goldstein, Dr.

Mailing Address Dept of Pathology
800 Prudential Dr

City State Zip Code
Jacksonville FL 32207

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

Name of Employer Baptist Med Ctr/Wolfson Children's Hos
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 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.35894

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jacqueline Granese

Mailing Address 240 Bent Creek Dr

City State Zip Code
Bowling Green KY 42103

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

Name of Employer Occupation
Univ of Tennessee HSC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.36179

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
F Kenneth Grant, Dr.

Mailing Address Dept of Path
Taylor at Marion

City State Zip Code
Columbia SC 29220

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

Name of Employer Occupation
Palmetto Hlth Baptist Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: SA11AI.36072

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G Donald Guinee, Dr.

Mailing Address Dept of Path
1100 9th Ave # C6-PTH

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.36201

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 18 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E Richard Halbert, Dr.

Mailing Address 1801 16th St # DEPART

City State Zip Code
Greeley CO 80631-5154

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

Name of Employer Occupation
North Colorado Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: SA11AI.36061

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
D. Jeff Harvell, Dr.

Mailing Address Bethesda Dermatopathology
1730 Elton Road

City State Zip Code
Silver Spring MD 20903

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.35909

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
C. Randall Hastedt, Dr.

Mailing Address 8144 Linden Leaf Circle

City State Zip Code
Columbus OH 43235-4617

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

Name of Employer Occupation
Mount Carmel St. Ann's Ho-sp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2009

Transaction ID: SA11AI.36048

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E James Haswell, Dr.
Mailing Address 11 Greystone Farm Ln
City State Zip Code
Westport CT 06880-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Griffin Hosp 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 2 / 1 4 / 2 0 0 9
Transaction ID: SA11AI.35980
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
L. Ryan Hendren, Dr.
Mailing Address 1923 S Utica Ave
City State Zip Code
Tulsa OK 74104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St John Med Ctr 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 2 / 1 1 / 2 0 0 9
Transaction ID: SA11AI.36127
Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
N. Gene Herbek, Dr.
Mailing Address The Pathology Center
8303 Dodge St
City State Zip Code
Omaha NE 68114
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Methodist Hospital Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.36035
Amount of Each Receipt this Period
350.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Kevin Herzog, Dr.
Mailing Address 5265 Swallow Ave
City Kalamazoo State MI Zip Code 49009-4562
FEC ID number of contributing federal political committee. **C**
Name of Employer Bronson Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 12 / 11 / 2009
Transaction ID: SA11AI.35921
Amount of Each Receipt this Period 175.00

B. Full Name (Last, First, Middle Initial)
Edward Charles Hill, Dr.
Mailing Address Department of Pathology
1364 Clifton Rd NE Rm F147A
City Atlanta State GA Zip Code 30322-1059
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 ▼ 300.00
Date of Receipt 12 / 23 / 2009
Transaction ID: SA11AI.35968
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dwight Gordon Honda, Dr.
Mailing Address 305 Park Creek Dr
City Clovis State CA Zip Code 93611-4426
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 ▼ 250.00
Date of Receipt 12 / 16 / 2009
Transaction ID: SA11AI.36082
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 525.00
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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Young Hi Hong, Dr.

Mailing Address Department of Pathology
410 Dewey St

City State Zip Code
Wisconsin Rapids WI 54494-4715

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

Name of Employer Occupation
Riverview 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 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36112

Amount of Each Receipt this Period
250.00

B.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: SA11AI.36051

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
L Jerry Hudson, Dr.

Mailing Address 7026 Edgewater Dr

City State Zip Code
Mandeville LA 70471-7415

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

Name of Employer Occupation
Slidell Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36117

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 / 51
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
S. Mehraboon Irani, Dr.
Mailing Address 1100 Central Ave S.E.
City Albuquerque State NM Zip Code 87106
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.36096
Amount of Each Receipt this Period: 1000.00

Name of Employer: Presbyterian Hosp Occupation: Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 1000.00

B. Full Name (Last, First, Middle Initial)
F Peter Jelsma, Dr.
Mailing Address 4220 Harding Pike
City Nashville State TN Zip Code 37205-2095
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 22 / 2009
Transaction ID: SA11AI.36140
Amount of Each Receipt this Period: 300.00

Name of Employer: St. Thomas Hosp Occupation: Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 300.00

C. Full Name (Last, First, Middle Initial)
R.P. Gareth Johnson, Dr.
Mailing Address 13111 E 57th Street
City Kansas City State MO Zip Code 64133
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 12 / 30 / 2009
Transaction ID: SA11AI.36234
Amount of Each Receipt this Period: 250.00

Name of Employer: Unaffiliated Occupation: Pathologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

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FOR LINE NUMBER: PAGE 23 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
G. Megha Joshi, Dr.
Mailing Address 2 Dana Ave
City Winchester State MA Zip Code 01890-1010
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawrence General Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.36008
Amount of Each Receipt this Period 38.00

B. Full Name (Last, First, Middle Initial)
Ernst Christian Keller, Dr.
Mailing Address VC14-215
622 W 168Th St
City New York State NY Zip Code 10032-3725
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Presb Hosp/Columbia Presb Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36058
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 12 / 08 / 2009
Transaction ID: SA11AI.36211
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 788.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A. Laurel Krause, Dr.
Mailing Address 20305 Manor Rd
City Shorewood State MN Zip Code 55331-8783
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hosp of St Paul Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.35876
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
L Kathryn Lane, Dr.
Mailing Address Ste 108
2904 Westcorp Blvd SW
City Huntsville State AL Zip Code 35805-6436
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Associates PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.36083
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
L. Rosanna Lapham, Dr.
Mailing Address 101 East Wood Street
City Spartanburg State SC Zip Code 29303
FEC ID number of contributing federal political committee. **C**
Name of Employer Spartanburg Pathology Associates, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 12 / 28 / 2009
Transaction ID: SA11AI.35931
Amount of Each Receipt this Period 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 25 / 51

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Antonio Manuel Leal, Dr.		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address Department of Pathology 131 SW 15th St		Transaction ID: SA11AI.36054		
	City Ocala	State FL	Zip Code 34471-6529	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Munroe Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Edgar John Lewis, Dr.		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 7412 Perfect Dr		Transaction ID: SA11AI.36160		
	City Durant	State OK	Zip Code 74701-8449	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Texoma Pathology Associat- es	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.		Date of Receipt MM / DD / YYYY 12 / 28 / 2009		
	Mailing Address PO Box 870 1209 Bishop ST		Transaction ID: SA11AI.35895		
	City Union City	State TN	Zip Code 38281-0870	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baptist Memorial Hosp-Uni- on City	Occupation Pathologist	Aggregate Year-to-Date 750.00		
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: PAGE 26 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Claire Susan Loeffel, Dr.

Mailing Address Dept of Path
715 N Saint Joseph Ave

City State Zip Code
Hastings NE 68901-4451

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

Name of Employer Occupation
Mary Lanning Memorial Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.36017

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David Daniel Mais, Dr.

Mailing Address Lab
111 Dallas St

City State Zip Code
San Antonio TX 78205-1201

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

Name of Employer Occupation
Baptist Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.35893

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
H Richard Marshall, Dr.

Mailing Address Dept Of Path
1401 Foucher St

City State Zip Code
New Orleans LA 70115-3515

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

Name of Employer Occupation
Touro Infirmary 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36165

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 27 / 51

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) E John Maxwell, Dr.		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 109 Circle Dr		Transaction ID: SA11AI.35900		
	City West Monroe	State LA	Zip Code 71291-5303	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bayou Pathology, APMC	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) Adalberto Mendoza		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address PO Box 10729		Transaction ID: SA11AI.36041		
	City Ponce	State PR	Zip Code 00732	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southern Pathology Services Inc	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) R. James Miller, Dr.		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 2916 S Brentwood Blvd		Transaction ID: SA11AI.36089		
	City Brentwood	State MO	Zip Code 63144	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology Services	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

SUBTOTAL of Receipts This Page (optional)

475.00

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 / 51
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
12 / 06 / 2009

Transaction ID: SA11AI.36037

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 89 Puritan Rd

City State Zip Code
Newton MA 02468-1705

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

Name of Employer
UMass Mem Hlth Care

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.36171

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
W. Dwight Morrow, Dr.

Mailing Address Department of Pathology
801 S Washington

City State Zip Code
Naperville IL 60566-7060

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

Name of Employer
Edward Hosp

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2009

Transaction ID: SA11AI.35966

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 29 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kamala Murali		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9		
	Mailing Address Department of Pathology 14 Prospect St		Transaction ID: SA11AI.36036		
	City Milford	State MA	Zip Code 01757	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Milford-Whitinsville Reg 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) G. John Newby, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9		
	Mailing Address Dept of Pathology 11110 Medical Campus Rd Ste 230		Transaction ID: SA11AI.35981		
	City Hagerstown	State MD	Zip Code 21742-6727	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington County Health System		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 9		
	Mailing Address Dept of Pathology 315 S Manning Blvd		Transaction ID: SA11AI.36138		
	City Albany	State NY	Zip Code 12208-1707	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Peter's Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2200.00			

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
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 30 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Walter Brian Olsen, Dr.

Mailing Address Department of Pathology
401 W Greenlawn

City State Zip Code
Lansing MI 48910

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

Name of Employer Occupation
Ingham 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 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.35992

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
A Drew Olsen, Dr.

Mailing Address Dept of Path
718 Teaneck Rd

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Holy Name 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 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.35989

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
A Drew Olsen, Dr.

Mailing Address Dept of Path
718 Teaneck Rd

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Holy Name Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.35990

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P Scott Otteson, Dr.

Mailing Address Dept of Path
801 W Maple St

City Farmington State NM Zip Code 87401

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

Name of Employer Tres Rios Pathology PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.36166
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
N. Ronald Padgett, Col

Mailing Address Acadiana Path
419 E Prudhomme St

City Opelousas State LA Zip Code 70571

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

Name of Employer Pecot & Padgett APMC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36091
Amount of Each Receipt this Period 1000.00

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

Mailing Address 315 Erin Dr

City Knoxville State TN Zip Code 37919-6202

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

Name of Employer Knoxville Dermatopathology Laboratorie Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 09 / 2009
Transaction ID: SA11AI.36000
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Soo Moon Park, Dr.
Mailing Address 3101 Diamond Head Rd
City Honolulu State HI Zip Code 96815-4719
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Lab of Hawaii Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.35943
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. James Paulson, Dr.
Mailing Address 425 Anthwyn Road
City Narberth State PA Zip Code 19072-2301
FEC ID number of contributing federal political committee. **C**
Name of Employer Lankenau Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 11 / 2009
Transaction ID: SA11AI.36016
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A Luke Perkocha, Dr.
Mailing Address Dept of Pathology Mailbox 1785
City San Francisco State CA Zip Code 94143-1785
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSF Mount Zion Medical Center Clin Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36170
Amount of Each Receipt this Period 350.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. Alan Peterson, Dr.
Mailing Address 1225 Highland Ave
City Clarkston State WA Zip Code 99403
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathologists' Regional Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36079
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Abraham Philip
Mailing Address Department of Pathology
10500 Montgomery Rd
City Cincinnati State OH Zip Code 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 ▼ 800.00
Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.35910
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
C. Gary Ponto, Dr.
Mailing Address 300 Oak View Ln
City Santa Barbara State CA Zip Code 93111-2546
FEC ID number of contributing federal political committee. **C**
Name of Employer Santa Barbara Pathology Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36114
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Robert Poppiti, Dr.

Mailing Address Department of Pathology
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
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36052

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cheng John Pui, Dr.

Mailing Address Dept of Path
32669 W Warren Ste 10

City State Zip Code
Garden City MI 48135

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

Name of Employer Occupation
Hilbrich Dermatopathology Laboratory 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 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35988

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
H. Michael Reilly, Dr.

Mailing Address Department of Pathology
223 N. Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-2736

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

Name of Employer Occupation
Valley 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 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36196

Amount of Each Receipt this Period
100.00

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 35 / 51

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
H. Michael Reilly, Dr.

Mailing Address Department of Pathology
223 N. Van Dien Avenue

City State Zip Code
Ridgewood NJ 07450-2736

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

Name of Employer Occupation
Valley Hosp 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 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.36197

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
G Victoria Reyes, Dr.

Mailing Address Dept of Pathology
365 Montauk Ave

City State Zip Code
New London CT 06320-4700

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

Name of Employer Occupation
Lawrence & Memorial Hosp 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36007

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
A Thomas Roisum, Dr.

Mailing Address 6000 Hospital Dr

City State Zip Code
Hannibal MO 63401

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

Name of Employer Occupation
Hannibal Reg 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 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.35984

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 51
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
T. David Rowlands, Dr.
Mailing Address 13804 Cypress Village Circle

City Tampa	State FL	Zip Code 33618-8406
----------------------	--------------------	-------------------------------

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: SA11AI.36255

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

B. Full Name (Last, First, Middle Initial)
L Rachel Rucker-Schmidt, Dr.
Mailing Address 3413 Southwestern Blvd

City Dallas	State TX	Zip Code 75225-7656
-----------------------	--------------------	-------------------------------

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: SA11AI.36023

Amount of Each Receipt this Period
500.00

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

Name of Employer MD Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

C. Full Name (Last, First, Middle Initial)
Kathie Schlesinger
Mailing Address Central Bldg Rm 312
111 E 210th St

City Bronx	State NY	Zip Code 10467-2401
----------------------	--------------------	-------------------------------

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.35882

Amount of Each Receipt this Period
100.00

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

Name of Employer Montefiore Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 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 37 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. William Silberman, Dr.
Mailing Address 30 Orchard Cove Ln
City State Zip Code
Callao VA 22435
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 ▼ 600.00
Date of Receipt 12 / 16 / 2009
Transaction ID: SA11AI.36258
Amount of Each Receipt this Period 100.00

B. 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 Garden Park Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 12 / 18 / 2009
Transaction ID: SA11AI.36028
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
M Gregory Smith, Dr.
Mailing Address 712 S Cascade St
City State Zip Code
Fergus Falls MN 56537-2913
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Region Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 01 / 2009
Transaction ID: SA11AI.36006
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: PAGE 38 / 51

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Grazia Maria Sparacino, Dr.

Mailing Address PO Box 187

City State Zip Code
Cleveland MS 38732-0187

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

Name of Employer Occupation
Bolivar County Hospital 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 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35913

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
O. V. Speights, Dr.

Mailing Address Department of Pathology
2401 S. 31st Street

City State Zip Code
Temple TX 76508-6508

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

Name of Employer Occupation
Scott and White Memorial Hosp 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 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36115

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 2400 Susannah St
PO Box 2484

City State Zip Code
Johnson City TN 37601

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

Name of Employer Occupation
Outpatient Cytopathology Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.36066

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
L John Stavinoha, Dr.

Mailing Address Department of Pathology
7600 Beechnut St Fl 2

City State Zip Code
Houston TX 77074-4302

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

Name of Employer Occupation
Memorial Hermann SW 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
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.36029

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
M. Susan Strate, Dr.

Mailing Address 2627 San Simeon

City State Zip Code
Wichita Falls TX 76308

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

Name of Employer Occupation
Kell West Regional Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11AI.35998

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Stuart Jonathan Strauss, Dr.

Mailing Address Lab
4230 Burnham Ave Ste 165

City State Zip Code
Las Vegas NV 89119-5410

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

Name of Employer Occupation
Quest Diagnostics Incorporated 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	2	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.36106

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Arthur Summerlin, Dr.

Mailing Address Path Lab Assoc
PO Box 813

City Dothan State AL Zip Code 36302-0813

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

Name of Employer Pathology Lab Assoc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36088
Amount of Each Receipt this Period 250.00

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

Mailing Address Dept of Path
10 Medical Park Dr

City Asheville State NC Zip Code 28803

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

Name of Employer Pathologists Med Lab PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.36078
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
S Venancio Teves, Dr.

Mailing Address 3135 Hyde Park Pl

City Pensacola State FL Zip Code 32503-5845

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

Name of Employer Illinois Valley Cmnty Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 21 / 2009
Transaction ID: SA11AI.35970
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 41 / 51

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Olguta Diana Treaba, Dr.

Mailing Address 630 Smithfield Rd
Apt 1201

City State Zip Code
N Providence RI 02904

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

Name of Employer Occupation
PhenoPath Labs 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36110

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
S John VanHoose, Dr.

Mailing Address 830 W Bayou Pines Dr

City State Zip Code
Lake Charles LA 70601-7077

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

Name of Employer Occupation
Path Lab 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 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36075

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Timothy Charles Via, Dr.

Mailing Address 1826 Greenwood Rd SW

City State Zip Code
Roanoke VA 24015-2820

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

Name of Employer Occupation
Carilion Clinic 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 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.35929

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 51
(check only one)

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

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

A.

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

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Propath Laboratory, Inc. 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 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.36099

Amount of Each Receipt this Period
100.00

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 Medical City Dallas Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.36026

Amount of Each Receipt this Period
675.00

C.

Full Name (Last, First, Middle Initial)
Sue Deborah Wayler, Dr.

Mailing Address 29 Washington GRN

City State Zip Code
East Walpole MA 02032-1166

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

Name of Employer Beth Israel Deaconess Hosp Needham 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 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.35905

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1025.00

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 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lee Robert West, Dr.

Mailing Address Department of Path & Lab Med
7S-10 Brody Building

City Greenville State NC Zip Code 27834

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

Name of Employer East Carolina Univ Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.35920
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Quincy James Whitaker, Dr.

Mailing Address PO Box 2343
1606 Watson Blvd

City Warner Robins State GA Zip Code 31099-2343

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

Name of Employer Middle Georgia Lab, Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.36074
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
J Valerie White, Dr.

Mailing Address 227 Church St Apt 13G

City New Haven State CT Zip Code 06510-1823

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

Name of Employer Kings Daughters Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.35999
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 5300.00

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 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) W Howard Wright, Dr.		Date of Receipt
Mailing Address 4864 Jackson 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 2 / 2 2 / 2 0 0 9
City State Zip Code Monroe LA 71202-6400		Transaction ID: SA11AI.35962
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer EA Conway 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"/> 250.00	

B.

Full Name (Last, First, Middle Initial) Bill Huiwen Xie, Dr.		Date of Receipt
Mailing Address 8000 Wolf River Blvd # 100		<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 2 / 1 6 / 2 0 0 9
City State Zip Code Germantown TN 38138		Transaction ID: SA11AI.36086
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Pathology Group of the Mid-south	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 54562.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36284 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Moneris ACH	<table border="1"><tr><td>143.00</td></tr></table>	143.00																		
143.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36285 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Analysis Fee	<table border="1"><tr><td>50.50</td></tr></table>	50.50																		
50.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36286 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	5		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement American Express Charge	<table border="1"><tr><td>48.72</td></tr></table>	48.72																		
48.72																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>242.22</td></tr></table>	242.22
242.22		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 46 / 51

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
American Express Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.36287

Date of Disbursement

12 / 26 / 2009

Amount of Each Disbursement this Period

55.13

SUBTOTAL of Disbursements This Page (optional)

55.13

TOTAL This Period (last page this line number only)

297.35

**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)

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

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

A.	Full Name (Last, First, Middle Initial) DAN 10 <hr/> Mailing Address 1088 BISHOP STREET SUITE 1009 <hr/> City HONOLULU State HI Zip Code 96813 <hr/> Purpose of Disbursement <input type="checkbox"/> Category/Type <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36289 Date of Disbursement 12 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement <input type="checkbox"/> Category/Type <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36267 Date of Disbursement 12 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN <hr/> Mailing Address P.O. Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement <input type="checkbox"/> Category/Type <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36276 Date of Disbursement 12 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: SB23.36283 Date of Disbursement 12 / 21 / 2009
	Mailing Address 7908-I Cincinnati Dayton Road	Amount of Each Disbursement this Period 5000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	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 SCHUMER	Transaction ID: SB23.36269 Date of Disbursement 12 / 21 / 2009
	Mailing Address 509 MADISON AVE SUITE 1902	Amount of Each Disbursement this Period 2500.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.36270 Date of Disbursement 12 / 21 / 2009
	Mailing Address 426 C STREET, NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8500.00
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

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

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON <hr/> Mailing Address POST OFFICE BOX 250116 <hr/> City ATLANTA State GA Zip Code 30325 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Category/Type Office Sought: <input type="checkbox"/> House <input checked="" 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: 00	Transaction ID: SB23.36271 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> 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: FL District: 24	Transaction ID: SB23.36272 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) MARY'S POLITICAL ACTION COMMITTEE <hr/> Mailing Address 1155 21st Street NW Suite 300 <hr/> City Washington State DC Zip Code 20036 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.36275 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE Mailing Address P.O. Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36273 Date of Disbursement 12 / 21 / 2009
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE Mailing Address P.O. Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36274 Date of Disbursement 12 / 21 / 2009
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) Pomeroy For Congress Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36278 Date of Disbursement 12 / 21 / 2009
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.36279 Date of Disbursement 12 / 21 / 2009
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 2500.00
	City SPRINGFIELD State MA Zip Code 01108	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA 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) ROGERS FOR CONGRESS	Transaction ID: SB23.36280 Date of Disbursement 12 / 21 / 2009
	Mailing Address Post Office Box 581	Amount of Each Disbursement this Period 2000.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SOUTHWEST PENNSYLVANIA POLITICAL ACTION COMMITTEE (SWPA PAC)	Transaction ID: SB23.36281 Date of Disbursement 12 / 21 / 2009
	Mailing Address 499 S CAPITOL ST SW SUITE 404	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	31000.00