

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

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" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	106418.84									
(c) Total Receipts (from Line 19)	90489.00	219726.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	196907.84	300492.96								
7. Total Disbursements (from Line 31)	74964.12	178549.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121943.72	121943.72								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

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	56350.00	153933.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	34139.00	60293.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	90489.00	214226.00
(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)	90489.00	214226.00
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	5500.00
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))	90489.00	219726.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90489.00	219726.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	1189.12	3424.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1189.12	3424.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	170500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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.....	4275.00	4375.00
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))..	74964.12	178549.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74964.12	178549.24

DETAILED SUMMARY PAGE
of Disbursements

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)	90489.00	214226.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90489.00	213976.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1189.12	3424.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1189.12	3424.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 71

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jon Jared Abbott, Dr.

Mailing Address 305 41st St

City State Zip Code
West Des Moines IA 50265

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 ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 20 / 2009

Transaction ID: SA11AI.33373

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
D Paul Addison, Dr.

Mailing Address 4300 W Memorial Rd

City State Zip Code
Oklahoma City OK 73120-8304

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Hlth Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33436

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
H. Schuyler Aijian

Mailing Address 2661 Tallant Rd Apt MW518

City State Zip Code
Santa Barbara CA 93105-4807

FEC ID number of contributing federal political committee. C

Name of Employer Hospital Sari Pablo Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33352

Amount of Each Receipt this Period 300.00

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 7 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Omar Nabil Ali, Dr.

Mailing Address Dept. of Pathology
4201 Medical Center Dr.

City State Zip Code
McHenry IL 60050

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

Name of Employer Occupation
Centegra-Memorial Medical Pathologist
Center

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

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33205

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M Patricia Alli, Dr.

Mailing Address 1901 Sulpher Spring Rd

City State Zip Code
Baltimore MD 21227

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

Name of Employer Occupation
Quest Diagnostics Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33545

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Robert Harold Amsbaugh, Dr.

Mailing Address 901 Montgomery St

City State Zip Code
Decorah IA 52101-2325

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

Name of Employer Occupation
Winneshiek County Mem Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: SA11AI.33748

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 71
(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)
P. Thomas Anderson, Dr.

Mailing Address PO Box 1590

City Waterbury State CT Zip Code 06721-1590

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

Name of Employer Waterbury Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.33731
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
F. Paul Atkinson, Dr.

Mailing Address Department of Pathology
1000 Johnson Ferry Road

City Atlanta State GA Zip Code 30042

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

Name of Employer Northside Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.33477
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
A. Edward Barker, Dr.

Mailing Address 13751 Lake City Way NE

City Seattle State WA Zip Code 98125

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

Name of Employer Medical Lab Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.33424
Amount of Each Receipt this Period: 250.00

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 9 / 71
(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)
Kay Sarah Barksdale, Dr.
Mailing Address 1901 Avenida Las Campanas NW
City Albuquerque State NM Zip Code 87107-3203
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospital San Pablo Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33358
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Margaret Batt, Dr.
Mailing Address 9303 Park West Boulevard
City Knoxville State TN Zip Code 37923
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Laboratories West Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33517
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
T Jack Bechtel, Dr.
Mailing Address 1918 W State St
City Bristol State TN Zip Code 37620-1940
FEC ID number of contributing federal political committee. **C**
Name of Employer Highlands Pathology Consultants, PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00
Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.33296
Amount of Each Receipt this Period 312.00

SUBTOTAL of Receipts This Page (optional) ► 1062.00
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 / 71
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
M Peter Benda, Dr.

Mailing Address 1001 SW Klickitat Way Ste 205
PO Box 34245

City State Zip Code
Seattle WA 98124

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

Name of Employer Occupation
Puget Sound Inst of Pathology PLLC Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33539

Amount of Each Receipt this Period
312.00

B.

Full Name (Last, First, Middle Initial)
David Brent Benjamin, Dr.

Mailing Address Department of Pathology
400 South 43rd Street

City State Zip Code
Renton WA 98055

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

Name of Employer Occupation
Valley Med Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33717

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Marian Bensema, Dr.

Mailing Address Department of Pathology
1740 Nicholasville Rd.

City State Zip Code
Lexington KY 40503

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

Name of Employer Occupation
Central Baptist Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA11AI.33206

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1562.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C. Laurence Berg, Dr.

Mailing Address Department of Pathology
1900 South Ave

City State Zip Code
La Crosse WI 54601

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

Name of Employer Occupation
Gundersen Lutheran Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: SA11AI.33280

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
C. Laurence Berg, Dr.

Mailing Address Department of Pathology
1900 South Ave

City State Zip Code
La Crosse WI 54601

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

Name of Employer Occupation
Gundersen Lutheran Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33281

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33223

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **1008.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 71
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
A Stephen Betz, Dr.

Mailing Address 3 Barberry Road

City State Zip Code
Mason City IA 50401

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

Name of Employer Occupation
Mercy Med Ctr-North Iowa Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33443

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4 Arabian

City State Zip Code
Coto De Caza CA 92679

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

Name of Employer Occupation
St Bernardine 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33593

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City State Zip Code
Augusta GA 30904

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33175

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: (check only one)	PAGE 13 / 71
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	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) A David Boudreaux, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 9050 Airline Hwy	Transaction ID: SA11AI.33750
	City State Zip Code Baton Rouge LA 70815-4192	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Woman's Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) S. Alan Bricklin, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address Department of Pathology 18321 Clark Street	Transaction ID: SA11AI.33537
	City State Zip Code Tarzana CA 91356	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Tarzana Regional Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) A. David Brinker, Dr.	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address Department of Pathology 7601 Osler Dr	Transaction ID: SA11AI.33599
	City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Joseph Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 71
(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)
James Andrew Britton, Dr.

Mailing Address Pathology Department
2213 Cherry Street

City Toledo State OH Zip Code 43608

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

Name of Employer St. Vincent Mercy Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.33615
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Aikman John Caldwell, Dr.

Mailing Address Department of Pathology
101 E Wood St

City Spartanburg State SC Zip Code 29303-3040

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

Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.33585
Amount of Each Receipt this Period: 312.00

C.

Full Name (Last, First, Middle Initial)
P. Grant Carmichael, Dr.

Mailing Address 625 West Olive Avenue

City Merced State CA Zip Code 95348-2419

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

Name of Employer Merced Pathology Med Group, Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.33432
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1112.00

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 15 / 71
(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)
Ethan Sidney Carpenter, Dr.

Mailing Address Yosemite 1 Lab
7300 N Fresno St

City State Zip Code
Fresno CA 93720-2942

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

Name of Employer Occupation
Kaiser Permanente Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33381

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
John Daniel Carter, Dr.

Mailing Address Dept of Path
725 North St

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Occupation
Berkshire Health Systems 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33185

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
J. Carmine Cerra, Dr.

Mailing Address Department of Pathology
206 E. Brown Street

City State Zip Code
East Stroudsburg PA 18301

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

Name of Employer Occupation
Pocono 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
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.33529

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 71

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M Louis Chambers, Dr.

Mailing Address 604 NW 40th St

City	State	Zip Code
Oklahoma City	OK	73118-7044

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

Name of Employer St. Anthony Hosp	Occupation Pathologist
--------------------------------------	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33620

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M Karen Clary, Dr.

Mailing Address Department of Pathology
1425 Portland Ave

City	State	Zip Code
Rochester	NY	14621-3001

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

Name of Employer Rochester Genl Hosp	Occupation Pathologist
---	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33557

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
N Ryan Cole, Dr.

Mailing Address 12899 N Schicks Ridge Rd

City	State	Zip Code
Boise	ID	83714-9454

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

Name of Employer Cole Diagnostics	Occupation Pathologist
--------------------------------------	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33225

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 17 / 71
(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)
G.P. James Collins, Dr.

Mailing Address 1101 Green Street
Apt 1101

City San Francisco State CA Zip Code 94109-2012

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

Name of Employer San Leandro Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33565

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
W Seth Cook, Dr.

Mailing Address 410 N Utica Ave

City Lubbock State TX Zip Code 79416

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

Name of Employer Mattison Pathology 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
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33417

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
D. Franklin Curl, Dr.

Mailing Address Department of Pathology
4805 NE Glisan St

City Portland State OR Zip Code 97213

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

Name of Employer Providence Portland Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33534

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 71
(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)
Frederick John Dauterman, Dr.

Mailing Address Dept of Path
2700 Stewart Pkwy

City Roseburg State OR Zip Code 97470-1281

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33442

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
S Thomas DeNapoli, Dr.

Mailing Address Dept of Path & Lab
2827 Babcock Rd

City San Antonio State TX Zip Code 78229-4813

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

Name of Employer Pathology Ref Anatomic Path Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33216

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
M. Michelle Dolan, Dr.

Mailing Address D251 Mayo
420 Delaware St SE

City Minneapolis State MN Zip Code 55455-0341

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

Name of Employer Univ of MN Med Ctr-Fairview Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33682

Amount of Each Receipt this Period
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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 71
	<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	

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

A.	Full Name (Last, First, Middle Initial) F Michael Doyle, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 1320 Mercy Dr Nw	Transaction ID: SA11AI.33441
	City State Zip Code Canton OH 44708-2641	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Med Ctr 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) A Lawrence Dworkin, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 13705 Ne Airport Way Ste C	Transaction ID: SA11AI.33380
	City State Zip Code Portland OR 97230-1048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser Permanente 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) Torsten Ehrig	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 25 Florence Rd Unit 41	Transaction ID: SA11AI.33243
	City State Zip Code Branford CT 06405-4258	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dermopath Lab of New England Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	708.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 71
(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)
Jeanette Valerie Fields, Dr.
Mailing Address 4191 Mendenhall Oaks Pkwy Ste 140

City State Zip Code
High Point NC 27265-8035

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

Name of Employer Occupation
Spectrum Lab Network Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33589

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lawrence Keith Fisher, Dr.
Mailing Address 8183 Narrow Leaf Pt

City State Zip Code
Sanford FL 32771-8131

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33160

Amount of Each Receipt this Period
312.00

C. Full Name (Last, First, Middle Initial)
M. Margaret Flanagan, Dr.
Mailing Address 50 Kenwood Road

City State Zip Code
Chambersburg PA 17201-1256

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

Name of Employer Occupation
The Chambersburg Hospital Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33642

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **812.00**

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 / 71
(check only one)

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

A.

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

Mailing Address 5608 Overlea Rd

City State Zip Code
Bethesda MD 20816-1921

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

Name of Employer Occupation
Sibley Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2009

Transaction ID: SA11AI.33574

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Pathology Lab
1 Medical Center Dr

City State Zip Code
Franklin OH 45005-2584

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

Name of Employer Occupation
Atrium Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33174

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
P. Edward Fody, Dr.

Mailing Address Laboratory
602 Michigan Ave

City State Zip Code
Holland MI 49423

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

Name of Employer Occupation
Holland Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33299

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 71
(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)
W. Steven Freestone, Dr.
 Mailing Address Department of Pathology
1034 N 500 W
 City Provo State UT Zip Code 84604
 Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33707
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Utah Valley Reg Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
A Robert Goldschmidt, Dr.
 Mailing Address 2650 Ridge Ave
 City Evanston State IL Zip Code 60201-1718
 Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33264
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Evanston Northwestern Hlt-hcare Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.
 Mailing Address 551 N 34th St Ste 100
 City Seattle State WA Zip Code 98103-8675
 Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33526
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer PhenoPath Labs Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 71
(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)
Albert Mark Grathwohl, Dr.

Mailing Address 6 Livery Lane

City North Salem State NY Zip Code 10560

FEC ID number of contributing federal political committee. C

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

Transaction ID: SA11AI.33475

Amount of Each Receipt this Period 250.00

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

Mailing Address Dept of Path
1350 E Market St

City Warren State OH Zip Code 44482

FEC ID number of contributing federal political committee. C

Name of Employer Trumbull Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2009

Transaction ID: SA11AI.33653

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
J Cameron Hall

Mailing Address 7550 Wolf River Blvd # 200

City Germantown State TN Zip Code 38138-1745

FEC ID number of contributing federal political committee. C

Name of Employer Pathology Group of the Midlands Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2009

Transaction ID: SA11AI.33516

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
O. Edgar Hartle, Dr.

Mailing Address Laboratory
171 Fairview Rd

City State Zip Code
Mooreville NC 28117-9500

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

Name of Employer Occupation
Lake Norman Regional 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33397

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M Robert Haugh, Dr.

Mailing Address 4125 Buckner Lane

City State Zip Code
Paducah KY 42001

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

Name of Employer Occupation
Western Baptist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33738

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
P Randy Hausted, Dr.

Mailing Address Dept of Path
10 Woodland Rd

City State Zip Code
St Helena CA 94574

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

Name of Employer Occupation
St. Helena Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33624

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 25 / 71
(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) N. Ronald Horowitz, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	9														
Mailing Address Department of Pathology PO Box 30480		Transaction ID: SA11AI.33583																				
City Lansing	State MI	Zip Code 48909-7980																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>350.00</td></tr></table>	350.00																			
350.00																						
Name of Employer Sparrow Health Sys	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>350.00</td></tr></table>		350.00																			
350.00																						

B.

Full Name (Last, First, Middle Initial) H. Lydia Howard, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	9														
Mailing Address Pathology Department 4300 Alton Road		Transaction ID: SA11AI.33459																				
City Miami Beach	State FL	Zip Code 33140																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>400.00</td></tr></table>	400.00																			
400.00																						
Name of Employer Mt. Sinai Med Ctr	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>400.00</td></tr></table>		400.00																			
400.00																						

C.

Full Name (Last, First, Middle Initial) S. Herman Hurwitz, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	9														
Mailing Address 1004 Annapolis Lane		Transaction ID: SA11AI.33544																				
City Cherry Hill	State NJ	Zip Code 08003-8003																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Quest Diagnostics Inc	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>		250.00																			
250.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 26 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Daniel Jondle, Dr.
Mailing Address 1661 E Camelback Rd Ste 140 STE
City State Zip Code
Phoenix AZ 85016-3957
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
04 / 07 / 2009
Transaction ID: SA11AI.33359
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Barry David Kaminsky, Dr.
Mailing Address 1401 N Palm Canyon Dr Ste 203
City State Zip Code
Palm Springs CA 92262
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
04 / 03 / 2009
Transaction ID: SA11AI.33505
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Chuang-Shian Kiang
Mailing Address Dept of Path 2800 W 95th St
City State Zip Code
Evergreen Park IL 60805-2701
FEC ID number of contributing federal political committee. **C**
Name of Employer Little Co of Mary Hosp & Hlth Care Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
04 / 16 / 2009
Transaction ID: SA11AI.33403
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 / 71
(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. Lynn Kleopfer, Dr.

Mailing Address 200 Portland St

City State Zip Code
Columbia MO 65201-6525

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

Name of Employer: Boyce & Byrum PS Inc
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: SA11AI.33192

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Teresa Kathryn Knight, Dr.

Mailing Address 208 S Goose Hill Rd

City State Zip Code
Rocky Face GA 30740

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

Name of Employer: Unaffiliated
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33172

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
L. Herman Koester, Dr.

Mailing Address 26419 Ridgestone Park Ln

City State Zip Code
Cypress TX 77433-1279

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33782

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C Nancy Kojs, Dr.

Mailing Address 1577 E Holly St

City State Zip Code
Boise ID 83712

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

Name of Employer Occupation
St. Alphonsus Regional Med Pathologist
Ctr

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33590

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
H Margaret Kowalski, Dr.

Mailing Address 12 Briarwood Ln

City State Zip Code
New Hartford NY 13413-2450

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

Name of Employer Occupation
Crouse Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33715

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
C Tita Lamm, Dr.

Mailing Address 900 Wellston Ct

City State Zip Code
Glen Allen VA 23059-2615

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

Name of Employer Occupation
Bostwick Laboratories Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 29 / 71
(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) R Paula Larson, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>2</td><td>4</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	0	4		2	4		2	0	0	9
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0	4		2	4		2	0	0	9													
Mailing Address 7700 Floyd Curl Dr		Transaction ID: SA11AI.33581																				
City San Antonio	State TX	Zip Code 78229-3979																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

B.

Full Name (Last, First, Middle Initial) J. Donald Leathers, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>3</td><td>0</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	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	0	9													
Mailing Address Dept of Path 777 Rural Ave		Transaction ID: SA11AI.33636																				
City Williamsport	State PA	Zip Code 17701-3109																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>208.00</td></tr></table>	208.00																			
208.00																						
Name of Employer Susquehanna Health System	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>208.00</td></tr></table>	208.00																				
208.00																						

C.

Full Name (Last, First, Middle Initial) H. Won Lee, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><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>0</td><td>4</td><td></td><td>2</td><td>3</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	0	4		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	3		2	0	0	9													
Mailing Address Laboratory 3700 Kolbe Road		Transaction ID: SA11AI.33231																				
City Lorain	State OH	Zip Code 44053-1697																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>300.00</td></tr></table>	300.00																			
300.00																						
Name of Employer Community Health Partners West Campus	Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>300.00</td></tr></table>	300.00																				
300.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>758.00</td></tr></table>	758.00
758.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 71
	<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) Elliott John LeeSang, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 1301 Wonder World Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 22 / 2009
	City	State	Zip Code
	San Marcos	TX	78666-7533
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33208
Name of Employer Central Texas Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	312.00

B.	Full Name (Last, First, Middle Initial) W Jessica Leiden, Dr.		Date of Receipt
	Mailing Address 1105 20th St E		<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 04 / 02 / 2009
	City	State	Zip Code
	Tifton	GA	31794-3692
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33650
Name of Employer Tifton Pathological Srvcs PC		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) J. Wayne Lennington, Dr.		Date of Receipt
	Mailing Address 4321 Carothers Pkwy		<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 04 / 23 / 2009
	City	State	Zip Code
	Franklin	TN	37067-8542
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33745
Name of Employer Williamson Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	1062.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 71
(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 Joseph Leverone, Dr.
Mailing Address 4800 Markay Rd
City Minneapolis State MN Zip Code 55422-4121
FEC ID number of contributing federal political committee. **C**
Name of Employer St Joseph's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.33604
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
A. Joe Lewis, Dr.
Mailing Address Lab 600 Elizabeth St
City Corpus Christi State TX Zip Code 78404
FEC ID number of contributing federal political committee. **C**
Name of Employer Christus Spohn Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33217
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
R. Kenneth Lidonnici, Dr.
Mailing Address Laboratory 101 Hospital Rd
City Patchogue State NY Zip Code 11772
FEC ID number of contributing federal political committee. **C**
Name of Employer Brookhaven Memorial Hosp Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33197
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 32 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M. Bradley Linzie, Dr.

Mailing Address Lab Medicine and Pathology P4
701 Park Ave

City State Zip Code
Minneapolis MN 55415

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

Name of Employer Occupation
Hennepin County Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33291

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ming Liu

Mailing Address One Brookdale Plz

City State Zip Code
Brooklyn NY 11212-3198

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

Name of Employer Occupation
Brookdale Univ Hosp Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33196

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Eliud Lopez-Velez

Mailing Address Paseo San Juan
Rogativa B7

City State Zip Code
San Juan PR 00926

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

Name of Employer Occupation
Centro Citopatologico del Caribe Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33209

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 71
(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)
Vildan Manzo

Mailing Address 26 Marlboro Rd

City State Zip Code
Hewitt NJ 07421-2412

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

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33476

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jean Monna Marolt, Dr.

Mailing Address 25181 Firefly Ave

City State Zip Code
Wyoming MN 55092

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

Name of Employer Univ of Minnesota Med Ctr, Fairview Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33683

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Charles Thomas Martin, Dr.

Mailing Address Dept of Path PO Box 1489

City State Zip Code
Albemarle NC 28002-1489

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

Name of Employer Stanly Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33633

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 71
(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. Alden McBee, Dr.

Mailing Address Department of Pathology
155 Wilson Avenue

City State Zip Code
Washington PA 15301

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

Name of Employer Occupation
Washington Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33728

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M Denis McCarthy, Dr.

Mailing Address 2243 Kincaid St

City State Zip Code
Eugene OR 97405-3053

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

Name of Employer Occupation
Oregon Medical Laboratories 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
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33514

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Jane Mary McClements, Dr.

Mailing Address Bayhealth Medical Center
21 W Clarke Ave

City State Zip Code
Milford DE 19963

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

Name of Employer Occupation
Milford Memorial Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33451

Amount of Each Receipt this Period
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 35 / 71
(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 Edward McDonald, Dr.

Mailing Address Dept of Path
4220 Harding Pike

City Nashville State TN Zip Code 37205-2095

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

Name of Employer St. Thomas Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33613
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
E. Roger McLendon, Dr.

Mailing Address Department of Pathology
PO Box 3712

City Durham State NC Zip Code 27710

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

Name of Employer Duke Univ Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2009
Transaction ID: SA11AI.33255
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
R. Benton Middleman, Dr.

Mailing Address 5211 Meaders Ln

City Dallas State TX Zip Code 75229

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

Name of Employer Baylor Med Ctr @ Garland Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2009
Transaction ID: SA11AI.33184
Amount of Each Receipt this Period 250.00

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 36 / 71
(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. Alex Mitchell, Dr.
Mailing Address 4920 Wellington Drive
City Macon State GA Zip Code 31210
FEC ID number of contributing federal political committee. **C**
Name of Employer Coliseum Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 30 / 2009
Transaction ID: SA11AI.33226
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
R. Dina Mody, Dr.
Mailing Address Laboratory Medicine
6565 Fannin
City Houston State TX Zip Code 77030-2707
FEC ID number of contributing federal political committee. **C**
Name of Employer The Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 14 / 2009
Transaction ID: SA11AI.33647
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
G. Jacqueline Monheit, Dr.
Mailing Address 5463 Darnell St
City Houston State TX Zip Code 77096
FEC ID number of contributing federal political committee. **C**
Name of Employer Baylor College of Medicine Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33183
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 71
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Shahla Moshiri		Date of Receipt
	Mailing Address Department of Pathology 110 Old Padonia Rd Ste 301		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 9
	City	State	Zip Code
	Baltimore	MD	21030-1030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33210
Name of Employer Chesapeake Diagnostics Lab		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Lee Georgina Murray, Dr.		Date of Receipt
	Mailing Address 4485 Penhurst Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Fayetteville	NC	28311-6945
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33749
Name of Employer Womack Army Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Melissa Murray		Date of Receipt
	Mailing Address 3907 46th 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 0 4 / 1 6 / 2 0 0 9
	City	State	Zip Code
	Sunnyside	NY	11104-1407
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33431
Name of Employer Memorial Sloan-Kettering Cancer Center		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 708.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 71
(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. Diana Nevins, Dr.

Mailing Address Department of Pathology
8303 Dodge St

City State Zip Code
Omaha NE 68114-4199

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33445

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P. David Nicholson, Dr.

Mailing Address 2201 Dupont Drive

City State Zip Code
Pensacola FL 32503-4211

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

Name of Employer Occupation
Santa Rosa Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33566

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William Robert Novak, Dr.

Mailing Address Dept of Path
One Perkins Sq

City State Zip Code
Akron OH 44308-1062

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

Name of Employer Occupation
Children's Hosp Med Ctr of Akron Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: SA11AI.33213

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 71
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Burkhalter Ann Oaks, Dr.</p> <p>Mailing Address Department of Pathology 601 North Elm Street</p> <p>City High Point State NC Zip Code 27261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer High Point Regional Hosp Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 03 / 2009</p> <p>Transaction ID: SA11AI.33294</p> <p>Amount of Each Receipt this Period 240.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Irene Lauren O'Brien, Dr.</p> <p>Mailing Address Path Clin Lab 100 W California Blvd</p> <p>City Pasadena State CA Zip Code 91105-3010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntington Mem Hosp Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 30 / 2009</p> <p>Transaction ID: SA11AI.33364</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) J. Michael Odell</p> <p>Mailing Address Cellnetix Pathology Providence St. Peter Hospital</p> <p>City Olympia State WA Zip Code 98506-5133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Providence St Peter Hospital Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 23 / 2009</p> <p>Transaction ID: SA11AI.33536</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>990.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 40 / 71
(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)
S. John Oehrle, Dr.

Mailing Address Department of Laboratories
1301 Carlisle St.

City State Zip Code
Natrona Heights PA 15065

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

Name of Employer Allegheny Valley Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33155

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mihaela Onciu

Mailing Address Department of Pathology
332 N Lauderdale St #250

City State Zip Code
Memphis TN 38105

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

Name of Employer St. Jude Children's Research Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M. Joon Park, Dr.

Mailing Address Department of Pathology
269 Portland Way S

City State Zip Code
Galion OH 44833

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

Name of Employer Galion Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33271

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 71
	<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)
Corbin Joseph Parker, Dr.

Mailing Address 4606 Wolfcreek Pkwy

City State Zip Code
Louisville KY 40241-5502

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

Name of Employer Occupation
Univ of Louisville Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33672

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P. Laurence Parmer, Dr.

Mailing Address 83 Fairway Ct Apt D

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation
Hospital San Pablo Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33356

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
O. Jackson Pemberton, Dr.

Mailing Address Laboratory Department
1 Medical Village Dr

City State Zip Code
Edgewood KY 41017

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

Name of Employer Occupation
St. Elizabeth Méd Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33596

Amount of Each Receipt this Period
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 42 / 71
(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)
P Lina Perry, Dr.

Mailing Address Dept of Path
110 N Main St

City Greenville State PA Zip Code 16125-1726

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

Name of Employer UPMC Horizon Greenville 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
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33702

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P Lina Perry, Dr.

Mailing Address Dept of Path
110 N Main St

City Greenville State PA Zip Code 16125-1726

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

Name of Employer UPMC Horizon Greenville Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33701

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kirilov Nikolay Popnikolov, Dr.

Mailing Address Dept of Path & Lab Med
245 N 15th St MS 435

City Philadelphia State PA Zip Code 19102-1192

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

Name of Employer Drexel Univ College of Med Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33251

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 71
(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)
James Puerner

Mailing Address Department Of Pathology
Columbia Hospital

City Milwaukee State WI Zip Code 53211-2906

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

Name of Employer Columbia St Marys Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33230
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
E Peter Ramirez, Dr.

Mailing Address 27724 Ranch Ln

City Boerne State TX Zip Code 78006-4816

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

Name of Employer Ameripath South Texas Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33446
Amount of Each Receipt this Period 400.00

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

Mailing Address 1915 West Beebe Capps Expy

City Searcy State AR Zip Code 72143

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

Name of Employer Lab of Path, PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33393
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2150.00

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 / 71

(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) P. Richard Regan, Dr.		Date of Receipt																					
	Mailing Address 25w155 Setauket Ave.		<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>0</td><td>4</td><td></td><td>2</td><td>3</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	0	4		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	3		2	0	0	9														
	City State Zip Code Naperville IL 60540		Transaction ID: SA11AI.33482																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00																						
Name of Employer Occupation Northwest Community Hosp Pathologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 750.00																						

B.	Full Name (Last, First, Middle Initial) M. Ronald Rhatigan, Dr.		Date of Receipt																					
	Mailing Address 13795 Sawpit Rd.		<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>0</td><td>4</td><td></td><td>2</td><td>4</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	0	4		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	4		2	0	0	9														
	City State Zip Code Jacksonville FL 32226		Transaction ID: SA11AI.33671																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Ameripath Northeast Florida 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) M. Robert Ridout, Dr.		Date of Receipt																					
	Mailing Address Department of Pathology PO Box 1140		<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>0</td><td>4</td><td></td><td>2</td><td>3</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	0	4		2	3		2	0	0	9
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	0	4		2	3		2	0	0	9														
	City State Zip Code Texarkana TX 75504-1140		Transaction ID: SA11AI.33218																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Christus-St. Michael Health Sys Pathologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 71
(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. James Roberts, Dr.

Mailing Address 565 Memorial Circle

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Volusia Pathology Group Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33720

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Jayne Paula Rogers, Dr.

Mailing Address Dept of Pathology
2825 Parklawn Dr

City State Zip Code
Midwest City OK 73110

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

Name of Employer Midwest Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33450

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
E. David Rubin, Dr.

Mailing Address Dept of Path
255 Lafayette Ave

City State Zip Code
Suffern NY 10901

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

Name of Employer Good Samaritan Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33279

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 71
(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 Scott Sargent, Dr.
Mailing Address 5292 Newell Cir

City State Zip Code
Kettering OH 45440-2807

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 M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33350

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
F. Michael Schaldenbrand, Dr.
Mailing Address Department of Pathology
PO Box 2500

City State Zip Code
Dearborn MI 48123-2500

FEC ID number of contributing federal political committee. C

Name of Employer Oakwood Hosp & 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33487

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
J. James Schnabel, Dr.
Mailing Address Department of Pathology
3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing federal political committee. C

Name of Employer Integris Baptist Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33371

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 47 / 71
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Conrad Schuerch		Date of Receipt MM / DD / YYYY 04 / 16 / 2009
Mailing Address Laboratory Medicine 100 North Academy Avenue		Transaction ID: SA11AI.33273
City Danville	State PA	Zip Code 17822-0131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Geisinger 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	

B.

Full Name (Last, First, Middle Initial) J. Stephen Schultenover, Dr.		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Nashville Campus P&LMS 113		Transaction ID: SA11AI.33714
City Nashville	State TN	Zip Code 37212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VA Med Ctr-Nashville	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) A Richard Schwartz, Dr.		Date of Receipt MM / DD / YYYY 04 / 02 / 2009
Mailing Address Dept of Path 718 Teaneck Rd.		Transaction ID: SA11AI.33300
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Holy Name Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 48 / 71
(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. David Scrivner, Dr.

Mailing Address Department of Pathology
232 S. Woods Mill Road

City State Zip Code
Chesterfield MO 63017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St. Luke's 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
04 / 23 / 2009

Transaction ID: SA11AI.33609

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dean Michael Sennett, Dr.

Mailing Address Nwth
1501 S Coulter St

City State Zip Code
Amarillo TX 79106-1770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Amarillo Pathology Associates Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2009

Transaction ID: SA11AI.33157

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
E. Mei Shen

Mailing Address 4 Landau Ln

City State Zip Code
Andover MA 01810-4510

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hospital Sari Pablo Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2009

Transaction ID: SA11AI.33354

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: (check only one)	PAGE 49 / 71
	<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) P. Joseph Sleater, Dr.		Date of Receipt																					
	Mailing Address 56 Cedar Hill Dr		<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>0</td><td>4</td><td></td><td>1</td><td>6</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	0	4		1	6		2	0	0	9
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	0	4		1	6		2	0	0	9														
	City State Zip Code Asheville NC 28803-3043		Transaction ID: SA11AI.33507																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Mission St Josephs Hospital Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

B.	Full Name (Last, First, Middle Initial) B. Fred Smith, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 153 W 11Th St		<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>0</td><td>4</td><td></td><td>0</td><td>3</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	0	4		0	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	3		2	0	0	9														
	City State Zip Code New York NY 10011-8305		Transaction ID: SA11AI.33616																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: St. Vincent's Hosp & Med Ctr Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

C.	Full Name (Last, First, Middle Initial) George Robert Stallings, Dr.		Date of Receipt																					
	Mailing Address 162 Dogwood Ln		<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>0</td><td>4</td><td></td><td>1</td><td>6</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	0	4		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	6		2	0	0	9														
	City State Zip Code Rutherfordton NC 28139-3222		Transaction ID: SA11AI.33564																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Rutherford Hosp Inc Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00		312.00																						

SUBTOTAL of Receipts This Page (optional)	▶	812.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 50 / 71
(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. David Stanley, Dr.
Mailing Address 1150 N 18th St Ste 102
City Abilene State TX Zip Code 79601-2931
FEC ID number of contributing federal political committee. **C**
Name of Employer Abilene Path Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 02 / 2009
Transaction ID: SA11AI.33220
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
D. Michael Stargel, Dr.
Mailing Address Pathology Department
5665 Peachtree-Dunwoody Rd NE
City Atlanta State GA Zip Code 30342
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Joseph's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33625
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
F Janet Stastny, Dr.
Mailing Address PO Box 2484
2400 Susannah St Ste A
City Johnson City State TN Zip Code 37601
FEC ID number of contributing federal political committee. **C**
Name of Employer Outpatient Cytopathology Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 10 / 2009
Transaction ID: SA11AI.33504
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 71

(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) Jakub Stefka		Date of Receipt																				
	Mailing Address Lab 2301 House Ave Ste 108		<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>0</td><td>4</td><td></td><td>1</td><td>6</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	0	4		1	6		2	0	0	9
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	0	4		1	6		2	0	0	9													
	City	State	Zip Code																				
	Cheyenne	WY	82001-3177																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.33165																					
C		Amount of Each Receipt this Period																					
		300.00																					
Name of Employer Anapath Diagnostics, Inc		Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		300.00																					

B.	Full Name (Last, First, Middle Initial) James David Sterner, Dr.		Date of Receipt																				
	Mailing Address 848 Settlers Circle		<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>0</td><td>4</td><td></td><td>1</td><td>0</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	0	4		1	0		2	0	0	9
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	0	4		1	0		2	0	0	9													
	City	State	Zip Code																				
	Sheboygan Falls	WI	53085																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.33571																					
C		Amount of Each Receipt this Period																					
		250.00																					
Name of Employer Sheboygan Mem Med Ctr		Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		250.00																					

C.	Full Name (Last, First, Middle Initial) K Rachel Stevens, Dr.		Date of Receipt																				
	Mailing Address 1701 E 23rd Ave		<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>0</td><td>4</td><td></td><td>2</td><td>4</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	0	4		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		2	4		2	0	0	9													
	City	State	Zip Code																				
	Hutchinson	KS	67502-1105																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.33367																					
C		Amount of Each Receipt this Period																					
		312.00																					
Name of Employer Hutchinson Hosp		Occupation Pathologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		312.00																					

SUBTOTAL of Receipts This Page (optional)	▶	862.00
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 52 / 71
(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)
Allen Craig Storm, Dr.
Mailing Address 8 Stagecoach Rd
City Lebanon State NH Zip Code 03766
FEC ID number of contributing federal political committee. **C**
Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.33237
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
J. Jeffrey Tarrand, Dr.
Mailing Address Microbiology 1515 Holcombe Blvd Unit 084
City Houston State TX Zip Code 77030-4009
FEC ID number of contributing federal political committee. **C**
Name of Employer UT MD Anderson Cancer Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33709
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ann Taylor
Mailing Address Department of Pathology 8th Ave & C St
City Salt Lake City State UT Zip Code 84143
FEC ID number of contributing federal political committee. **C**
Name of Employer LDS Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33401
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 71
(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)
Andrew Cullen Taylor, Dr.
Mailing Address 4134 Chatham Hill Dr
City Winston Salem State NC Zip Code 27104-1439
FEC ID number of contributing federal political committee. **C**
Name of Employer Forsyth Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 15 / 2009
Transaction ID: SA11AI.33269
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
W. Mark Teague, Dr.
Mailing Address 2904 Westcorp Blvd SW Ste 108
City Huntsville State AL Zip Code 35805-6437
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 ▼ 250.00
Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.33511
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Marie Denise Tritz, Dr.
Mailing Address Laboratory 100 St Marys Med Plaza
City Jefferson City State MO Zip Code 65101
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Mary's Health Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.33630
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 54 / 71
(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 Trump, Dr.

Mailing Address 100 3rd Ave S Unit 2802

City State Zip Code
Minneapolis MN 55401-2724

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

Name of Employer Occupation
United Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33658

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Allan Tucker

Mailing Address Department of Pathology
2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2293

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

Name of Employer Occupation
Univ of S Alabama 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
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.33692

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G. Warren Tucker, Dr.

Mailing Address Department of Pathology
316 Calhoun Street

City State Zip Code
Charleston SC 29401

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

Name of Employer Occupation
Roper Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33560

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 71
	<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

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

A.

Full Name (Last, First, Middle Initial) N. Paul Valenstein, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 9
Mailing Address Department of Pathology 5301 E. Huron River Drive	Transaction ID: SA11AI.33602
City Ann Arbor State MI Zip Code 48106-0955	Amount of Each Receipt this Period 312.00
FEC ID number of contributing federal political committee. C	
Name of Employer St Joseph Mercy Hosp Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00

B.

Full Name (Last, First, Middle Initial) A Leonard Valentino, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9
Mailing Address 105A Cooper Ct	Transaction ID: SA11AI.33169
City Los Gatos State CA Zip Code 95032	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Associated Path Med Group, Inc 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) Paul Michael Viglione, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9
Mailing Address 44 E Elm St	Transaction ID: SA11AI.33396
City Chicago State IL Zip Code 60611-1016	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Lake Forest Hosp Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	812.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 71
(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

<p>A. Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.</p> <p>Mailing Address Path Dept School of Med 3601 Fourth St</p> <p>City Lubbock State TX Zip Code 79430</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Texas Tech Univ HSC Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt 04 / 24 / 2009</p> <p>Transaction ID: SA11AI.33639</p> <p>Amount of Each Receipt this Period 350.00</p>
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<p>B. Full Name (Last, First, Middle Initial) H Gail Walker, Dr.</p> <p>Mailing Address 1354 Drake St</p> <p>City Lilburn State GA Zip Code 30047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Emory Eastside Med Ctr Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 04 / 23 / 2009</p> <p>Transaction ID: SA11AI.33262</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) L. Michael Wallace, Dr.</p> <p>Mailing Address 203 Grandview Dr N</p> <p>City Pittsburgh State PA Zip Code 15215-1515</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rabkin Dermatopathology Lab Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 04 / 03 / 2009</p> <p>Transaction ID: SA11AI.33548</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 57 / 71
(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)
Karls Bretta Warren, Dr.

Mailing Address 800 W Central Rd

City State Zip Code
Arlington Heights IL 60005-2392

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

Name of Employer Occupation
Northwest Cmnty Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33481

Amount of Each Receipt this Period
312.00

B.

Full Name (Last, First, Middle Initial)
S. Carolyn Watson, Dr.

Mailing Address Department of Pathology
2501 Kentucky Ave

City State Zip Code
Paducah KY 42003-3200

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

Name of Employer Occupation
Western Baptist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33737

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Thomas Gerald Wedemeyer, Dr.

Mailing Address 811 Lawman Ave

City State Zip Code
Bridgeport WV 26330-1222

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

Name of Employer Occupation
United Hosp 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
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33659

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **862.00**

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

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

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

FOR LINE NUMBER: PAGE 58 / 71
(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 Alice Werner, Dr.
Mailing Address 601 Childrens Ln
City Norfolk State VA Zip Code 23507-1971
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Hosp of the Kings Daughters Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33214
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
A. Bruce Werness, Dr.
Mailing Address Path 3600 Joseph Siewick Dr
City Fairfax State VA Zip Code 22033
FEC ID number of contributing federal political committee. **C**
Name of Employer Inova Fair Oaks Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33370
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Brian Alexander West, Dr.
Mailing Address Dept of Path 310 Cedar St PO Box 208023
City New Haven State CT Zip Code 06520-8023
FEC ID number of contributing federal political committee. **C**
Name of Employer Yale University Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00
Date of Receipt 04 / 16 / 2009
Transaction ID: SA11AI.33753
Amount of Each Receipt this Period 312.00

SUBTOTAL of Receipts This Page (optional) ► 862.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 71
(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)
Aaron Lamont Wettstein, Dr.

Mailing Address PO box 72059

City Eugene State OR Zip Code 97401

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

Name of Employer Pathology Consultants PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 03 / 2009

Transaction ID: SA11AI.33513

Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
C. Ross Wheeler, Dr.

Mailing Address 834 Brightwater Cir

City Maitland State FL Zip Code 32751

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

Name of Employer Florida Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 03 / 2009

Transaction ID: SA11AI.33267

Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address W204 N11959 Goldendale Road

City Germantown State WI Zip Code 53022

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

Name of Employer Waukesha Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: SA11AI.33733

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 71
(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)
N. Rebecca Williams, Dr.
Mailing Address 355 Firetown Rd
City State Zip Code
Simsbury CT 06070-1219
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Hartford Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.33288
Amount of Each Receipt this Period: 208.00

B. Full Name (Last, First, Middle Initial)
B. Gary Witkin, Dr.
Mailing Address Dept of Pathology
4755 Ogletown-Stanton Rd
City State Zip Code
Newark DE 19718
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Christiana Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 09 / 2009
Transaction ID: SA11AI.33215
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Shumate Anne Witson, Dr.
Mailing Address Dept of Path
100 Medical Dr
City State Zip Code
Lake Jackson TX 77566
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Brazosport Regional Health System Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.33193
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 708.00
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 61 / 71
	<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) B William Woodward, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address Dept of Path Po Box 3011	Transaction ID: SA11AI.33200
	City State Zip Code Gillette WY 82717-3011	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Campbell County Memorial Hosp 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) V Anjana Yeldandi, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address Department of Pathology 251 E Huron St	Transaction ID: SA11AI.33484
	City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northwestern Mem Hosp 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) Saeed Syed Zaman, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address Dept of Path 2209 Genesee St	Transaction ID: SA11AI.33595
	City State Zip Code Utica NY 13501-5999	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St Elizabeth Medical Center Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	56350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 71

<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.33808 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>0</td><td>4</td><td></td><td>0</td><td>3</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	0	4		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Moneris ACH Discount	<table border="1"><tr><td>754.40</td></tr></table>	754.40																		
754.40																					
	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.33809 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>0</td><td>4</td><td></td><td>0</td><td>6</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	0	4		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>27.56</td></tr></table>	27.56																		
27.56																					
	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.33810 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>0</td><td>4</td><td></td><td>0</td><td>7</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	0	4		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>113.40</td></tr></table>	113.40																		
113.40																					
	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>895.36</td></tr></table>	895.36
895.36		
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)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33811</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 83.75</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33812</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33813</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1.58</p>

SUBTOTAL of Disbursements This Page (optional) ▶

135.83

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33814</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 143.58</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33815</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 14.35</p>

SUBTOTAL of Disbursements This Page (optional) ►

157.93

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

1189.12

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AmeriPAC</p> <p>Mailing Address 499 South Capitol St, SW #414</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.33785 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BIG EASY COMMITTEE</p> <p>Mailing Address 10 G STREET, NE SUITE 470</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00</p>	<p>Transaction ID: SB23.33806 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS</p> <p>Mailing Address 830 NE Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03</p>	<p>Transaction ID: SB23.33786 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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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) CITIZENS FOR HARKIN	Transaction ID: SB23.33789 Date of Disbursement
	Mailing Address 426 C STREET, NE	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DCCC BUILDING FUND #2	Transaction ID: SB23.33790 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.33791 Date of Disbursement
	Mailing Address 120 MARYLAND AVENUE NE	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	Candidate Name	Category/Type
	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)	<input type="text" value="31000.00"/>
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)

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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)
MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND
A.K.A MIKE R FUND

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.33818

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Mike Ross For Congress Campaign

Mailing Address P.O. Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name

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

State: AR District: 04

Transaction ID: SB23.33796

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.33797

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ▶

18500.00

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

<p>A. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</p> <p>Mailing Address PO BOX 3662</p> <p>City SEATTLE State WA Zip Code 98124</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33801</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Pomeroy for Congress</p> <p>Mailing Address P.O. Box 746</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33802</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33803</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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 BURR COMMITTEE

Transaction ID: SB23.33805

Date of Disbursement

Mailing Address POST OFFICE BOX 5928

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	9

City Winston-Salem State NC Zip Code 27113

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

69500.00

**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)

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<input 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 checked="" 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) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State IL Zip Code 60093 Purpose of Disbursement TRANSFER HARD DOLLARS TO SOFT DOLLARS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.33783 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1025.00
B. Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State IL Zip Code 60093 Purpose of Disbursement TRANSFER HARD DOLLARS TO SOFT DOLLARS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.33799 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 3250.00

SUBTOTAL of Disbursements This Page (optional) ►

4275.00

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

4275.00