

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

College of American Pathologists Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 10 31 2009

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 11 19 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	260704.80									
(c) Total Receipts (from Line 19)	68599.50	594958.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329304.30	679765.16								
7. Total Disbursements (from Line 31)	2006.13	352466.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	327298.17	327298.17								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	62731.00	465350.50
(ii) Unitemized	5868.50	123858.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68599.50	589208.50
(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)	68599.50	589208.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68599.50	594958.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68599.50	594958.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2006.13	11037.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2006.13	11037.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	341179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2006.13	352466.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2006.13	352466.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	68599.50	589208.50
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68599.50	588958.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2006.13	11037.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2006.13	11037.21

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

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
P. James Almas, Dr.
Mailing Address 171 Winged Foot Circle
City State Zip Code
Jackson MS 39211
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Dominic-Jackson Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.35578
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
H Barbara Amaker, Dr.
Mailing Address Dept of Path 600 Gresham Dr
City State Zip Code
Norfolk VA 23507-1999
FEC ID number of contributing federal political committee. **C**
Name of Employer Sentara Norfolk Gen Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9
Transaction ID: SA11AI.35570
Amount of Each Receipt this Period 535.00

C. Full Name (Last, First, Middle Initial)
Melhem Adel Assaad, Dr.
Mailing Address Dept of Path C6-PTH 1100 Ninth Ave
City State Zip Code
Seattle WA 98101
FEC ID number of contributing federal political committee. **C**
Name of Employer Virginia Mason Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9
Transaction ID: SA11AI.35621
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 2285.00
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 / 39
(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)
Faruk Aydin

Mailing Address 10555 Martinique Isle Dr

City Tampa State FL Zip Code 33647-2775

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 MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35639

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
E. Michael Bailey, Dr.

Mailing Address PO Box 3758

City Corpus Christi State TX Zip Code 78463-3758

FEC ID number of contributing federal political committee. C

Name of Employer Pathology Associates of Corpus Christi Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35542

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
L. Bryan Bartlett, Dr.

Mailing Address 1424 Plantation Dr N

City Colleyville State TX Zip Code 76034

FEC ID number of contributing federal political committee. C

Name of Employer Baylor-All Saints Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.35451

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
W. David Bernard, Dr.

Mailing Address Department of Pathology
6565 Fannin

City State Zip Code
Houston TX 77030-7030

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

Name of Employer Occupation
The Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.35527

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 9815 N 107th St

City State Zip Code
Scottsdale AZ 85258-6090

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35642

Amount of Each Receipt this Period
208.00

C.

Full Name (Last, First, Middle Initial)
J. Frank Beuerlein, Dr.

Mailing Address Department of Pathology
900 E Oak Hill Ave

City State Zip Code
Knoxville TN 37917-4556

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

Name of Employer Occupation
St. Mary's Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.35585

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **958.00**

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 / 39
(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)
Joseph Karl Blessinger, Dr.

Mailing Address Department of Pathology
172 4th Street SE

City State Zip Code
Huron SD 57350

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Huron 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
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35497

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Charles Alain Borczuk, Dr.

Mailing Address 16 Pebble Ln

City State Zip Code
Roslyn Heights NY 11577-2712

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Columbia Presbyterian Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.35469

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Philip Thomas Brien, Dr.

Mailing Address Dept of Path Lab
2525 DeSales Ave

City State Zip Code
Chattanooga TN 37404-1102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Memorial Hosp-Chattanooga Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.35523

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 39
(check only one)

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

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

A.

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

Mailing Address 1610 Little Raven St #508

City State Zip Code
Denver CO 80202-6180

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

Name of Employer Occupation
VA Med Ctr-Denver Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

Transaction ID: SA11AI.35613

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
S. Michael Brown, Dr.

Mailing Address 2900 12th Ave North Suite 260W

City State Zip Code
Billings MT 59101

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

Name of Employer Occupation
Pathology Consultants Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.35637

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
R. Peter Burke, Dr.

Mailing Address Laboratory Director PO Box 1370 133 Fairfield St

City State Zip Code
St Albans VT 05478

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

Name of Employer Occupation
Northwestern Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.35538

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 39
	<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) Carlisle Benjamin Calhoun, Dr.		Date of Receipt	
	Mailing Address 373 Anthony Cir		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35460
	Charlotte	NC	28211-1419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Carolinas Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) Wray Alfred Campbell, Dr.		Date of Receipt	
	Mailing Address Dept of Path 101 E Wood St		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35576
	Spartanburg	SC	29303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		750.00	
Name of Employer Spartanburg Regional Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		750.00		

C.	Full Name (Last, First, Middle Initial) C. Allan Campbell, Dr.		Date of Receipt	
	Mailing Address 8307 N Bramberry Lane		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35643
	Peoria	IL	61615-2108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Proctor Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 / 39
(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)
K. Pramod Carpenter, Dr.

Mailing Address Dept of Pathology
700 Broadway

City State Zip Code
Ft Wayne IN 46802

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

Name of Employer St. Joseph Hospital Occupation Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.35591

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Q. Jack Causey, Dr.

Mailing Address Laboratory
4500 13th St

City State Zip Code
Gulfport MS 39501

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

Name of Employer Memorial Hospital Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35524

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
A. Barbara Centeno, Dr.

Mailing Address Laboratory
12902 Magnolia Drive

City State Zip Code
Tampa FL 33612

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

Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35491

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 39
(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. Suzanne Cook, Dr.
Mailing Address 7725 N Foothill Dr
City State Zip Code
Paradise Valley AZ 85253-3067
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 ▼ 500.00
Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI.35574
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
W. Leslie Dalton, Dr.
Mailing Address 408 Las Lomas Dr
City State Zip Code
Austin TX 78746-5487
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
South Austin Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 / 22 / 2009
Transaction ID: SA11AI.35575
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Tom Dickey
Mailing Address Dept of Path
1901 N MacArthur Blvd
City State Zip Code
Irving TX 75061-2220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Baylor Med Center at Irving Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 / 22 / 2009
Transaction ID: SA11AI.35450
Amount of Each Receipt this Period: 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
W. Jordan Eggers, Dr.

Mailing Address 38 Woodland Dr

City State Zip Code
Boyce LA 71409-9611

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

Name of Employer Occupation
Rapides Regional Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35565

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Farnham

Mailing Address 200 Hawthorne Ln

City State Zip Code
Charlotte NC 28204-2515

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

Name of Employer Occupation
Presbyterian Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35552

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Department of Pathology
375 Dixmyth Ave

City State Zip Code
Cincinnati OH 45220-2489

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

Name of Employer Occupation
Good Samaritan Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35485

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 39
(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)
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D
215 E 95th St

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Mt Sinai Schl of Med Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.35533

Amount of Each Receipt this Period
500.00

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

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City State Zip Code
Decatur IL 62521-2521

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

Name of Employer Occupation
St. Mary's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35586

Amount of Each Receipt this Period
500.00

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

Mailing Address Department of Pathology
759 Chestnut Street

City State Zip Code
Springfield MA 01199

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

Name of Employer Occupation
Baystate Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.35452

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(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. Paul Gierl, Dr.

Mailing Address 1211 SW 21st St Apt 302

City State Zip Code
Pendleton OR 97801-4476

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
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.35645

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Dept of Path
865 Stone St

City State Zip Code
Rahway NJ 07065-2742

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

Name of Employer R Wood Johnson Univ 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
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.35560

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503-1738

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

Name of Employer Little Company of Mary Ho-sp-Torrance 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
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.35437

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**

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FOR LINE NUMBER: PAGE 17 / 39
(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. Herschel Gordon, Dr.

Mailing Address Ukiah Valley Med Ctr Lab
275 Hospital Dr

City Ukiah State CA Zip Code 95482

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: 10 / 09 / 2009
Transaction ID: SA11AI.35646
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
N. Gene Herbek, Dr.

Mailing Address The Pathology Center
8303 Dodge St

City Omaha State NE Zip Code 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: SA11AI.35526
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
C. David Hoak, Dr.

Mailing Address PO Box 3405

City Spokane State WA Zip Code 99220-3405

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

Name of Employer InCyte Pathology PS Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.35498
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2350.00

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 18 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) W. Howard Hoffman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address Associated Pathologists Chartered 4230 Burnham Ave	Transaction ID: SA11AI.35555
	City Las Vegas State NV Zip Code 89119-5410	Amount of Each Receipt this Period 3900.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Quest Diagnostics Incorporated Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3900.00	

B.	Full Name (Last, First, Middle Initial) D Pamela Holder, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 7207 Gessner Dr	Transaction ID: SA11AI.35511
	City Houston State TX Zip Code 77040-3143	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Laboratory Corporation of America Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Andrew Michael Huening, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Mailing Address Department of Pathology WakeMed Health & Hospitals	Transaction ID: SA11AI.35564
	City Raleigh State NC Zip Code 27610-1231	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Raleigh Pathology Lab Assoc PA 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)	4900.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 39
(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. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs
725 North Street

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Occupation
Berkshire Health Systems Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11AI.35453

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
G. Megha Joshi, Dr.

Mailing Address 2 Dana Ave

City State Zip Code
Winchester MA 01890-1010

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

Name of Employer Occupation
Lawrence General Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35513

Amount of Each Receipt this Period
38.00

C. Full Name (Last, First, Middle Initial)
Joseph Carmen Julius, Dr.

Mailing Address 1044 Belmont Ave

City State Zip Code
Youngstown OH 44504-1096

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

Name of Employer Occupation
St. Elizabeth Health Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: SA11AI.35579

Amount of Each Receipt this Period
1050.00

SUBTOTAL of Receipts This Page (optional) ► 2088.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 39
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
T. Michael Kafka, Dr.

Mailing Address Department of Pathology
2720 Stone Park Blvd

City State Zip Code
Sioux City IA 51104

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

Name of Employer Occupation
St. Luke's Reg Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: SA11AI.35583

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Albert Edward Klein, Dr.

Mailing Address 3 Shannon Ct

City State Zip Code
Center Moriches NY 11934-2709

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

Name of Employer Occupation
Brookhaven Memorial Hosp Med Ctr Pathologist

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

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

Transaction ID: SA11AI.35456

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
B Gordon LeGrand, Dr.

Mailing Address 1908 Banbury Rd

City State Zip Code
Raleigh NC 27608-1120

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

Name of Employer Occupation
Wake Med Ctr Pathologist

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

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

Transaction ID: SA11AI.35623

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

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

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FOR LINE NUMBER: PAGE 21 / 39
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 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 John Mahoney, Dr.
Mailing Address 2920 Ivanhoe Rd.
City Tallahassee State FL Zip Code 32312-2824
FEC ID number of contributing federal political committee. **C**
Name of Employer KWB Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2009
Transaction ID: SA11AI.35508
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
W. Alvin Martin, Dr.
Mailing Address Cpa Laboratory 2307 Greene Way
City Louisville State KY Zip Code 40220-4009
FEC ID number of contributing federal political committee. **C**
Name of Employer Norton Healthcare Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.35539
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Enrique Antonio Martinez, Dr.
Mailing Address Dept of Path 4300 Alton Rd
City Miami Beach State FL Zip Code 33140
FEC ID number of contributing federal political committee. **C**
Name of Employer Mt Sinai Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 27 / 2009
Transaction ID: SA11AI.35531
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 39
(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)
Wayne Larry Massie, Dr.

Mailing Address 1501 San Pedro, SE

City State Zip Code
Albuquerque NM 87018

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

Name of Employer Occupation
New Mexico VA Health Care Sys Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35535

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
E James McDermott, Dr.

Mailing Address 2301 Summerlake

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Carolinas Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.35462

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
L Peter McEvoy, Dr.

Mailing Address 2936 Cortland PI NW

City State Zip Code
Washington DC 20008-3429

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

Name of Employer Occupation
Inova Loudoun Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35501

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 39

(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 Douglas McGrady, Dr.

Mailing Address 112 Oak Haven

City State Zip Code
Morton IL 61550

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

Name of Employer
Methodist Med Ctr of Illinois

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: SA11AI.35553

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

T Ann Moriarty, Dr.

Mailing Address 3643 Delaware Commons S Dr

City State Zip Code
Indianapolis IN 46220-3743

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

Name of Employer
AmeriPath Indiana

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.35439

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

R. James Morris, Dr.

Mailing Address 2650 Thornhill Drive

City State Zip Code
Flatwoods KY 41139-2402

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

Name of Employer
Our Lady of Bellefonte Hosp

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.35540

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 24 / 39
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 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)
Joseph James Navin, Dr.
Mailing Address 5287 Poola Street

City State Zip Code
Honolulu HI 96821

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

Name of Employer Occupation
Straub Clinic & Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.35474
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Irene Lauren O'Brien, Dr.
Mailing Address Path Clin Lab
100 W California Blvd

City State Zip Code
Pasadena CA 91105-3010

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

Name of Employer Occupation
Huntington Mem Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.35496
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Miguel Jorge Oliver, Dr.
Mailing Address 1200 Memorial Dr

City State Zip Code
Dalton GA 30720-2529

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

Name of Employer Occupation
Hamilton Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.35494
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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 25 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
D John Olson, Dr.

Mailing Address Dept of Pathology
7703 Floyd Curl Dr

City San Antonio State TX Zip Code 78229-3900

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

Name of Employer UTHSC at San Antonio Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2009
Transaction ID: SA11AI.35611
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
H. Ruth Oneson, Dr.

Mailing Address Dept of Pathology
3509 French Park Dr Ste D

City Edmond State OK Zip Code 73034

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

Name of Employer Heartland Pathology Consultants PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009
Transaction ID: SA11AI.35495
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
I Jitka Persinova, Dr.

Mailing Address Dept of Path
680 Centre St

City Brockton State MA Zip Code 02302-3308

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

Name of Employer Signature Healthcare Brockton Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2009
Transaction ID: SA11AI.35572
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 26 / 39
(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)
Marie Ila Peterson, Dr.
Mailing Address 501 Anthony's Dr
City Exton State PA Zip Code 19341-2349
FEC ID number of contributing federal political committee. **C**
Name of Employer Main Line Hlth Labs Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 09 / 2009
Transaction ID: SA11AI.35518
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Abraham Philip
Mailing Address Department of Pathology
10500 Montgomery Rd
City Cincinnati State OH Zip Code 45242-4402
FEC ID number of contributing federal political committee. **C**
Name of Employer Bethesda North Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 15 / 2009
Transaction ID: SA11AI.35454
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
L. Edward Proctor, Dr.
Mailing Address 10 Chapin Circle
City Myrtle Beach State SC Zip Code 29572
FEC ID number of contributing federal political committee. **C**
Name of Employer Grand Strand Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2009
Transaction ID: SA11AI.35488
Amount of Each Receipt this Period 500.00

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 27 / 39
	(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) Scott Michael Rabkin, Dr.	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 419 2nd Ave	Transaction ID: SA11AI.35562
	City State Zip Code Tarenum PA 15084	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Rabkin Dermatopathology Lab Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) H. Michael Reilly, Dr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2009
	Mailing Address Department of Pathology 223 N. Van Dien Avenue	Transaction ID: SA11AI.35616
	City State Zip Code Ridgewood NJ 07450-2736	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Valley Hosp Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Francisco Reyes	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address Department of Pathology 900 Seton Drive	Transaction ID: SA11AI.35628
	City State Zip Code Cumberland MD 21502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Western Maryland Health System 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)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 39
(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)
Aldon Jeffrey Roberts, Dr.

Mailing Address Dept of Path
2900 W Oklahoma Ave

City State Zip Code
Milwaukee WI 53215-4330

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: SA11AI.35444

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
M. Mary Sanders, Dr.

Mailing Address Div of Anatomic Pathology
263 Farmington Ave MC3985

City State Zip Code
Farmington CT 06030-3985

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

Name of Employer Occupation
Univ of Connecticut Health Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.35604

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
S. Louis Sarbeck, Dr.

Mailing Address PO Box 14389

City State Zip Code
Tallahassee FL 32317

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

Name of Employer Occupation
KWB Pathology Associates Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.35509

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 39
(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)
O David Scamurra, Dr.

Mailing Address 2950 Elmwood Ave

City State Zip Code
Kenmore NY 14217

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

Name of Employer X-Cell Labs of Western New York Inc
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.35635

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
E Dawson Scarborough, Dr.

Mailing Address 3000 New Bern Ave

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Wake Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.35625

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
R Mary Schwartz, Dr.

Mailing Address Dept of Path MS 205

City State Zip Code
Houston TX 77030-2703

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

Name of Employer The Methodist Hospital
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: SA11AI.35597

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 39
(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. Peter Scully, Dr.

Mailing Address Laboratory
4230 Burnham Ave

City Las Vegas State NV Zip Code 89119

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

Name of Employer Associated Pathologists Chartered Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.35442

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
F. Mack Sexton

Mailing Address 17836 John Connor Rd

City Cornelius State NC Zip Code 28031-7659

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

Name of Employer Pathology Assocs Svcs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35464

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
M Steve Skoumal, Dr.

Mailing Address 1950 E Clark St

City Pocatello State ID Zip Code 83201-3314

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

Name of Employer Western Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.35631

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E Isabell Speer, Dr.
Mailing Address PO Box 4314

City State Zip Code
Sedona AZ 86340-4314

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

Name of Employer Occupation
Verde Valley Med Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
10 / 17 / 2009

Transaction ID: SA11AI.35618

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Cyril James Steinmetz, Dr.
Mailing Address Lab
700 Quincy Ave

City State Zip Code
Scranton PA 18510-1724

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

Name of Employer Occupation
Moses Taylor Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: SA11AI.35530

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Blake Jeffrey Stricker, Dr.
Mailing Address 1107 Memorial Dr Ste 201

City State Zip Code
Dalton GA 30720

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

Name of Employer Occupation
Skin Cancer and Cosmetic Derma Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: SA11AI.35573

Amount of Each Receipt this Period
1000.00

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

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

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

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FOR LINE NUMBER: PAGE 32 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Parkview Med Off Bldg
1 Saint Vincent Cir Ste 160

City Little Rock State AR Zip Code 72205-5406

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

Name of Employer Arkansas Pathology Associates Occupation Pathologists

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009
Transaction ID: SA11AI.35440
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
P. Bruce Swinyer, Dr.

Mailing Address 5409 Brigadoon Ln

City Bakersfield State CA Zip Code 93312-1954

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

Name of Employer Bakersfield Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2009
Transaction ID: SA11AI.35446
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A. Cheryl Szapak, Dr.

Mailing Address 124 Steeplechase Rd

City Chapel Hill State NC Zip Code 27514-1423

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

Name of Employer Raleigh Pathology Lab Assoc PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2009
Transaction ID: SA11AI.35626
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 39
(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)
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code
Midlothian VA 23113-2516

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

Name of Employer Commonwealth Lab Consultants
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.35471

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
N. Paul Valenstein, Dr.

Mailing Address Department of Pathology
5301 E. Huron River Drive

City State Zip Code
Ann Arbor MI 48106-0955

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

Name of Employer St Joseph Mercy Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.00

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

Transaction ID: SA11AI.35580

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A Leonard Valentino, Dr.

Mailing Address 105A Cooper Ct

City State Zip Code
Los Gatos CA 95032

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

Name of Employer Associated Path Med Group, Inc
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
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.35441

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 39
(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)
Habegger Gail Vance, Dr.

Mailing Address Dept of Medical and Molecular Gene
975 Walnut Street

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana University Medical School Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.35499

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.

Mailing Address Department of Pathology
44201 Dequindre Rd

City Troy State MI Zip Code 48085

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

Name of Employer William Beaumont Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

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

Transaction ID: SA11AI.35634

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. Jonathan Walburn, Dr.

Mailing Address Laboratory
900 Seton Dr

City Cumberland State MD Zip Code 21502

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

Name of Employer Potomac Highlands Path As-soc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.35629

Amount of Each Receipt this Period
500.00

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 35 / 39

(check only one)

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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)
Mayhew Richard Ward, Dr.

Mailing Address Pathology
2000 Neuse Blvd

City State Zip Code
New Bern NC 28560-3499

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

Name of Employer Occupation
Craven Reg Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35473

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1726 S Beckham

City State Zip Code
Tyler TX 75701-5701

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

Name of Employer Occupation
Pathology Associates of Tyler Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35541

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 3rd Flr Path
1214 Coolidge Blvd

City State Zip Code
Lafayette LA 70503-2621

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

Name of Employer Occupation
Preferred Anatomic Pathology Services Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35550

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 / 39
(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. Robert White, Dr.
 Mailing Address Department of Pathology
PO Box 13367
 City State Zip Code
Roanoke VA 24033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Carilion Roanoke Hosp Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9
Transaction ID: SA11AI.35458
 Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Theresa Susan Williams, Dr.
 Mailing Address 150 Collins St
 City State Zip Code
Memphis TN 38112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
GI Pathology, PLLC Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9
Transaction ID: SA11AI.35484
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
D Mark Woodard, Dr.
 Mailing Address 27 Gannett Peak Dr
 City State Zip Code
Lander WY 82520-9643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Lander Valley Med Ctr Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.35512
 Amount of Each Receipt this Period
500.00

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 37 / 39	
	(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"/> 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) Mamoun Younes		Date of Receipt																					
	Mailing Address Department of Pathology One Baylor Plaza		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	9		2	0	0	9														
	City State Zip Code Houston TX 77030-7030		Transaction ID: SA11AI.35448																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation Baylor College of Medicine 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)	500.00
TOTAL This Period (last page this line number only)	62731.00

**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 38 / 39

<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.35655 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Moneris ACH	<table border="1"><tr><td>1514.12</td></tr></table>	1514.12																		
1514.12																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35656 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</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	1	0		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Amex Charge	<table border="1"><tr><td>11.03</td></tr></table>	11.03																		
11.03																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35657 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</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	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Amex Chrgs	<table border="1"><tr><td>83.48</td></tr></table>	83.48																		
83.48																					
	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 <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional) ▶

1608.63

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Suntrust Acct Analysis Fee 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: SB21B.35658 Date of Disbursement 10 / 21 / 2009	Amount of Each Disbursement this Period 38.50
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Amex Chrgs 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: SB21B.35659 Date of Disbursement 10 / 21 / 2009	Amount of Each Disbursement this Period 28.24
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Amex Chrgs 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: SB21B.35660 Date of Disbursement 10 / 26 / 2009	Amount of Each Disbursement this Period 330.76

SUBTOTAL of Disbursements This Page (optional) ▶	397.50
TOTAL This Period (last page this line number only) ▶	2006.13