

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2010 through 06 30 2010

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 07 14 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	375655.47									
(c) Total Receipts (from Line 19)	75065.00	200854.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	450720.47	588261.60								
7. Total Disbursements (from Line 31)	85565.50	223106.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365154.97	365154.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	55525.00	146710.00
(ii) Unitemized	19540.00	54144.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75065.00	200854.00
(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)	75065.00	200854.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75065.00	200854.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75065.00	200854.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	65.50	1415.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	1415.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85500.00	221690.78
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85565.50	223106.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85565.50	223106.63

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)	75065.00	200854.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75065.00	200854.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	1415.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65.50	1415.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Charles Larry Alexander, Dr.

Mailing Address Dept of Path
305 S State St

City Aberdeen State SD Zip Code 57401-4527

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.37857

Amount of Each Receipt this Period 300.00

B.

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

Mailing Address Dept. of Pathology
4201 Medical Center Dr.

City McHenry State IL Zip Code 60050

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

Name of Employer Centegra-Memorial Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37882

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1630 Bridgewater Dr

City Heathrow State FL Zip Code 32746-4103

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
06 / 10 / 2010

Transaction ID: SA11AI.38161

Amount of Each Receipt this Period 500.00

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: (check only one)	PAGE 7 / 65
	<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 Roberto Aportela, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address PO Box 140878	Transaction ID: SA11AI.37914
	City State Zip Code Coral Gables FL 33114-0878	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Diagn Cytopath Lab Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) M Raja Bahu, Dr.	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 440 Bracken Ln	Transaction ID: SA11AI.37926
	City State Zip Code Northfield IL 60093-2901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: unaffiliated Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) A. Carl Barnes, Dr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address PO Box 1179	Transaction ID: SA11AI.37922
	City State Zip Code Florence AL 35631-1179	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Eliza Coffee Memorial Hospital Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 65

(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 Lee Beckwith, Dr.

Mailing Address 1212 Perryville Rd

City State Zip Code
Cape Girardeau MO 63701-3806

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

Name of Employer Occupation
Southeast Missouri 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38056

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
K. Bradley Beggs, Dr.

Mailing Address Pathology Department
3801 Spring Street

City State Zip Code
Racine WI 53405-1667

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

Name of Employer Occupation
St. Mary's 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38133

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Department of Pathology
18901 Lake Shore Blvd

City State Zip Code
Euclid OH 44119-1078

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

Name of Employer Occupation
Euclid 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
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.37923

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: (check only one)	PAGE 9 / 65
	<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 Paul Biddinger, Dr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address Dept of Path 1120 15th St Rm BAE 2580	Transaction ID: SA11AI.37971
	City State Zip Code Augusta GA 30912	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Med College of Georgia 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) J Paul Biggs, Dr.	Date of Receipt MM / DD / YYYY 06 / 11 / 2010
	Mailing Address 701 Princeton Ave SW	Transaction ID: SA11AI.37859
	City State Zip Code Birmingham AL 35211-1303	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baptist Med Ctr 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 Sharon Bihlmeyer, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 7200 Hickory Creek Dr	Transaction ID: SA11AI.38067
	City State Zip Code Dexter MI 48130	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Univ of Michigan Hlth 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)	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 10 / 65
(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 Benjamin Blend, Dr.

Mailing Address 925 Highland Blvd Ste 1240

City Bozeman State MT Zip Code 59715-6999

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

Name of Employer Bozeman Deaconess Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 29 / 2010
Transaction ID: SA11AI.37872
Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer St. Joseph Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.37855
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Scott David Brink, Dr.

Mailing Address Department of Pathology
1465 S Grand Blvd

City St Louis State MO Zip Code 63104-1003

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

Name of Employer SSM Cardinal Glennon Children's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 22 / 2010
Transaction ID: SA11AI.38061
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 11 / 65
(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)
Michael James Brinkworth, Dr.

Mailing Address Laboratory
1000 N Lee Ave

City Oklahoma City State OK Zip Code 73102-1036

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

Name of Employer St. Anthony 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 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.38074

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Patrick Buckley, Dr.

Mailing Address Dept of Pathology
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 ▼
500.00

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

Transaction ID: SA11AI.37920

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Dept of Pathology
133 Fairfield St

City Saint Albans State VT Zip Code 05478-1726

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

Name of Employer Northwestern 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 Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.37996

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 12 / 65
(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)
R Brian Carlson, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City State Zip Code
Hermitage TN 37076

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

Name of Employer Pathologists Laboratory, PC
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38009

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 625 West Olive Avenue

City State Zip Code
Merced CA 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
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37972

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address Dept of Path
5555 Grossmont Center Dr

City State Zip Code
La Mesa CA 91942-3019

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

Name of Employer Grossmont Hosp-Sharp Healthcare
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37927

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: PAGE 13 / 65
(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. Donald Cento, Dr.

Mailing Address Department of Pathology
1008 N Main St

City State Zip Code
Sikeston MO 63801-5044

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

Name of Employer Occupation
Missouri Delta Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.37985

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
R Lydia Christiansen, Dr.

Mailing Address 2502 Osprey St

City State Zip Code
Casper WY 82601-5090

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

Name of Employer Occupation
unaffiliated Pathologist

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

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

Transaction ID: SA11AI.38141

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
E Mark Christopher, Dr.

Mailing Address 485 Quailwood Drive

City State Zip Code
Blacksburg VA 24060

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

Name of Employer Occupation
Montgomery Reg 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
0 6 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.37986

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 14 / 65
(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 Terry Clark, Dr.

Mailing Address Dept of Path
290 Big Run Rd

City Lexington State KY Zip Code 40503-2903

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2010

Transaction ID: SA11AI.38010

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address Department of Pathology
1425 Portland Ave

City Rochester State NY Zip Code 14621-3001

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

Name of Employer Rochester Genl Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010

Transaction ID: SA11AI.38046

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jean-Marc Cohen

Mailing Address 125 E 87th St Apt 4D

City New York State NY Zip Code 10128-1125

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

Name of Employer Beth Israel Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2010

Transaction ID: SA11AI.37867

Amount of Each Receipt this Period 300.00

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 15 / 65
(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 Bradford Collins, Dr.

Mailing Address 955 Ribaut Rd

City State Zip Code
Beaufort SC 29902-5441

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

Name of Employer Occupation
Beaufort Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.37863

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 1333 Martins Point Rd

City State Zip Code
Wadmalaw Island SC 29487-6992

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38164

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J Timothy Collins, Dr.

Mailing Address Dept of Path
142 W 5th St

City State Zip Code
Cookeville TN 38501-1760

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

Name of Employer Occupation
Cookeville Pathology Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37907

Amount of Each Receipt this Period
500.00

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 16 / 65

(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 Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City State Zip Code
Long Beach CA 90815-4129

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

Name of Employer Occupation
Centinela Hosp Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.37884

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

H Robert Crabtree, Dr.

Mailing Address Dept of Path
18697 Bagley Rd

City State Zip Code
Middleburg Heights OH 44130

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

Name of Employer Occupation
Southwest Gen Hlth Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38058

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

P. James Craig, Dr.

Mailing Address Pathology Department
900 East Oak Hill Avenue

City State Zip Code
Knoxville TN 37917

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.37935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
S. Gabino Cuevas, Dr.

Mailing Address Department of Pathology
2815 South Seacrest Blvd.

City State Zip Code
Boynton Beach FL 33435

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

Name of Employer Occupation
Bethesda Memorial Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.37868

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 ▼
2500.00

Date of Receipt

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

Transaction ID: SA11AI.38052

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
L. Phillip Day, Dr.

Mailing Address 3990 Lago Vista Drive

City State Zip Code
Belton TX 76513-7258

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

Name of Employer Occupation
Metroplex 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.37981

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 65

(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. Daphne Demello, Dr.

Mailing Address Dept of Path
1919 E Thomas Rd

City State Zip Code
Phoenix AZ 85016-7710

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

Name of Employer Occupation
Phoenix Children'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
0 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.38027

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R. James DeVillier, Dr.

Mailing Address 296 Denada Path

City State Zip Code
Roxboro NC 27574

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

Name of Employer Occupation
Unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38024

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 280 Sunflower Court

City State Zip Code
Vadnais Heights MN 55127

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

Name of Employer Occupation
Univ of MN Med Ctr-Fairview 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 6 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.38103

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 19 / 65
(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)
K. John Duckworth, Dr.

Mailing Address College of Medicine
930 Madison Ave 5th Flr

City Memphis State TN Zip Code 38163

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

Name of Employer Univ. of Tenn. Health Science 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 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38105

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lawton Keith Duncan, Dr.

Mailing Address Department of Pathology
1783 El Camino Real

City Burlingame State CA Zip Code 94010

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

Name of Employer Peninsula Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.38022

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
L Bryce Dursteler, Dr.

Mailing Address 1975 S 2580 E

City Saint George State UT Zip Code 84790-7117

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

Name of Employer Dixie Reg 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 Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.37916

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 20 / 65
(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. Randy Eckert

Mailing Address 13322 Shore Vista Dr

City State Zip Code
Austin TX 78732-1617

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

Name of Employer Occupation
North Austin Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: SA11AI.37995

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Tarek Mohamed Elghetany, Dr.

Mailing Address Pathology Department
Texas Children's Hospital

City State Zip Code
Houston TX 77030-2303

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.37860

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
W. James Elliott, Dr.

Mailing Address Department of Pathology
8118 Good Luck Road

City State Zip Code
Lanham MD 20706-3595

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

Name of Employer Occupation
Doctors Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.37917

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 21 / 65		
	<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

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

A.	Full Name (Last, First, Middle Initial) Lee Brenda Eriksen, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 901 MacArthur Blvd		M M / D D / Y Y Y Y Y 06 / 29 / 2010	
	City State Zip Code Munster IN 46321		Transaction ID: SA11AI.38085	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
	Name of Employer Occupation The Community Hospital 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) W. Charles Ferris, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 3015 N Ballas Rd		M M / D D / Y Y Y Y Y 06 / 15 / 2010	
	City State Zip Code St Louis MO 63131		Transaction ID: SA11AI.37984	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
	Name of Employer Occupation Missouri Baptist Med Ctr 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) R. Marc Filstein, Dr.		Date of Receipt	
	Mailing Address Department of Pathology PO Box 16052		M M / D D / Y Y Y Y Y 06 / 10 / 2010	
	City State Zip Code Reading PA 19612-6052		Transaction ID: SA11AI.38042	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Reading HoSp & Med Ctr 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)	▶	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 22 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) F Feaster Fitzpatrick, Dr.		Date of Receipt																					
	Mailing Address 8166 Main 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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	4		2	0	1	0														
	City Houma State LA Zip Code 70361-6037		Transaction ID: SA11AI.38082																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Terrebonne Gen Med Ctr Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1000.00																						

B.	Full Name (Last, First, Middle Initial) M. Robert Futoran, Dr.		Date of Receipt																					
	Mailing Address PO Box 2130		<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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	4		2	0	1	0														
	City Clovis State CA Zip Code 93613-2130		Transaction ID: SA11AI.38014																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Pathology Associates 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) Daniel John Gentry, Dr.		Date of Receipt																					
	Mailing Address 8303 Dodge 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>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	9		2	0	1	0														
	City Omaha State NE Zip Code 68114-4199		Transaction ID: SA11AI.37991																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Nebraska Methodist Hosp 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																						

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: (check only one)	PAGE 23 / 65
	<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) Anthony Enrico Giangeruso, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address Department of Pathology 200 Memorial Ave	Transaction ID: SA11AI.37879
	City Westminster State MD Zip Code 21157-5726	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carroll Hosp Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) L. Daniel Grimmer, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 4328 Dorothy	Transaction ID: SA11AI.38068
	City Bellaire State TX Zip Code 77401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St Lukes Episcopal Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Parviz Haghighi	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 3350 La Jolla Village Dr	Transaction ID: SA11AI.38119
	City San Diego State CA Zip Code 92161-0002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VA Med Ctr-San Diego 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)	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 24 / 65
(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)
E. Thomas Hanes, Dr.

Mailing Address Main Lab
3441 Dickerson Pike

City Nashville State TN Zip Code 37207

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

Name of Employer Skyline Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.38051

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
T Clarke Harding, Dr.

Mailing Address Dept of Path
305 Park Creek Dr

City Clovis State CA Zip Code 93611-4426

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: SA11AI.38012

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 7941 Katy Freeway
#530

City Houston State TX Zip Code 77024

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
06 / 18 / 2010

Transaction ID: SA11AI.38151

Amount of Each Receipt this Period
500.00

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 25 / 65
(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 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 St. Helena 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 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38075

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.37977

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
A. Dana Hill, Dr.

Mailing Address Chief of Path
111 Michigan Ave NW

City State Zip Code
Washington DC 20010

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

Name of Employer Children's National 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 Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.37890

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 725.00

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 / 65

(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 Thomas Himes, Dr.

Mailing Address 102 Marcaby Ln

City State Zip Code
S Abington Twn PA 18411-2843

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

Name of Employer Pathology Associates of NE PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37944

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
George Michael Hitchcock, Dr.

Mailing Address 3195 Maplewood Ave Ste 102

City State Zip Code
Winston Salem NC 27103-3903

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

Name of Employer Path Diag Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38008

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dwight Gordon Honda, Dr.

Mailing Address 305 Park Creek Dr

City State Zip Code
Clovis CA 93611-4426

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: SA11AI.38015

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 / 65
(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 Andrew Horvath, Dr.

Mailing Address Lab
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38032

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
L Alden Hostetter, Dr.

Mailing Address Dept of Path
2010 Health Campus Dr

City Harrisonburg State VA Zip Code 22801-3248

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

Name of Employer Rockingham Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38048

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J Peter Howanitz, Dr.

Mailing Address Department of Pathology
450 Clarkson Ave

City Brooklyn State NY Zip Code 11203

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

Name of Employer SUNY Downstate Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38079

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 28 / 65
(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 James Howell, Dr.

Mailing Address 3967 Lakeside Dr

City State Zip Code
Odessa TX 79762

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

Name of Employer Occupation
Odessa Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: SA11AI.38000

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Dept of Pathology
4343 N Josey Ln

City State Zip Code
Carrollton TX 75010

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

Name of Employer Occupation
Trinity Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37862

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
F Donald Kapps

Mailing Address 1 Capaul Woods Ct

City State Zip Code
North Oaks MN 55127-2038

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38146

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 29 / 65
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
H Ernest Kawamoto, Dr.

Mailing Address 2624 57th St SW

City State Zip Code
Everett WA 98203-1473

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

Name of Employer CellNetix Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.37880

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 7580 Auburn Rd # 302

City State Zip Code
Painesville OH 44077-9618

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

Name of Employer Drs. Hill & Chapnick Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37919

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R Thomas Kluzak, Dr.

Mailing Address 3219 Keywest Ct

City State Zip Code
Wichita KS 67204-2364

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

Name of Employer Via Christi Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: SA11AI.38123

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 65
(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)
H Richard Knierim, Dr.

Mailing Address 1229 Madison St Ste 500

City State Zip Code
Seattle WA 98104

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

Name of Employer CellNetix Pathology PLLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.37881

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
F. Timothy Kolda, Dr.

Mailing Address 4214 E. Southcross Blvd.

City State Zip Code
San Antonio TX 78222

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

Name of Employer Southeast Baptist Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: SA11AI.38054

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 167 Summerhaven Dr S

City State Zip Code
East Syracuse NY 13057-3115

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

Name of Employer VA Med Ctr-Syracuse Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.38120

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 65
(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)
S. Jonathan Krauss, Dr.
Mailing Address 3005 Vassar Dr

City State Zip Code
Augusta GA 30909

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

Name of Employer Unaffiliated 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
06 / 16 / 2010

Transaction ID: SA11AI.38152

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
H. Cynthia Krueger, Dr.
Mailing Address 1434 Argyle Crescent

City State Zip Code
Ann Arbor MI 48103-2503

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

Name of Employer Univ of Michigan Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2010

Transaction ID: SA11AI.38162

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Michael Laszewski, Dr.
Mailing Address 3502 Franklin Ave

City State Zip Code
Bismarck ND 58503-0761

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

Name of Employer Pathology Consultants, P.-C. 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
06 / 11 / 2010

Transaction ID: SA11AI.38016

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65
(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)
Rodolfo Laucirica

Mailing Address Dept Of Pathology
1 Baylor Plz

City State Zip Code
Houston TX 77030-3498

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37861

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Anatoly Leytin

Mailing Address New Bldg 2nd Flr
8268 164th St

City State Zip Code
Jamaica NY 11432-1121

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

Name of Employer Occupation
Queens Hosp Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.38037

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. Kenneth Lidonnici, Dr.

Mailing Address Laboratory
101 Hospital Rd

City State Zip Code
Patchogue NY 11772

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

Name of Employer Occupation
Brookhaven Memorial Hosp Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: SA11AI.37874

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 65
(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
06 / 04 / 2010

Transaction ID: SA11AI.37932

Amount of Each Receipt this Period
250.00

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

Mailing Address 3503 Truxtun Ave

City State Zip Code
Bakersfield CA 93301

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

Name of Employer Occupation
Comprehensive Blood & Cancer Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37903

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A. Anthony Manoukian, Dr.

Mailing Address Department of Pathology
221 Mahalani Street

City State Zip Code
Wailuku HI 96793

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

Name of Employer Occupation
Maui Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37964

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 34 / 65
(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 Jeffrey Melnick, Dr.

Mailing Address Department of Pathology
232 S Woods Mill Rd

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
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: SA11AI.38069

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Y Elias Memari, Dr.

Mailing Address One Mellom Way

City State Zip Code
Latrobe PA 15650-1068

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

Name of Employer Occupation
Excela Health Latrobe Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37924

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. Timothy Mervak, Dr.

Mailing Address Dept. of Pathology
16001 W. Nine Mile Road

City State Zip Code
Southfield MI 48037

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

Name of Employer Occupation
Providence Hosp & Med Centers Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: SA11AI.38034

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 35 / 65
(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 Nadia Metwalli, Dr.
Mailing Address 4444 Giddings Rd
City Auburn Hills State MI Zip Code 48326-1533
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diagnostics Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.38038
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
R. James Miller, Dr.
Mailing Address 2916 S Brentwood Blvd
City Brentwood State MO Zip Code 63144
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 16 / 2010
Transaction ID: SA11AI.38020
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
P Daniel Molden, Dr.
Mailing Address 11950 Navaja Ln
City El Cajon State CA Zip Code 92020-8336
FEC ID number of contributing federal political committee. **C**
Name of Employer Grossmont Hosp-Sharp Healthcare Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.37928
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 36 / 65
(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
06 / 11 / 2010

Transaction ID: SA11AI.37978

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P. William Newman, Dr.

Mailing Address 4625 Taft Park

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
LSU Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37959

Amount of Each Receipt this Period
500.00

C.

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
06 / 15 / 2010

Transaction ID: SA11AI.38049

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 37 / 65

(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)

Alan Kent Nickell, Dr.

Mailing Address 1138 Patrick Ct Apt 231

City State Zip Code
Waterloo IA 50701-6303

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

Name of Employer Occupation
Allen Mem 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.37847

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

P. Steven Nuernberger, Dr.

Mailing Address 2 Briarwood

City State Zip Code
Collinsville IL 62234

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

Name of Employer Occupation
Anderson 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38021

Amount of Each Receipt this Period

250.00

C.

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 Occupation
Allegheny Valley Hospital Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.37844

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 65
(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. Sarah Olenick, Dr.

Mailing Address 6400 Clubside Dr.

City State Zip Code
Stoney Creek NC 27377

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

Name of Employer Lab Corp of America Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.37946

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1000 E 21st Suite 4100

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Physicians Laboratory Ltd Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: SA11AI.38028

Amount of Each Receipt this Period
1000.00

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
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37925

Amount of Each Receipt this Period
250.00

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 39 / 65
(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 Jodi Parks, Ms.

Mailing Address the Blood Center
315 S Johnson St

City State Zip Code
New Orleans LA 70112-2211

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
06 / 30 / 2010

Transaction ID: SA11AI.38165

Amount of Each Receipt this Period
500.00

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

Mailing Address Laboratory Department
1 Medical Village Dr

City State Zip Code
Edgewood KY 41017-3403

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

Name of Employer St Elizabeth Hlthcare-Edg-ewood Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38064

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
De Jesus Elpidio Pena, Dr.

Mailing Address 639 E Jefferson St Unit 206

City State Zip Code
Louisville KY 40202-4151

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

Name of Employer Norton Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37998

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: (check only one)	PAGE 40 / 65
	<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 Luke Perkocha, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology Mailbox 1785		M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.38088
	San Francisco	CA	94143-1785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
Name of Employer UCSF Mount Zion Medical Center Clin		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) L. Diane Persons, Dr.		Date of Receipt	
	Mailing Address 1213 Clinical Lab 3901 Rainbow Blvd.		M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.38099
	Kansas City	KS	66160-7232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Univ of Kansas 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) Marie Ila Peterson, Dr.		Date of Receipt	
	Mailing Address 501 Anthonys Dr		M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.37962
	Exton	PA	19341-2349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Main Line Hlth Labs		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 65
(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)
Eugene Volney Pierce, Dr.

Mailing Address Ameripath-RMC Pathology
1020 River Oaks Dr Ste 160

City Flowood State MS Zip Code 39232

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

Name of Employer River Oaks Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: SA11AI.38045

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
V Alexander Pliskin, Dr.

Mailing Address 240-68 Depew Ave

City Douglasyon State NY Zip Code 11363

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

Name of Employer Quest Diagnostics Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38039

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Department of Pathology
PO Box 1140

City Texarkana State TX Zip Code 75504-1140

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

Name of Employer Christus-St. Michael Health Sys Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37892

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 42 / 65
(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 Janet Roepke, Dr.
Mailing Address 605 Wintergreen Dr
City Yorktown State IN Zip Code 47396-9360
FEC ID number of contributing federal political committee. **C**
Name of Employer Ball Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.37858
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
T. David Rowlands, Dr.
Mailing Address 13804 Cypress Village Circle
City Tampa State FL Zip Code 33618-8406
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 06 / 16 / 2010
Transaction ID: SA11AI.38158
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Raymond Frank Rudy, Dr.
Mailing Address 141 Fineview Road
City Camp Hill State PA Zip Code 17011
FEC ID number of contributing federal political committee. **C**
Name of Employer Polyclinic Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 10 / 2010
Transaction ID: SA11AI.38029
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: (check only one)	PAGE 43 / 65
	<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 Ruma, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 6901 North 72nd Street	Transaction ID: SA11AI.37842
	City State Zip Code Omaha NE 68122-3495	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alegent Immanuel Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) S Demaretta Rush, Dr.	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address Lab Admin - Rm 3275 1600 SW Archer Rd	Transaction ID: SA11AI.38098
	City State Zip Code Gainesville FL 32610	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VA Med Ctr-Gainesville 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) F. Michael Schaldenbrand, Dr.	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address Department of Pathology PO Box 2500	Transaction ID: SA11AI.37999
	City State Zip Code Dearborn MI 48123-2500	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oakwood Hosp & Med Ctr 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)	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 44 / 65
(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. 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 Occupation
Integris Baptist 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 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.37936

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
M Karla Sendelbach-Elizondo, Dr.

Mailing Address Dept of Path
1818 N Meade St

City State Zip Code
Appleton WI 54911-3454

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

Name of Employer Occupation
Appleton 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
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.37853

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Carolina Sforza-Huffman

Mailing Address Dept of Path
206 E Brown St

City State Zip Code
East Stroudsburg PA 18301-3094

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 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.38031

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 45 / 65
(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)
Samar Shami

Mailing Address 8 Boxwood Ter

City State Zip Code
Holmdel NJ 07733-2916

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

Name of Employer Dermatopath Inst of NJ 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 6 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.37912

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Dept of Path
201 E Grover St

City State Zip Code
Shelby NC 28150-3917

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

Name of Employer Cleveland Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.37896

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Y Scott Sittler, Dr.

Mailing Address 8150 Chancellor Dr Ste 110

City State Zip Code
Orlando FL 32809-7665

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

Name of Employer AmeriPath 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 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.37848

Amount of Each Receipt this Period
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 65

(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 John Skinner, Dr.		Date of Receipt MM / DD / YYYY 06 / 29 / 2010		
	Mailing Address Dept of Path 300 Main St		Transaction ID: SA11AI.37883		
	City Lewiston	State ME	Zip Code 04240-7027	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Central Maine Med Ctr		Occupation Pathologist		

B.	Full Name (Last, First, Middle Initial) Frances Kathryn Skitarelic, Dr.		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address Dept of Path Hlth Sci N		Transaction ID: SA11AI.38128		
	City Morgantown	State WV	Zip Code 26506-9203	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer West Virginia Univ HSC		Occupation Pathologist		

C.	Full Name (Last, First, Middle Initial) L David Slater, Dr.		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address Sierra Path Lab PO Box 2130		Transaction ID: SA11AI.38013		
	City Clovis	State CA	Zip Code 93613-2130	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Pathology Associates		Occupation Pathologist		

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 47 / 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Bozena Slota, Dr.
Mailing Address 73-57 Harrison St
City Johnson City State NY Zip Code 13790
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hlth Svcs-Wilson Mem Reg Med Ct Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.38094
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
W. David Smith, Dr.
Mailing Address 3 Santa Clara Court
City San Rafael State CA Zip Code 94903-3729
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Foundation Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 15 / 2010
Transaction ID: SA11AI.37940
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
M Gregory Smith, Dr.
Mailing Address 712 S Cascade St
City Fergus Falls State MN Zip Code 56537-2913
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Region Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.37951
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 48 / 65
(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)
Edward Paul Steele, Dr.

Mailing Address Pathology & Lab Med MLC 1010
3333 Burnet Ave

City State Zip Code
Cincinnati OH 45229

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.37893

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Allen Craig Storm, Dr.

Mailing Address 8 Stagecoach Rd

City State Zip Code
Lebanon NH 03766

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

Name of Employer Occupation
Dartmouth Hitchcock Med Pathologist
Ctr

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2010

Transaction ID: SA11AI.37911

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rogers Arthur Summerlin, Dr.

Mailing Address PO Box 813

City State Zip Code
Dothan AL 36302-0813

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

Name of Employer Occupation
Pathology Laboratory Asso- Pathologist
ciates

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 10 / 2010

Transaction ID: SA11AI.38018

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 49 / 65
(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)
R. John Svirebely, Dr.

Mailing Address Clinical Laboratory
110 N. Poplar Street

City Oxford State OH Zip Code 45056

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

Name of Employer McCullough-Hyde Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.37967
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 106 Bow St

City Elkton State MD Zip Code 21921-5544

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

Name of Employer Union Hosp- Elkton Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.38093
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
P. John Tinsley, Dr.

Mailing Address Department of Pathology
206 E. Brown St.

City East Stroudsburg State PA Zip Code 18301-3094

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

Name of Employer Pocono Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 04 / 2010
Transaction ID: SA11AI.38030
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 50 / 65
(check only one)

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

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

A.

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

Mailing Address Apc12 Dept of Path
593 Eddy St

City Providence State RI Zip Code 02903-4970

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

Name of Employer Rhode Island 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 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.38043

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2201 Carbon Hill Dr

City Midlothian State VA Zip Code 23113-2516

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.37900

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mark Thomas Wallace, Dr.

Mailing Address 1 Wyoming St

City Dayton State OH Zip Code 45409-2722

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

Name of Employer Miami Valley Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.37982

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 51 / 65
(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. Scott Wang, Dr.

Mailing Address Department of Pathology
11 Friendship Street

City State Zip Code
Newport RI 02840-2299

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

Name of Employer Occupation
Newport Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37993

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephen Christopher Ward, Dr.

Mailing Address Department Of Pathology
One Gustave L Levy Place

City State Zip Code
New York NY 10029-6500

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

Name of Employer Occupation
Mt. Sinai School of Medicine Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: SA11AI.37989

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
L Alice Werner, Dr.

Mailing Address 601 Childrens Ln

City State Zip Code
Norfolk VA 23507-1971

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.37888

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 52 / 65
(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)
Brian Alexander West, Dr.

Mailing Address Dept of Path
310 Cedar St PO Box 208023

City State Zip Code
New Haven CT 06520-8023

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

Name of Employer Occupation
Yale University Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38143

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Page Janis White, Dr.

Mailing Address 512 Hillcrest Cir

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.38155

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
D. Christopher Williams, Dr.

Mailing Address Laboratory
601 Main St

City State Zip Code
Dunedin FL 34698-5848

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

Name of Employer Occupation
Mease Dunedin Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: SA11AI.37969

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 53 / 65
(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)
B. Gary Witkin, Dr.

Mailing Address Dept of Pathology
4755 Ogletown-Stanton Rd

City Newark State DE Zip Code 19718

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

Name of Employer Christiana Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 11 / 2010
Transaction ID: SA11AI.37891
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Howard John Wolk, Dr.

Mailing Address Department of Pathology
95 Grasslands Rd

City Valhalla State NY Zip Code 10595-1652

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

Name of Employer Westchester Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.38130
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
W Howard Wright, Dr.

Mailing Address 4864 Jackson St

City Monroe State LA Zip Code 71202-6400

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

Name of Employer EA Conway Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 16 / 2010
Transaction ID: SA11AI.37960
 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) ► 55525.00

**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 54 / 65

<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 Moneris ACH Discount</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.38208</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</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 Suntrust Account Analysis Fee</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.38209</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 50.50</p>

SUBTOTAL of Disbursements This Page (optional) ►

65.50

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

65.50

**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 55 / 65

<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) Committee for Preservation of Capitalism	Transaction ID: SB23.38170 Date of Disbursement
	Mailing Address P.O. Box 22614	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.38194 Date of Disbursement
	Mailing Address 8665 WILSHIRE BLVD #220	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City BEVERLY HILLS State CA Zip Code 90211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: SB23.38195 Date of Disbursement
	Mailing Address PO Box 423	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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)

PAGE 56 / 65

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF BILL POSEY <hr/> Mailing Address P. O. Box 360877 <hr/> City Melbourne State FL Zip Code 32936 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38198 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
C. Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 Purpose of Disbursement <input type="checkbox"/> Candidate Name <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38206 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 800.00

SUBTOTAL of Disbursements This Page (optional) ▶

3300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.38207 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.38171 Date of Disbursement
	Mailing Address PO BOX 775	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City UNIONVILLE State PA Zip Code 19375	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.38199 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address POST OFFICE BOX 250116 City ATLANTA State GA Zip Code 30325 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 00	Transaction ID: SB23.38200 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2010 Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
B.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	Transaction ID: SB23.38172 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
C.	Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGRESS Mailing Address 499 S Capital Street, SW Suite 412 City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 02	Transaction ID: SB23.38173 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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) John Dingell for Congress	Transaction ID: SB23.38174 Date of Disbursement																			
	Mailing Address P.O. Box 75214	<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>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: SB23.38175 Date of Disbursement																			
	Mailing Address P.O. Box 37	<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>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	1	0												
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: SB23.38201 Date of Disbursement																			
	Mailing Address 104 HUME AVENUE	<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>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	1	0												
	City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00
5500.00		
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 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)
LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Transaction ID: SB23.38176

Date of Disbursement

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

Mailing Address 729 15TH STREET, NW
3RD FLOOR

Amount of Each Disbursement this Period

1000.00

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 28

B.

Full Name (Last, First, Middle Initial)
MARY BONO MACK COMMITTEE

Transaction ID: SB23.38177

Date of Disbursement

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

Mailing Address P.O. Box 3370

Amount of Each Disbursement this Period

3000.00

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 45

C.

Full Name (Last, First, Middle Initial)
NANCY PELOSI FOR CONGRESS

Transaction ID: SB23.38179

Date of Disbursement

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

Mailing Address 430 South Capitol Street, SE
1st Floor

Amount of Each Disbursement this Period

5000.00

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 08

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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 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) NRCC Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38169 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 15000.00
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City LONG BRANCH State NJ Zip Code 07740 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38178 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.38181 Date of Disbursement 06 / 16 / 2010 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
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

<p>A. Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)</p> <p>Mailing Address 610 S. BOULEVARD</p> <p>City TAMPA State FL Zip Code 33606</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.38183 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00</p>	<p>Transaction ID: SB23.38190 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ROB ANDREWS U.S. HOUSE COMMITTEE</p> <p>Mailing Address 215 Fourth Avenue SUITE 200</p> <p>City Haddon Heights State NJ Zip Code 07076</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 01</p>	<p>Transaction ID: SB23.38185 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address 2501 Wisconsin Avenue, NW #304</p> <p>City Washington State DC Zip Code 20007</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: NC District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.38168</p> <p>Date of Disbursement MM / DD / YYYY 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Sullivan for Congress</p> <p>Mailing Address P.O. Box 651374</p> <p>City Potomac Falls State VA Zip Code 20165</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: OK District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.38188</p> <p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) The MikeR Fund</p> <p>Mailing Address P.O. Box 2485</p> <p>City Springfield State VA Zip Code 22152</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.38189</p> <p>Date of Disbursement MM / DD / YYYY 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></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)

<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) UPTON FOR ALL OF US	Transaction ID: SB23.38203 Date of Disbursement
	Mailing Address P.O. BOX 490	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City ST JOSEPH State MI Zip Code 49085	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)	Transaction ID: SB23.38204 Date of Disbursement
	Mailing Address 236 MASSACHUSETTS AVE., NW SUITE 508	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM PAC	Transaction ID: SB23.38191 Date of Disbursement
	Mailing Address 2814 Spring Road, Ste. 103	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30339	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
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)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.38193

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

85500.00