

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2010 through 03 31 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 04 15 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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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	341903.85									
(c) Total Receipts (from Line 19)	19931.50	63081.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361835.35	450489.10								
7. Total Disbursements (from Line 31)	40096.21	128749.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	321739.14	321739.14								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

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)	16224.00	47440.00
(ii) Unitemized	3707.50	15641.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19931.50	63081.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19931.50	63081.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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))	19931.50	63081.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19931.50	63081.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	96.21	1059.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	96.21	1059.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	127690.78
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))..	40096.21	128749.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40096.21	128749.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	19931.50	63081.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19931.50	63081.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	96.21	1059.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96.21	1059.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) L. David Booker, Dr.	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address Department of Pathology 2260 Wrightsboro Rd.	Transaction ID: SA11AI.36597
	City Augusta State GA Zip Code 30904	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Joseph Hosp 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) P. Eleni Boutsos, Dr.	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 5101 S Willow Springs Rd	Transaction ID: SA11AI.36628
	City LaGrange State IL Zip Code 60525	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LaGrange Memorial 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) E. George Branam, Dr.	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address Ball Mem Hosp 2401 University Ave	Transaction ID: SA11AI.36644
	City Muncie State IN Zip Code 47303	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ECIP Pathologists Associa- ted Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 7 / 22
(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) Karna Colby		Date of Receipt MM / DD / YYYY 03 / 26 / 2010
Mailing Address Path Dept 300 N 7th St		Transaction ID: SA11AI.36634
City Bismarck	State ND	Zip Code 58501-4439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedCenter One	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) R. Janet Durham, Dr.		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address Department of Pathology 8901 W Lincoln Ave		Transaction ID: SA11AI.36590
City West Allis	State WI	Zip Code 53227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Allis Memorial Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) R. Janet Durham, Dr.		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address Department of Pathology 8901 W Lincoln Ave		Transaction ID: SA11AI.36591
City West Allis	State WI	Zip Code 53227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Allis Memorial Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	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 8 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) T Thomas Edmonds, Dr.		Date of Receipt	
	Mailing Address Mercy Hospital 250 Mercy Dr		M M / D D / Y Y Y Y 03 / 23 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.36669
	Dubuque	IA	52001-7320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer United Clinical Laboratories		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) S Theresa Emory, Dr.		Date of Receipt	
	Mailing Address 1918 W State St		M M / D D / Y Y Y Y 03 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.36623
	Bristol	TN	37620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2000.00	
Name of Employer Highlands Pathology Consultants, PC		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) F. Alan Frigy, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1800 East Lakeshore Drive		M M / D D / Y Y Y Y 03 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.36657
	Decatur	IL	62521-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer St. Mary's Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(check only one)

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

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

A.

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

Mailing Address Department of Pathology
759 Chestnut Street

City Springfield State MA Zip Code 01199

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

Name of Employer Baystate Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2010

Transaction ID: SA11AI.36601

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
B. Sandra Grear, Ms.

Mailing Address 325 Waukegan Rd

City Northfield State IL Zip Code 60093-2750

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

Name of Employer CAP Occupation VP Communication Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2010

Transaction ID: SA11AI.36610

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 500 Medical Center Blvd
Ste 360A

City Conroe State TX Zip Code 77304

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

Name of Employer Baylor Pathology Laboratory Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2010

Transaction ID: SA11AI.36600

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<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) E. Thomas Higgins, Dr.		Date of Receipt MM / DD / YYYY 03 / 10 / 2010		
	Mailing Address Department of Pathology 400 E Main St		Transaction ID: SA11AI.36642		
	City Mt Kisco	State NY	Zip Code 10549	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Northern Westchester Hosp		Occupation Pathologist		

B.	Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr.		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address Dept of Path 1364 Clifton Rd NE, Ste C179		Transaction ID: SA11AI.36618		
	City Atlanta	State GA	Zip Code 30322-1064	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Emory Univ Hosp		Occupation Pathologist		

C.	Full Name (Last, First, Middle Initial) Doug Knapman		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 325 Waukegan Rd		Transaction ID: SA11AI.36611		
	City Northfield	State IL	Zip Code 60093	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 325.00		
	Name of Employer College of American Path.		Occupation Employee		

SUBTOTAL of Receipts This Page (optional)	▶	825.00
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 / 22
(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)
Daniel Michael McEachin, Dr.

Mailing Address #1105
285 Centennial Olympic Pk Dr

City State Zip Code
Atlanta GA 30313

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

Name of Employer Occupation
Piedmont Newnan Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: SA11AI.36647

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
H. Arthur McTighe, Dr.

Mailing Address Cheif, Dept of Pathology
201 E University Pkwy

City State Zip Code
Baltimore MD 21218-2895

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

Name of Employer Occupation
Union Memorial Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: SA11AI.36667

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
D. John Milam, Lt.

Mailing Address Dept of Path & Lab Med MSB 2.022
6431 Fannin St

City State Zip Code
Houston TX 77030-1501

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

Name of Employer Occupation
University of Texas-Houston Medical Sc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.36680

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 22
(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)
Maryam Mohammadkhani

Mailing Address 1000 E Primrose St Ste 300

City Springfield State MO Zip Code 65807-5178

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

Name of Employer Pathology Services of Springfield Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2010
Transaction ID: SA11AI.36646
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Beth Lisa Nass, Dr.

Mailing Address Cyto Dept 8901 W Lincoln Ave

City West Allis State WI Zip Code 53227-2409

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

Name of Employer ACL Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2010
Transaction ID: SA11AI.36593
Amount of Each Receipt this Period 250.00

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

Mailing Address 1899 Eider Ct

City Tallahassee State FL Zip Code 32308

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

Name of Employer KWB Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2010
Transaction ID: SA11AI.36627
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22
(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)
Irene Lauren O'Brien, Dr.

Mailing Address Path Clin Lab
100 W California Blvd

City Pasadena State CA Zip Code 91105-3010

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

Name of Employer Huntington Mem Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: SA11AI.36625

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
G. Cooley Pantazis, Dr.

Mailing Address 2240 SE 5th Street

City Ocala State FL Zip Code 34471

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

Name of Employer Munroe Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11AI.36621

Amount of Each Receipt this Period
249.00

C. Full Name (Last, First, Middle Initial)
C. Dean Pappas

Mailing Address Lawrence Mem Hosp/Path Dept
170 Governors Ave

City Medford State MA Zip Code 02155-1643

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

Name of Employer Hallmark Health Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: SA11AI.36620

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **799.00**

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 / 22
(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)
Catherine Nicole Prall, Dr.
Mailing Address 16250 NW 59th Ave Ste 201

City State Zip Code
Miami Lakes FL 33014-7542

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

Name of Employer: Global Pathology Lab Svc Inc
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 03 / 26 / 2010
Transaction ID: SA11AI.36619
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
H. Thomas Rynalski, Dr.
Mailing Address Department of Pathology
PO Box 413029

City State Zip Code
Naples FL 33941-3029

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

Name of Employer: Naples Community Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 16 / 2010
Transaction ID: SA11AI.36638
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
E Cordelia Sever, Dr.
Mailing Address 4084 Dietz Farm Cir NW

City State Zip Code
Albuquerque NM 87107-3104

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 ▼
500.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: SA11AI.36649
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 22

(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)
Elba Torres-Matundan

Mailing Address Puerto Rico Path Lab
1760 Calle Loiza Ste 206

City State Zip Code
San Juan PR 00911-1867

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

Name of Employer Occupation
University Pathologists Pathologist
Assoc

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Transaction ID: SA11AI.36682

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 State Zip Code
Midlothian VA 23113-2516

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

Name of Employer Occupation
Commonwealth Lab Consultants 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	3		1	5		2	0	1	0

Transaction ID: SA11AI.36616

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
H Matthew Twohig, Dr.

Mailing Address 2400 N Rockton Ave

City State Zip Code
Rockford IL 61103-3655

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

Name of Employer Occupation
Rockford Mem Hosp 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	3		1	5		2	0	1	0

Transaction ID: SA11AI.36653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

16224.00

**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 16 / 22

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36707 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>3</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	3		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Bank Charges Candidate Name	<table border="1"><tr><td>44.13</td></tr></table>	44.13																		
44.13																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36708 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</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	3		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	0												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Bank Charges Candidate Name	<table border="1"><tr><td>1.58</td></tr></table>	1.58																		
1.58																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.36709 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</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	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Bank Charges Candidate Name	<table border="1"><tr><td>50.50</td></tr></table>	50.50																		
50.50																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>96.21</td></tr></table>	96.21
96.21		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>96.21</td></tr></table>	96.21
96.21		

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) BENNETT ELECTION COMMITTEE INC	Transaction ID: SB23.36693 Date of Disbursement 03 / 29 / 2010	
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.36694 Date of Disbursement 03 / 29 / 2010	
	Mailing Address 349 KEATING ST		
	City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period 4000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.36695 Date of Disbursement 03 / 29 / 2010	
	Mailing Address 349 KEATING ST		
	City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

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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) BIG EASY COMMITTEE	Transaction ID: SB23.36696
	Mailing Address 10 G STREET, NE SUITE 470	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City Washington	State DC
	Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	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: 00	

B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM	Transaction ID: SB23.36697
	Mailing Address P.O. Box 22614	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City Alexandria	State VA
	Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	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:	

C.	Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE	Transaction ID: SB23.36700
	Mailing Address P. O. Box 47025	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City St. Petersburg	State FL
	Zip Code 33743	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 10	

SUBTOTAL of Disbursements This Page (optional)	▶	9500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

<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) DAVE CAMP FOR CONGRESS 2000	Transaction ID: SB23.36701 Date of Disbursement 03 / 29 / 2010
	Mailing Address P.O.BOX 423	Amount of Each Disbursement this Period 2500.00
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ERIC PAC	Transaction ID: SB23.36690 Date of Disbursement 03 / 04 / 2010
	Mailing Address 209 Pennsylvania Ave. SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FARM PAC	Transaction ID: SB23.36702 Date of Disbursement 03 / 29 / 2010
	Mailing Address 675 N Washington St Suite 410	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<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) Pomeroy For Congress	Transaction ID: SB23.36706 Date of Disbursement
	Mailing Address P.O. Box 75214	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20013	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: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE	Transaction ID: SB23.36698 Date of Disbursement
	Mailing Address PO Box 60405 PO Box 60405	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Worcester State MA Zip Code 01606	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: MA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.36704 Date of Disbursement
	Mailing Address 76 MAGNOLIA TERRACE	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City SPRINGFIELD State MA Zip Code 01108	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: MA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<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: SB23.36705

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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