

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	83491.53									
(c) Total Receipts (from Line 19)	52849.00	367694.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	136340.53	448460.96								
7. Total Disbursements (from Line 31)	3016.18	315136.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	133324.35	133324.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 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)	39737.00	263985.00
(ii) Unitemized	13112.00	98209.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52849.00	362194.00
(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)	52849.00	362194.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52849.00	367694.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52849.00	367694.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	816.18	7281.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	816.18	7281.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	283679.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	1200.00	23925.00
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))..	3016.18	315136.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3016.18	315136.61

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)	52849.00	362194.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52849.00	361944.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	816.18	7281.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	816.18	7281.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
E Mary Adams, Dr.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2009

Transaction ID: SA11AI.34639

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L. Shari Addington, Dr.

Mailing Address 416 Spring Mill Drive

City State Zip Code
Kerrville TX 78028

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

Name of Employer Occupation
Ameripath South Texas Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11AI.34761

Amount of Each Receipt this Period
700.00

C.

Full Name (Last, First, Middle Initial)
W Matthew Andres, Dr.

Mailing Address Lab
1111 Sixth Ave

City State Zip Code
Des Moines IA 50314-2611

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

Name of Employer Occupation
Mercy Med Ctr-Des Moines Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2009

Transaction ID: SA11AI.34564

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1450.00

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 / 37
(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) Lawrence Ariano		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address Department of Pathology 25 North Winfield Road		Transaction ID: SA11AI.34497
City Winfield	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Central DuPage Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 2300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) G. Ronald Bardawil, Dr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address Department of Pathology 275 Sandwich Street		Transaction ID: SA11AI.34541
City Plymouth	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jordan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Michelle Tammy Battaglia, Dr.		Date of Receipt MM / DD / YYYY 07 / 17 / 2009
Mailing Address 1102 E Centennial Dr		Transaction ID: SA11AI.34644
City Pittsburg	State KS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer St John Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2950.00
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 / 37
(check only one)

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

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

A.

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

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt MM / DD / YYYY
07 / 15 / 2009

Transaction ID: SA11AI.34638

Amount of Each Receipt this Period 208.00

B.

Full Name (Last, First, Middle Initial)
K. James Billman, Dr.

Mailing Address 1520 7th St 6th Floor

City State Zip Code
Moline IL 61265-2986

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Metropolitan Medical Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34567

Amount of Each Receipt this Period 750.00

C.

Full Name (Last, First, Middle Initial)
O. Cathy Blight, Dr.

Mailing Address Department of Pathology
One Hurley Plaza

City State Zip Code
Flint MI 48503

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hurley Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
07 / 29 / 2009

Transaction ID: SA11AI.34531

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) 1708.00

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: <input 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	PAGE 9 / 37
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

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

Mailing Address 1314 South Ridge Rd

City State Zip Code
Duluth MN 55804

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

Name of Employer Arrowhead Pathologists PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34478

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1211 Union Ave Ste 300

City State Zip Code
Memphis TN 38104-6655

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

Name of Employer Duckworth Pathology Group Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2009

Transaction ID: SA11AI.34513

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E George Branam, Dr.

Mailing Address ECIP PC
2401 W University Ave

City State Zip Code
Muncie IN 47303-3428

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

Name of Employer PA Labs LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: SA11AI.34598

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37
(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)
Hugo Jerry Broman, Dr.

Mailing Address 1005 Byers Ave

City State Zip Code
Chambersburg PA 17201-3817

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

Name of Employer Occupation
Chambersburg Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11AI.34501

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address Laboratory
2693 Forest Hills Rd

City State Zip Code
Wilson NC 27893

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

Name of Employer Occupation
Eastern Carolina Pathology, Inc 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
07 / 16 / 2009

Transaction ID: SA11AI.34516

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James Steven Casner, Dr.

Mailing Address Laboratory Department
3500 E Frank Phillips Blvd

City State Zip Code
Bartlesville OK 74006-2411

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

Name of Employer Occupation
Jane Phillips Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.34540

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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 / 37
(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. James Cason, Dr.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11AI.34637

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Curtis Joseph Coleman, Mr.

Mailing Address 151 Claiborne Dr

City State Zip Code
Jackson TN 38305-9787

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

Name of Employer Occupation
Jackson-Madison Cnty Gen 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 Y
07 / 30 / 2009

Transaction ID: SA11AI.34538

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
L Linda Cook, Dr.

Mailing Address 28 Cedarwood Dr

City State Zip Code
Morgantown WV 26505-3629

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

Name of Employer Occupation
Monongalia General 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 Y
07 / 30 / 2009

Transaction ID: SA11AI.34573

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A Barbara Crothers, Col

Mailing Address 6481 Topsails Ln

City Springfield State VA Zip Code 22150-7837

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

Name of Employer 44th Path Team Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: SA11AI.34465
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
C. Terrence Dolan

Mailing Address Regional Medical Lab
1923 S Utica Ave

City Tulsa State OK Zip Code 74104-6520

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

Name of Employer St John Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.34646
Amount of Each Receipt this Period: 400.00

C.

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

Mailing Address Department Of Pathology
1501 Trousdale Dr

City Burlingame State CA Zip Code 94010-4506

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: 07 / 30 / 2009
Transaction ID: SA11AI.34609
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 / 37
(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)
B James Durham, Dr.

Mailing Address 2850 SW Fairmount Blvd

City State Zip Code
Portland OR 97239-1435

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

Name of Employer Providence Portland Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2009
Transaction ID: SA11AI.34619
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
R. Renee Ellerbroek, Dr.

Mailing Address Department of Pathology
1212 Pleasant Street

City State Zip Code
Des Moines IA 50309

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

Name of Employer Iowa Pathology Assocs, PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 07 / 01 / 2009
Transaction ID: SA11AI.34536
Amount of Each Receipt this Period: 1500.00

C.

Full Name (Last, First, Middle Initial)
F. William Fitter, Dr.

Mailing Address Dept of Path
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer St John Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 17 / 2009
Transaction ID: SA11AI.34648
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 2150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(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)
Lemmel Paul Gelven, Dr.
Mailing Address 272 S Longwood Rd

City State Zip Code
Ponca City OK 74604-5195

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

Name of Employer Occupation
St John Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.34650

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Daniel John Gentry, Dr.
Mailing Address 7423 N 118th Cir

City State Zip Code
Omaha NE 68142-1624

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

Name of Employer Occupation
Univ of Nebraska 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
07 / 30 / 2009

Transaction ID: SA11AI.34710

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. Joseph Goswitz, Dr.
Mailing Address 311 Woodlawn Avenue

City State Zip Code
St. Paul MN 55105

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
M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: SA11AI.34562

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 37
(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)
T. Clarke Harding, Dr.
Mailing Address 2007 Greenbrier Drive
City State Zip Code
Collinsville IL 62234
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y Y
07 / 30 / 2009
Transaction ID: SA11AI.34741
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
D. Brent Hartsell, Dr.
Mailing Address 1923 S Utica Ave
City State Zip Code
Tulsa OK 74104
FEC ID number of contributing federal political committee. **C**
Name of Employer St John Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009
Transaction ID: SA11AI.34651
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Devereux Henry Haskell, Dr.
Mailing Address Lab Dept
1923 S Utica Ave
City State Zip Code
Tulsa OK 74104-6520
FEC ID number of contributing federal political committee. **C**
Name of Employer St John Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt M M / D D / Y Y Y Y Y
07 / 17 / 2009
Transaction ID: SA11AI.34653
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 16 / 37
(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. William Hinchey, Dr.
Mailing Address 601 Canterbury Hill St
City San Antonio State TX Zip Code 78209-2817
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 07 / 16 / 2009
Transaction ID: SA11AI.34760
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
William Dan Hobohm, Dr.
Mailing Address Dept of Path 2601 E Roosevelt St
City Phoenix State AZ Zip Code 85008-4973
FEC ID number of contributing federal political committee. **C**
Name of Employer Maricopa Integrated Health System Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.34553
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
C Stephanie Holt, Dr.
Mailing Address Lab 1923 S Utica Ave
City Tulsa State OK Zip Code 74104-6520
FEC ID number of contributing federal political committee. **C**
Name of Employer St John Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.34655
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
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 17 / 37
	<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) Wayne Bruce Hughes, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address PO Box 9010	Transaction ID: SA11AI.34671
	City State Zip Code Kokomo IN 46904-9010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Joseph Hosp & Health Ctr	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) E. Michael Jackson, Dr.	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address Department of Pathology 551 Hillcountry Dr	Transaction ID: SA11AI.34610
	City State Zip Code Kerrville TX 78028-5329	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Peterson Regional Medical Ctr.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) H Robert Jessen, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 3530 Fannin St	Transaction ID: SA11AI.34511
	City State Zip Code Beaumont TX 77701-3805	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Diagnostic Pathology Associates LLP	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 18 / 37
(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)
Revel Lawrence Johnson, Dr.
Mailing Address 1923 S Utica Ave
City State Zip Code
Tulsa OK 74104
FEC ID number of contributing federal political committee. **C**
Name of Employer St John Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 07 / 17 / 2009
Transaction ID: SA11AI.34656
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
S. Peter Johnson, Dr.
Mailing Address Clinical Laboratory
1600 South Andrews Avenue
City State Zip Code
Ft Lauderdale FL 33316
FEC ID number of contributing federal political committee. **C**
Name of Employer Broward General Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 09 / 2009
Transaction ID: SA11AI.34494
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
L. Rebecca Johnson, Dr.
Mailing Address Pathology & Clinical Labs
725 North Street
City State Zip Code
Pittsfield MA 01201
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkshire Health Systems Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.34483
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00
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 / 37
(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) Carl Randal Juengel, Dr.		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
Mailing Address Integris Southwest Medical Center Dept Of Pathology		Transaction ID: SA11AI.34535
City Oklahoma City	State OK	Zip Code 73109-3413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Integris Southwest Medical Center	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) H Richard Kely, Dr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 3664 Twin Lake Ridge		Transaction ID: SA11AI.34687
City Westlake Village	State CA	Zip Code 91361-3927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Los Robles Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) D Joseph Khoury, Dr.		Date of Receipt MM / DD / YYYY 07 / 15 / 2009
Mailing Address Dept of Path 4230 Burnham Ave		Transaction ID: SA11AI.34624
City Las Vegas	State NV	Zip Code 89119-5408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Quest Diag	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)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<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 Walter Lamar, Dr.	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address Dept of Path 1923 S Utica Ave	Transaction ID: SA11AI.34658
	City State Zip Code Tulsa OK 74104-6520	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St John Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) H. William Lanehart, Dr.	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 99 Vine Avenue	Transaction ID: SA11AI.34470
	City State Zip Code Clifton Forge VA 24422-9626	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alleghany Reg Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas William Leeburg, Dr.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 8774 West R Avenue	Transaction ID: SA11AI.34490
	City State Zip Code Kalamazoo MI 49009-9009	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bronson Methodist Hosp 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)	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 21 / 37

(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 Stephen Lyle, Dr.

Mailing Address 156 Walnut St

City State Zip Code
Wellesley MA 02481-3335

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UMass Mem Hlth Care Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 30 / 2009

Transaction ID: SA11AI.34693

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
W. Alvin Martin, Dr.

Mailing Address Cpa Laboratory
2307 Greene Way

City State Zip Code
Louisville KY 40220-4009

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Norton Healthcare Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2009

Transaction ID: SA11AI.34586

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ray Mark Matthews, Dr.

Mailing Address 25523 Painted Rock

City State Zip Code
San Antonio TX 78255-9543

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Path Ref Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2009

Transaction ID: SA11AI.34601

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: PAGE 22 / 37

(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. John Milam, Dr.

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2009

Transaction ID: SA11AI.34714

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Saeid Movahedi-Lankarani

Mailing Address Dept Of Path Internal Zip 11136
800 E 28th St

City State Zip Code
Minneapolis MN 55407-3723

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

Name of Employer Occupation
Abbott Northwestern Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2009

Transaction ID: SA11AI.34466

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
P Diosdado Non, Dr.

Mailing Address 418 Cassville Rd

City State Zip Code
Jackson NJ 08527-4720

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

Name of Employer Occupation
Ocean County Med Labs 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
07 / 30 / 2009

Transaction ID: SA11AI.34588

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 37

(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. 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 Occupation
Physicians Laboratory Ltd 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
07 / 30 / 2009

Transaction ID: SA11AI.34612

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
O James Palmer, Dr.

Mailing Address Dept of Path
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer Occupation
St John Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.34660

Amount of Each Receipt this Period

400.00

C.

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

Mailing Address 120 E Main St Apt 1413

City State Zip Code
Lexington KY 40507-1348

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

Name of Employer Occupation
Univ of Kentucky Hosp pathologists

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11AI.34704

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<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) Abraham Philip		Date of Receipt
	Mailing Address Department of Pathology 10500 Montgomery Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 09 / 2009
	City State Zip Code Cincinnati OH 45242-4402		Transaction ID: SA11AI.34486
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
	Name of Employer Occupation Bethesda North Hosp Pathologist		<input type="text"/> 400.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) David Alan Pierce, Dr.		Date of Receipt
	Mailing Address 8201 West Broward Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 16 / 2009
	City State Zip Code Plantation FL 33324		Transaction ID: SA11AI.34727
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
	Name of Employer Occupation Westside Regional Med Ctr Pathologist		<input type="text"/> 250.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) L. Robert Randell, Dr.		Date of Receipt
	Mailing Address Pathology Department 601 E Rollins St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2009
	City State Zip Code Orlando FL 32803-1248		Transaction ID: SA11AI.34519
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
	Name of Employer Occupation Florida Hosp pathologists		<input type="text"/> 714.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 714.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1364.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 37
	<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) D Dennis Reinke, Dr.		Date of Receipt																					
	Mailing Address 1209 Brook Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		3	0		2	0	0	9														
	City State Zip Code Wichita Falls TX 76301-4308		Transaction ID: SA11AI.34605																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Pathology Associates Occupation Pathologist		1000.00																						
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. Cliff Richmond, Dr.		Date of Receipt																					
	Mailing Address 9600 Datapoint Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	6		2	0	0	9														
	City State Zip Code San Antonio TX 78229-2028		Transaction ID: SA11AI.34602																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer Path Ref Lab Occupation Pathologist		500.00																						
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) Y Jae Ro, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 6565 Fannin		<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>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	3		2	0	0	9														
	City State Zip Code Houston TX 77030		Transaction ID: SA11AI.34566																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer The Methodist Hospital Occupation Pathologists		250.00																						
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 26 / 37

(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)
Rene Rone

Mailing Address 21 Villa Verde

City State Zip Code
San Antonio TX 78230-2756

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

Name of Employer unaffiliated Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: SA11AI.34763

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Leonidas Vasiliki Saitas, Dr.

Mailing Address 92 Eastview Ave

City State Zip Code
Mahwah NJ 07430-1268

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

Name of Employer Urology Specialty Care, PA Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: SA11AI.34716

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
A. Victor Saldivar, Dr.

Mailing Address Dept of Pathology
9600 Datapoint Dr

City State Zip Code
San Antonio TX 78229-2028

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

Name of Employer Path Ref Lab 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
07 / 16 / 2009

Transaction ID: SA11AI.34603

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 27 / 37
(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. William Schmalhorst, Dr.

Mailing Address Physicians Automated Lab Inc
2801 H St

City Bakersfield State CA Zip Code 93309

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

Name of Employer Kern Pathology Med Group Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34611

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Robin Beth Schwartz, Dr.

Mailing Address 74 River Oaks Cir

City Baltimore State MD Zip Code 21208-6355

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

Name of Employer Greater Baltimore Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34523

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Miles Sheldon Schwartz, Dr.

Mailing Address 777 Rural Ave

City Williamsport State PA Zip Code 17701-3109

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

Name of Employer Susquehanna Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34682

Amount of Each Receipt this Period
300.00

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 28 / 37

(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)
Igor Shendrik

Mailing Address Dept of Path
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. C

Name of Employer St John Med Ctr Occupation pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.34662

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
B Flora Shoaf, Dr.

Mailing Address 16 Rail St

City State Zip Code
New Orleans LA 70124-4409

FEC ID number of contributing federal political committee. C

Name of Employer Ochsner Clinic Fndn 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
07 / 16 / 2009

Transaction ID: SA11AI.34590

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Howard Byron Simmons, Dr.

Mailing Address PO Box 25036

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing federal political committee. C

Name of Employer Central Reg Pathology Lab 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
07 / 30 / 2009

Transaction ID: SA11AI.34499

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 37
(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)
Sawyer Randall Smith, Dr.

Mailing Address 1414 Bayvista

City State Zip Code
Brandon MS 39047-8654

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

Name of Employer St Dominic-Jackson Mem Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: SA11AI.34642

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Rae Cindi Starkey, Dr.

Mailing Address Lab
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer St John Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.34664

Amount of Each Receipt this Period
400.00

C.

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

Mailing Address ADC Lab 4th Fl S Wing
12221 N Mo Pac Expy

City State Zip Code
Austin TX 78758

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

Name of Employer Austin Diagnostic Clinic
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: SA11AI.34482

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 30 / 37
	<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) Julian Ken Takekoshi, Dr.		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 1500 E Sherman Blve		Transaction ID: SA11AI.34561		
	City Muskegon	State MI	Zip Code 49444	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Health Partners	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) R. James Taylor, Dr.		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address Department of Pathology 1923 S Utica Ave		Transaction ID: SA11AI.34665		
	City Tulsa	State OK	Zip Code 74104-6520	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology Laboratory Assoc	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) J Michael Teaford, Dr.		Date of Receipt MM / DD / YYYY 07 / 16 / 2009		
	Mailing Address Dept of Path 10 Medical Park Dr		Transaction ID: SA11AI.34604		
	City Asheville	State NC	Zip Code 28803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathologists Med Lab PA	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)	▶	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 31 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W. George Thomas, Dr.
Mailing Address 7101 Jahnke Rd.
City Richmond State VA Zip Code 23225
FEC ID number of contributing federal political committee. **C**
Name of Employer Chippenham/Johnston-Willis Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.34502
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Donovan Patrick Walker, Dr.
Mailing Address 10810 Executive Ctr Dr Ste 100
City Little Rock State AR Zip Code 72211
FEC ID number of contributing federal political committee. **C**
Name of Employer Nephropathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.34580
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Anthony Paul Walker, Dr.
Mailing Address Dept of path 160 N Midland Ave
City Nyack State NY Zip Code 10960
FEC ID number of contributing federal political committee. **C**
Name of Employer Nyack Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 16 / 2009
Transaction ID: SA11AI.34587
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 37
(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)
Sherry Margaret Wehner, Dr.

Mailing Address 9600 Datapoint Dr

City San Antonio State TX Zip Code 78229-2028

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

Name of Employer Pathology Ref Anatomic Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 16 / 2009
Transaction ID: SA11AI.34607
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
O. James White, Dr.

Mailing Address 2001 Webber St

City Sarasota State FL Zip Code 34239

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

Name of Employer Sarasota Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 07 / 30 / 2009
Transaction ID: SA11AI.34631
Amount of Each Receipt this Period: 800.00

C.

Full Name (Last, First, Middle Initial)
S. David Wilkinson, Dr.

Mailing Address Department of Pathology
PO Box 980662

City Richmond State VA Zip Code 23298-0662

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

Name of Employer VCU Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: SA11AI.34720
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 37
(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) Jin Zhang		Date of Receipt	
Mailing Address 26 Waters Edge Way		M M / D D / Y Y Y Y 07 / 17 / 2009	
City	State	Zip Code	Transaction ID: SA11AI.34475
San Antonio	TX	78248-1021	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00	
Name of Employer Ameripath South Texas		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	39737.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34768 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="576.54"/>
	Candidate Name	Category/Type
	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.34769 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="3.15"/>
	Candidate Name	Category/Type
	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.34770 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="28.35"/>
	Candidate Name	Category/Type
	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)	<input type="text" value="608.04"/>
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 35 / 37

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

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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34771 Date of Disbursement MM / DD / YYYY 07 / 20 / 2009
	Amount of Each Disbursement this Period 157.64
B. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34772 Date of Disbursement MM / DD / YYYY 07 / 20 / 2009
	Amount of Each Disbursement this Period 50.50

SUBTOTAL of Disbursements This Page (optional) ►

208.14

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

816.18

**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

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)
MCNERNEY FOR CONGRESS

Transaction ID: SB23.34764

Date of Disbursement

Mailing Address 6520 Village Parkway
Second Floor

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

City State Zip Code
Dublin CA 94568

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**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 37 / 37

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

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

A. Full Name (Last, First, Middle Initial)
None PathPAC POLITICAL EDUCATION FU

Mailing Address NONE

City None State IL Zip Code 60093

Purpose of Disbursement
Transfer Hard Dollars to Soft Dollars

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.34766
Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
None PathPAC POLITICAL EDUCATION FU

Mailing Address NONE

City None State IL Zip Code 60093

Purpose of Disbursement
Transfer Hard Dollars to Soft Dollars

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.34767
Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) ►

1200.00

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

1200.00