

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

Washington DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00274944

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 08 01 2009 through 08 31 2009

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 09 18 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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	133324.35									
(c) Total Receipts (from Line 19)	67328.00	435022.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	200652.35	515788.96								
7. Total Disbursements (from Line 31)	7238.97	322375.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193413.38	193413.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	52207.00	316192.00
(ii) Unitemized	15121.00	113330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67328.00	429522.00
(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)	67328.00	429522.00
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))	67328.00	435022.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67328.00	435022.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1088.97	8370.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1088.97	8370.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	287679.78
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.....	2150.00	26075.00
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))..	7238.97	322375.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7238.97	322375.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	67328.00	429522.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67328.00	429272.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1088.97	8370.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1088.97	8370.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 46
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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 James Albro, Dr.	Date of Receipt MM / DD / YYYY 08 / 01 / 2009
	Mailing Address 5252 Intermountain Dr	Transaction ID: SA11AI.34891
	City State Zip Code Murray UT 84107-5700	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Intermountain Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) M Kenneth Algino, Dr.	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 3610 Colonial Green Cir	Transaction ID: SA11AI.34806
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carilion Labs 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) W Ashley Allison, Dr.	Date of Receipt MM / DD / YYYY 08 / 06 / 2009
	Mailing Address 3918 Montclair Rd Ste 100	Transaction ID: SA11AI.34836
	City State Zip Code Birmingham AL 35213-2410	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dermatopathology Services PC Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	▶	1208.00
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 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P. James Almas, Dr.
Mailing Address 171 Winged Foot Circle

City State Zip Code
Jackson MS 39211

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

Name of Employer St. Dominic-Jackson Memorial Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

Transaction ID: SA11AI.35043
 Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
B. Howard Altman, Dr.
Mailing Address 4303 Richmond Rd

City State Zip Code
Easton PA 18040-7025

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

Name of Employer Warren Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.34774
 Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lee Vicki Altmeyer, Dr.
Mailing Address 242 Blackberry Drive

City State Zip Code
Stamford CT 06903-1202

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

Name of Employer Greenwich Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.34859
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 46

(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)
Paul Bachner

Mailing Address Dept of Path & Lab Med
MS 119

City Lexington State KY Zip Code 40536-0298

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

Name of Employer Univ of Kentucky Hosp Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.35098

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1255 W Washington St

City Tempe State AZ Zip Code 85281-1210

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.35034

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)
L Robert Bernstein, Dr.

Mailing Address Dept of Path
855 N Westhaven Dr

City Oshkosh State WI Zip Code 54904

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

Name of Employer Aurora Med Ctr of Oshkosh Inc Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.34791

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1208.00

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 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M Ian Birkett, Dr.

Mailing Address 1 St Vincent Cir #160

City State Zip Code
Little Rock AR 72205

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

Name of Employer Occupation
Arkansas Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34788

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
Box 129

City State Zip Code
Lawton OK 73502

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

Name of Employer Occupation
Comanche County Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: SA11AI.34827

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Miller Alyson Booth, Dr.

Mailing Address 1840 Wealthy St SE

City State Zip Code
Grand Rapids MI 49506-2921

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

Name of Employer Occupation
Spectrum Health Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35042

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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 / 46
(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)
Steven Jody Brahney, Dr.

Mailing Address 1829 Franklin Blvd

City Portsmouth State OH Zip Code 45662-3158

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

Name of Employer Southern Ohio Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.35040
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
A. Philip Branton, Dr.

Mailing Address Laboratory Services
3300 Gallows Road

City Falls Church State VA Zip Code 22042-3300

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

Name of Employer Inova Fairfax Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.34886
 Amount of Each Receipt this Period 1500.00

C.

Full Name (Last, First, Middle Initial)
D Linda Burkhardt, Dr.

Mailing Address 151 S 297th Pl

City Federal Way State WA Zip Code 98003-3629

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

Name of Employer Puget Sound Inst of Pathology PLLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.35015
 Amount of Each Receipt this Period 500.00

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 11 / 46
(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)
B. Brett Cantrell, Dr.

Mailing Address Dept of Path
1 SHIRCLIFF WAY.

City Jacksonville State FL Zip Code 32204

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

Name of Employer St Vincent's Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.35065

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R Brian Carlson, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste G1

City Hermitage State TN Zip Code 37076

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

Name of Employer Pathologists Laboratory, PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34980

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Riley Deborah Citron, Dr.

Mailing Address Lab/Pathology
1504 Taub Loop

City Houston State TX Zip Code 77030-1608

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

Name of Employer Ben Taub Gen Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34799

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 46

(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 Gary Cooper, Dr.

Mailing Address 501 20th St Ste G3

City State Zip Code
Knoxville TN 37916-1890

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

Name of Employer Occupation
Innovative Pathology Services Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34885

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Nicholas Patrick Costello, Dr.

Mailing Address Dept of Pathology
400 N State of Franklin Rd

City State Zip Code
Johnson City TN 37604

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

Name of Employer Occupation
Johnson City Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.35121

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
H Robert Crabtree, Dr.

Mailing Address Dept of Path
18697 Bagley Rd

City State Zip Code
Middleburg Heights OH 44130

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

Name of Employer Occupation
Southwest Gen Hlth Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35041

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46
(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. James Craig, Dr.

Mailing Address Pathology Department
900 East Oak Hill Avenue

City Knoxville State TN Zip Code 37917

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35059

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J Michael Crossey, Dr.

Mailing Address Hospital Laboratory
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106-4930

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

Name of Employer Tricare Ref Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.35084

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Gaston Jeffrey Detweiler, Dr.

Mailing Address Laboratory
6100 Harris Parkway

City Ft Worth State TX Zip Code 76132

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

Name of Employer Harris Methodist Southwest Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34863

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E. Rosemary Detweiler, Dr.

Mailing Address Department of Pathology
6100 Harris Pkwy

City State Zip Code
Ft Worth TX 76132

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

Name of Employer Harris Methodist Southwest Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34862

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
B Kevin Dole, Dr.

Mailing Address Department of Pathology
2100 Dorchester Avenue

City State Zip Code
Boston MA 02124

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

Name of Employer Carney Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.34809

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
M. Adam Dubin, Dr.

Mailing Address Department of Pathology
120 N Oak St

City State Zip Code
Hinsdale IL 60521-3829

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

Name of Employer Hinsdale Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34874

Amount of Each Receipt this Period
312.00

SUBTOTAL of Receipts This Page (optional) ► **1312.00**

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 15 / 46
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) G Paul Ellerbeck, Dr.		Date of Receipt	
	Mailing Address 250 Mercy Dr RM PO Box 731		M M / D D / Y Y Y Y Y 08 / 14 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.34985
	Dubuque	IA	52004-0731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Pathology Associates		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) F. Kevin Forsthoefel, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 3535 Olentangy River Road		M M / D D / Y Y Y Y Y 08 / 06 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35023
	Columbus	OH	43214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Grant Med Ctr/Riverside Methodist Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J Frank Foss		Date of Receipt	
	Mailing Address 304 Belle Ave		M M / D D / Y Y Y Y Y 08 / 06 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.34917
	Mankato	MN	56001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer LCM Pathologists PC		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)	▶	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 16 / 46

(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)

Almond Robert Fouty, Dr.

Mailing Address 24217 96th Place SW

City State Zip Code
Vashon WA 98070

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

Name of Employer Occupation
Med Lab Assoc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.34941

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

A. Robert Frazier, Dr.

Mailing Address 801 Boush St

City State Zip Code
Norfolk VA 23510

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

Name of Employer Occupation
Dominion Pathology Labora- Pathologist
tories

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.34841

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

F. Alan Frigy, Dr.

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City State Zip Code
Decatur IL 62521-2521

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

Name of Employer Occupation
St. Mary's Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.35060

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46
(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)
H. Keith Fulling, Dr.

Mailing Address Department of Lab Medicine
615 South New Ballas Road

City State Zip Code
St Louis MO 63141-8277

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

Name of Employer Occupation
St. Johns Mercy Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.35048

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd
Ste 101A

City State Zip Code
Lakeland FL 33801-5845

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34954

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
King Polly Gauthier, Dr.

Mailing Address Path Dept MC4-265
6720 Bertner St

City State Zip Code
Houston TX 77030-2604

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

Name of Employer Occupation
St Lukes Episcopal Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35055

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46
(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)
J. Alexandra Gillespie, Dr.
Mailing Address 3111 Beverly Dr
City State Zip Code
Dallas TX 75205-2922
FEC ID number of contributing federal political committee. **C**
Name of Employer PathAdvantage Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34975
Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
F. Eric Glassy, Dr.
Mailing Address 19951 Mariner Ave Ste 160
City State Zip Code
Torrance CA 90503-1738
FEC ID number of contributing federal political committee. **C**
Name of Employer Little Company of Mary Hosp-Torrance Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 18 / 2009
Transaction ID: SA11AI.34775
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
C Joyce Greathouse
Mailing Address 760 Airport Rd
City State Zip Code
Panama City FL 32405-4003
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.34795
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00
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 / 46
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
J. Phillip Haberman, Dr.

Mailing Address 2301 House Ave.
Suite 108

City Cheyenne State WY Zip Code 82001-3177

FEC ID number of contributing federal political committee. C

Name of Employer Anapath Diagnostics, Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 13 / 2009

Transaction ID: SA11AI.34785

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
A. Jedd Hagen, Dr.

Mailing Address West Central Pathology
PO Box 841

City Carroll State IA Zip Code 51401

FEC ID number of contributing federal political committee. C

Name of Employer St. Anthony Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 27 / 2009

Transaction ID: SA11AI.35066

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
E Richard Halbert, Dr.

Mailing Address 1801 16th St # DEPART

City Greeley State CO Zip Code 80631-5154

FEC ID number of contributing federal political committee. C

Name of Employer North Colorado Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 27 / 2009

Transaction ID: SA11AI.34968

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**

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FOR LINE NUMBER: PAGE 20 / 46
(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)
Sue Hammond

Mailing Address Lab Admin
700 Chlds Dr

City Columbus State OH Zip Code 43205-2696

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

Name of Employer Nationwide Children's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.34964
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
C. John Harrison, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City Huntsville State AL Zip Code 35805-6437

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

Name of Employer Pathology Associates PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34989
Amount of Each Receipt this Period 400.00

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

Mailing Address 7941 Katy Freeway #530

City Houston State TX Zip Code 77024

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2009
Transaction ID: SA11AI.35154
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 858.00

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 / 46
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

A.

Full Name (Last, First, Middle Initial) D Lawrence Henry, Dr.		Date of Receipt MM / DD / YYYY 08 / 06 / 2009
Mailing Address Dept of Path 200 Portland		Transaction ID: SA11AI.34803
City Columbia	State MO	Zip Code 65205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boyce & Bynum Pathology Labs PC	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) N. Gene Herbek, Dr.		Date of Receipt MM / DD / YYYY 08 / 14 / 2009
Mailing Address The Pathology Center 8303 Dodge St		Transaction ID: SA11AI.34948
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) G. Melvin Hoshiko, Dr.		Date of Receipt MM / DD / YYYY 08 / 06 / 2009
Mailing Address Pathology Department 2801 Atlantic Ave		Transaction ID: SA11AI.34925
City Long Beach	State CA	Zip Code 90801-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Long Beach Memorial 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	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 46
(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 Jerry Hussong, Dr.

Mailing Address Apt PH 1
8888 W 3rd

City State Zip Code
Los Angeles CA 90048-3232

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

Name of Employer Occupation
Cedars-Sinai Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34816

Amount of Each Receipt this Period
312.00

B.

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

Mailing Address 2 Dana Ave

City State Zip Code
Winchester MA 01890-1010

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

Name of Employer Occupation
Lawrence General Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34916

Amount of Each Receipt this Period
38.00

C.

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

Mailing Address Department of Pathology
2720 Stone Park Blvd

City State Zip Code
Sioux City IA 51104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.35057

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 46
(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)
D Joseph Khoury, Dr.

Mailing Address Dept of Path
4230 Burnham Ave

City Las Vegas State NV Zip Code 89119-5408

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

Name of Employer Quest Diag Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35016

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
N. Sophia Kotliar, Dr.

Mailing Address Dept of Path 3rd Flr MSB
7th and Clayton Street

City Wilmington State DE Zip Code 19805

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

Name of Employer St. Francis Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35046

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Hongmei Li

Mailing Address 1380 Soldiers Field Rd Ste 100

City Brighton State MA Zip Code 02135-1028

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

Name of Employer DermPath New England, LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34839

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 46
(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)
F. Karl Loomis, Dr.
Mailing Address 603 N Kalamazoo Av
City Marshall State MI Zip Code 49068-9068
FEC ID number of contributing federal political committee. **C**
Name of Employer Regional Med Laboratories Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.35140
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
S. Judy Lyzak, Dr.
Mailing Address Department of Pathology 1201 S Main St
City Crown Point State IN Zip Code 46307
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Anthony Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.35067
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Maria-Laura Mancianti
Mailing Address 7277 Woodrow Dr
City Oakland State CA Zip Code 94611-1434
FEC ID number of contributing federal political committee. **C**
Name of Employer Alta Bates Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.34779
Amount of Each Receipt this Period 250.00

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Michelangelo Milano, Dr.

Mailing Address Dept Of Pathology
800 W Central Rd

City State Zip Code
Arlington Heights IL 60005-2349

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

Name of Employer Occupation
Northwest Cmnty Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34971

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
T. Rodney Miller, Dr.

Mailing Address Immunohistochemistry Division
8267 Elmbrook Drive

City State Zip Code
Dallas TX 75247

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

Name of Employer Occupation
Propath Laboratory, Inc. Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A Jeffrey Mossler, Dr.

Mailing Address Dept of Path
2650 N Shadeland Ave Ste A

City State Zip Code
Indianapolis IN 46219

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

Name of Employer Occupation
AmeriPath Indiana Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.34782

Amount of Each Receipt this Period
1000.00

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

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

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

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FOR LINE NUMBER: PAGE 26 / 46
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.
Mailing Address 1000 E 21st St Ste 4100

City State Zip Code
Sioux Falls SD 57117-5050

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9
Transaction ID: SA11AI.35006
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Jonathan Musicant, Dr.
Mailing Address Path Lab
1650 Creekside Dr

City State Zip Code
Folsom CA 95630

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

Name of Employer Occupation
Mercy Hosp of Folsom Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.34944
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
James Michael Myhre, Dr.
Mailing Address 1151 Miller St

City State Zip Code
Boise ID 83702-6965

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

Name of Employer Occupation
IDX Pathology, PA Pathologist

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

Date of Receipt
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0 8 / 0 6 / 2 0 0 9
Transaction ID: SA11AI.34881
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 46
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.		Date of Receipt	
	Mailing Address 5287 Poola Street		M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34829
	Honolulu	HI	96821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Straub Clinic & Hosp		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) K. Mario Ngan, Dr.		Date of Receipt	
	Mailing Address Panorama City Laboratory 13652 Cantara St		M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34901
	Panorama City	CA	91402-5423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		208.00	
Name of Employer Kaiser Permanente Panorama City Med Ct		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00		

C.	Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr.		Date of Receipt	
	Mailing Address 1004 1st ST N SUITE 200		M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34828
	ALABASTER	AL	35007-8796	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		700.00	
Name of Employer Cytology & Pathology Services		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	▶	1158.00
TOTAL This Period (last page this line number only)	▶	

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

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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ross Donald Peven, Dr.

Mailing Address Dept of Pathology
44405 Woodward Ave

City State Zip Code
Pontiac MI 48341-2985

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

Name of Employer Occupation
St. Joseph Mercy Oakland Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35050

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
N. David Pope, Dr.

Mailing Address 1 St. Vincent Circle
PO Box 55148

City State Zip Code
Little Rock AR 72215-5148

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

Name of Employer Occupation
St Vincent Infirmary Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: SA11AI.34787

Amount of Each Receipt this Period
250.00

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

Mailing Address Department of Pathology
PO Box 2923

City State Zip Code
Shawnee Mission KS 66201

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

Name of Employer Occupation
Shawnee Mission Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35029

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Charles Reese, Dr.
Mailing Address 5440 S St Ste 200

City Lincoln State NE Zip Code 68506

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

Name of Employer Pathology Med Svcs PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2009
Transaction ID: SA11AI.34997
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
H. Linda Riley, Dr.
Mailing Address 1116 138th Ave NW

City Andover State MN Zip Code 55304

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

Name of Employer United Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.35095
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Randolph David Rizzuto, Dr.
Mailing Address 10384 SE 41st Ter

City Belleview State FL Zip Code 34420-6848

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

Name of Employer Leesburg Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34918
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Kenneth Rock, Dr.
 Mailing Address Dept of Pathology
55 Lake Ave N
 City Worcester State MA Zip Code 01655-0002
 Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.35089
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMass Memorial Health Care Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
W. Milton Roggenkamp, Dr.
 Mailing Address 144 Arrowhead Dr
 City West Lafayette State IN Zip Code 47906-2105
 Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.35138
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer unaffiliated Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial)
G Denise Ross, Dr.
 Mailing Address 1404 Blue Heron Rd
 City Virginia Beach State VA Zip Code 23454
 Date of Receipt 08 / 27 / 2009
Transaction ID: SA11AI.35028
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Virginia Beach Ho-sp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

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(check only one)

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

A.

Full Name (Last, First, Middle Initial)
S Demaretta Rush, Dr.

Mailing Address Lab Admin - Rm 3275
1600 SW Archer Rd

City Gainesville State FL Zip Code 32610

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

Name of Employer VA Med Ctr-Gainesville Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.35097

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
G Wilson Russell, Dr.

Mailing Address Dept of Path
3333 Silas Creek Pkwy

City Winston Salem State NC Zip Code 27103-7103

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

Name of Employer Forsyth Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.34851

Amount of Each Receipt this Period 600.00

C.

Full Name (Last, First, Middle Initial)
Weldon Sanford

Mailing Address PO Box 5528

City Manchester State NH Zip Code 03108-5528

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

Name of Employer Catholic Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.34814

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K. Sateesh Satchidanand, Dr.

Mailing Address Department of Pathology
2605 Harlem Road

City State Zip Code
Cheektowaga NY 14225

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2009

Transaction ID: SA11AI.35068

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
E. Mark Shertzer, Dr.

Mailing Address 18 Harrington Ln

City State Zip Code
Dothan AL 36305-9732

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

Name of Employer Occupation
Southeast Alabama Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.35037

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
C. William Silberman, Dr.

Mailing Address 30 Orchard Cove Ln

City State Zip Code
Callao VA 22435

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35139

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 33 / 46
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
E Karim Sirgi, Dr.

Mailing Address Dept of Path
6116 E Warren Ave

City State Zip Code
Denver CO 80222

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

Name of Employer Occupation
UniPath, LLC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35093

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
D Daniel Slagel, Dr.

Mailing Address Mercy Medical Ctr
250 Mercy Dr

City State Zip Code
Dubuque IA 52001-7320

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

Name of Employer Occupation
United Clinical Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.35094

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Perry Daniel Snower, Dr.

Mailing Address Laboratory
22101 Moross Road

City State Zip Code
Detroit MI 48236

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

Name of Employer Occupation
St. John Hosp and Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35047

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 46
(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 Joseph Sonnier, Dr.

Mailing Address 4603 21st St

City Lubbock State TX Zip Code 79407-2311

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

Name of Employer AmeriPath Lubbock Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 27 / 2009
Transaction ID: SA11AI.34784
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Robert James Spencer, Dr.

Mailing Address 2001 Webber St.

City Sarasota State FL Zip Code 34239-4239

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 ▼ 500.00

Date of Receipt: 08 / 14 / 2009
Transaction ID: SA11AI.35027
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Ray Jesse Stafford, Dr.

Mailing Address 8 Memorial Medical Ct Ste 1

City Greenville State SC Zip Code 29605

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: SA11AI.34990
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 / 46
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
K. Brian Stewart, Dr.

Mailing Address 1348 NE Cushing Drive

City State Zip Code
Bend OR 97701-3876

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

Name of Employer Occupation
Central Oregon Path Cnslt Pathologist
PC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.34820

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
T. David Stewart, Dr.

Mailing Address 1899 Eider Court

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
KWB Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34909

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.

Mailing Address PO Box 925

City State Zip Code
Russellville AR 72811

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

Name of Employer Occupation
Pathology Services Lab, PA Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34998

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 46
	<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) Raman V Sukumar, Dr.	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 1253 College Park Dr	Transaction ID: SA11AI.34840
	City State Zip Code Dover DE 19904-8713	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Doctors Path Svcs Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00	

B.	Full Name (Last, First, Middle Initial) D. Jason Sutherland, Dr.	Date of Receipt MM / DD / YYYY 08 / 06 / 2009
	Mailing Address Laboratory 501 East Hampden	Transaction ID: SA11AI.34868
	City State Zip Code Englewood CO 80110	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: HealthOne Swedish Med Ctr Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) C. Richard Szumel, Dr.	Date of Receipt MM / DD / YYYY 08 / 06 / 2009
	Mailing Address 106 Bow St	Transaction ID: SA11AI.35091
	City State Zip Code Elkton MD 21921-5544	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Union Hosp- Elkton 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)	1035.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E Maureen Trotter, Dr.
Mailing Address 1150 N 18th St Ste 102
City Abilene State TX Zip Code 79601-2931
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34826
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ghayas Uddin
Mailing Address Dept of Path 5900 Byron Center Ave SW
City Wyoming State MI Zip Code 49519-9606
FEC ID number of contributing federal political committee. **C**
Name of Employer Metro Health Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34950
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
E. Stuart VanMeter, Dr.
Mailing Address Department of Pathology 1924 Alcoa Highway
City Knoxville State TN Zip Code 37920
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Tennessee Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.35104
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 46
(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)
J. Michael Waldron, Dr.

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Propath Laboratory, Inc. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35010

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Anthony Paul Walker, Dr.

Mailing Address Dept of path
160 N Midland Ave

City State Zip Code
Nyack NY 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 ▼ 470.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34972

Amount of Each Receipt this Period
220.00

C.

Full Name (Last, First, Middle Initial)
M. Timothy Wallace, Dr.

Mailing Address 21155 Ann Rita Dr

City State Zip Code
Brookfield WI 53045-4035

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

Name of Employer St. Luke's South Shore Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: SA11AI.34792

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **970.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E. Scott Wang, Dr.

Mailing Address Department of Pathology
11 Friendship Street

City State Zip Code
Newport RI 02840-2299

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

Name of Employer Occupation
Newport Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34967

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1115 N Bundy Dr

City State Zip Code
Los Angeles CA 90049-1512

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

Name of Employer Occupation
San Gabriel Valley Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35026

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James Harold Williams, Dr.

Mailing Address 1011 Royal Oaks Dr

City State Zip Code
Morgantown WV 26508-4473

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

Name of Employer Occupation
West Virginia Univ Hosp Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35125

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶ **708.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 46
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E Felix Williamson, Dr.

Mailing Address Dept of Path
620 Skyline Dr

City Jackson State TN Zip Code 38301-3901

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

Name of Employer Jackson-Madison Cnty Gen Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34892
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
L. Sherry Woodhouse, Dr.

Mailing Address 1440 Coral Ridge Dr #296

City Coral Springs State FL Zip Code 33071

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

Name of Employer Pathology Consultants of S Broward Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.34993
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
D. Ronald Workman, Dr.

Mailing Address Department of Pathology
2200 River Plaza Drive

City Sacramento State CA Zip Code 95833

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

Name of Employer Sutter Health Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2009
Transaction ID: SA11AI.35072
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) R Moises Zepeda, Dr.		Date of Receipt
Mailing Address Dept of Path 5240 E Beverly 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 08 / 20 / 2009
City	State	Zip Code
Los Angeles	CA	90022-2002
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.34844
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00 <input type="text"/>
Name of Employer East Side Path Assoc Med Grp Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00 <input type="text"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00 <input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/> 52207.00 <input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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.35161 Date of Disbursement 08 / 03 / 2009
	Mailing Address P.O. Box 85024	
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period 138.61
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35162 Date of Disbursement 08 / 05 / 2009
	Mailing Address P.O. Box 85024	
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period 533.86
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35163 Date of Disbursement 08 / 10 / 2009
	Mailing Address P.O. Box 85024	
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period 125.06
	Purpose of Disbursement Bank Service Charges	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

797.53

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35164</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 49.08</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35166</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 94.39</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35167</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 38.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

181.97

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 44 / 46

<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 <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35168 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 18.90
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35169 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 82.69

SUBTOTAL of Disbursements This Page (optional) ►

101.59

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

1081.09

**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 45 / 46

<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) PRICE FOR CONGRESS		Transaction ID: SB23.35160	
	Mailing Address P.O. Box 425		Date of Disbursement MM / DD / YYYY 08 / 18 / 2009	
	City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 4000.00
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: GA District: 06			

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

4000.00

**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 46 / 46

<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 \$\$ to Soft \$\$ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.35158 Date of Disbursement 08 / 13 / 2009
	Amount of Each Disbursement this Period 1900.00
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 \$\$ to Soft \$\$ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.35159 Date of Disbursement 08 / 18 / 2009
	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ►

2150.00

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

2150.00