

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 08 15 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	380026.47									
(c) Total Receipts (from Line 19)	115320.00	346111.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	495346.47	733518.60								
7. Total Disbursements (from Line 31)	7577.50	245749.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	487768.97	487768.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 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)	94258.00	263993.00
(ii) Unitemized	21062.00	82118.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	115320.00	346111.00
(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)	115320.00	346111.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	115320.00	346111.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	115320.00	346111.00

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.....	77.50	1558.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.50	1558.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	244190.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7577.50	245749.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7577.50	245749.63

DETAILED SUMMARY PAGE
of Disbursements

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)	115320.00	346111.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115320.00	346111.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77.50	1558.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.50	1558.85

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

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

FOR LINE NUMBER: PAGE 6 / 58

(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)

A Essam Ahmed, Dr.

Mailing Address 97 W Parkway

City State Zip Code
Pompton Plains NJ 07444-1696

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

Name of Employer Occupation
Chilton Memorial Hospital 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	6		2	0	1	0

Transaction ID: SA11AI.38435

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

D. Garrett Alcorn, Dr.

Mailing Address Department of Pathology
16251 Sylvester Road, SW

City State Zip Code
Seattle WA 98166

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

Name of Employer Occupation
Highline Community Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38520

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephen Terry Allen, Dr.

Mailing Address 1301 Wonder World Dr

City State Zip Code
San Marcos TX 78666-7533

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

Name of Employer Occupation
Central Texas Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38431

Amount of Each Receipt this Period

350.00

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 7 / 58
(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)
Robert Harold Amsbaugh, Dr.

Mailing Address 901 Montgomery St

City State Zip Code
Decorah IA 52101-2325

FEC ID number of contributing federal political committee. C

Name of Employer Winneshiek County Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2010

Transaction ID: SA11AI.38790

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
H. Herbert Anderson, Dr.

Mailing Address 115 Grouse Lane

City State Zip Code
Sewickley PA 15143

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 08 / 13 / 2010

Transaction ID: SA11AI.38804

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
L Ruth Anker, Dr.

Mailing Address 5100 W Broad St

City State Zip Code
Columbus OH 43228-1607

FEC ID number of contributing federal political committee. C

Name of Employer Doctors Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 24 / 2010

Transaction ID: SA11AI.38467

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 58
(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)
Steven Gary Assarian, Dr.

Mailing Address Dept of Lab Med
2799 W Grand Blvd # K-6

City State Zip Code
Detroit MI 48202-2608

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

Name of Employer Occupation
Henry Ford Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38517

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Paul Bachner

Mailing Address Dept of Path & Lab Med
MS 119

City State Zip Code
Lexington KY 40536-0298

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

Name of Employer Occupation
Univ of Kentucky Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38749

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
M John Bauer, Dr.

Mailing Address 1899 Tate Blvd SE Ste 1105

City State Zip Code
Hickory NC 28602-4200

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

Name of Employer Occupation
Piedmont Path Assoc Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.38662

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 58
(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)
W Jessica Beier, Dr.

Mailing Address 1105 20th St E

City Tifton State GA Zip Code 31794-3668

FEC ID number of contributing federal political committee. C

Name of Employer Tifton Pathological Svcs PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.38736
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
M Peter Benda, Dr.

Mailing Address 1001 SW Klickitat Way Ste 205
PO Box 34245

City Seattle State WA Zip Code 98124

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 ▼ 468.00

Date of Receipt 08 / 30 / 2010
Transaction ID: SA11AI.38681
 Amount of Each Receipt this Period 468.00

C.

Full Name (Last, First, Middle Initial)
Ramon Blanco

Mailing Address Path Dept
100 Ter Heun Dr

City Falmouth State MA Zip Code 02540-2503

FEC ID number of contributing federal political committee. C

Name of Employer Falmouth Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2010
Transaction ID: SA11AI.38482
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1718.00

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 / 58
(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)
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
08 / 20 / 2010

Transaction ID: SA11AI.38526

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Joy Teri Bohlmeyer, Dr.

Mailing Address 25638 487th Ave

City State Zip Code
Garretson SD 57030

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

Name of Employer Occupation
Physicians Lab of NW Iowa Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38656

Amount of Each Receipt this Period
250.00

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

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City State Zip Code
Augusta GA 30904

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: SA11AI.38387

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Dept of Path
350 7th St N

City State Zip Code
Naples FL 34102-5754

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

Name of Employer Occupation
Naples Cmnty Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.38608

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 Occupation
Duckworth Pathology Group Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.38470

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
G. Stephen Brantley, Dr.

Mailing Address 5751 Hoover Blvd

City State Zip Code
Tampa FL 33634-5340

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

Name of Employer Occupation
Ruffolo, Hooper & Associates Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38696

Amount of Each Receipt this Period
2000.00

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 12 / 58
(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

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)
A Bruce Britton, Dr.

Mailing Address 6855 Gharrett Ave

City State Zip Code
Missoula MT 59803-3201

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

Name of Employer Community Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38449

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
W. Jeff Byrd, Dr.

Mailing Address Laboratory
Gordon Ave at Mimosa Dr PO Box 101

City State Zip Code
Thomasville GA 31799-1018

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

Name of Employer John D. Archbold Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38547

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Wray Alfred Campbell, Dr.

Mailing Address Dept of Path
101 E Wood St

City State Zip Code
Spartanburg SC 29303

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

Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38716

Amount of Each Receipt this Period
750.00

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 13 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Pete A. G. Candel, Dr.

Mailing Address Dept of Path and Lab Med
2701 W 68th St

City State Zip Code
Chicago IL 60629-1813

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

Name of Employer Occupation
Holy Cross 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
08 / 03 / 2010

Transaction ID: SA11AI.38524

Amount of Each Receipt this Period
500.00

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

Mailing Address 7550 Wolf River Blvd # 200

City State Zip Code
Germantown TN 38138-1745

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

Name of Employer Occupation
Trumbull Laboratories, LLC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2010

Transaction ID: SA11AI.38740

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
W. John Chowning, Dr.

Mailing Address 111 Franklin Health Commons

City State Zip Code
Farmington ME 04938

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

Name of Employer Occupation
Franklin Memorial 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
08 / 30 / 2010

Transaction ID: SA11AI.38490

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 14 / 58
(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

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)
G James Collins, Dr.

Mailing Address 13855 E 14th St

City San Leandro State CA Zip Code 94578-2600

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

Name of Employer San Leandro Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 13 / 2010
Transaction ID: SA11AI.38701
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
L Gary Cooper, Dr.

Mailing Address 501 20th St Ste G3

City Knoxville State TN Zip Code 37916-1890

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

Name of Employer Innovative Pathology Services Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 13 / 2010
Transaction ID: SA11AI.38532
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City Long Beach State CA Zip Code 90815-4129

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

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 08 / 16 / 2010
Transaction ID: SA11AI.38428
Amount of Each Receipt this Period: 100.00

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 15 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: SA11AI.38783

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
S. Larry Cribbett, Dr.

Mailing Address Dept of Pathology
8100 Chancellor Dr Ste 130

City State Zip Code
Orlando FL 32809

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38380

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
L. Jeffrey Curtis, Dr.

Mailing Address Department of Pathology
1601 Ygnacio Valley Road

City State Zip Code
Walnut Creek CA 94598-3194

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

Name of Employer Occupation
John Muir Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38548

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 58
(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)
Ramon Fernando De Castro, Dr.

Mailing Address 250 Fountain Ct

City Lexington State KY Zip Code 40509-1888

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

Name of Employer Dermatopathology Reference Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2010
Transaction ID: SA11AI.38465
 Amount of Each Receipt this Period 250.00

B.

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 08 / 11 / 2010
Transaction ID: SA11AI.38511
 Amount of Each Receipt this Period 500.00

C.

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

Mailing Address Department of Pathology 6100 Harris Pkwy

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 08 / 11 / 2010
Transaction ID: SA11AI.38510
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 58
(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

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)
A. Craig Dise, Dr.

Mailing Address Department of Pathology
100 Madison Ave

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Morristown Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2010

Transaction ID: SA11AI.38603

Amount of Each Receipt this Period
1000.00

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 Occupation
Iowa Pathology Assocs, PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38541

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Michael Christopher Flynn, Dr.

Mailing Address 175 College St

City State Zip Code
Battle Creek MI 49017-3432

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

Name of Employer Occupation
RML Pathologist, PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38688

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58
(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

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)
Conrad Robert Forsythe, Dr.

Mailing Address PO Box 9019

City State Zip Code
Boulder CO 80301-9019

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

Name of Employer Occupation
Boulder Cmnty Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38414

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
V. Steven Foster, Dr.

Mailing Address Department of Pathology
1441 N Beckley Ave

City State Zip Code
Dallas TX 75203

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

Name of Employer Occupation
Methodist Dallas Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.38594

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kathryn Foucar

Mailing Address Hematopathology
1001 Woodward Pl NE

City State Zip Code
Albuquerque NM 87102

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

Name of Employer Occupation
Univ of New Mexico Sch of Med Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.38739

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 19 / 58
(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)
Jane Marla Franks, Dr.

Mailing Address Laboratory
3950 Austell Road

City Austell State GA Zip Code 30106

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

Name of Employer Wellstar Cobb Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38784

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Anthony Robert Frazier, Dr.

Mailing Address 733 Boush St Ste 200

City Norfolk State VA Zip Code 23510-1501

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

Name of Employer Dominion Pathology Laboratories Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.38469

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Maurice Fremont-Smith

Mailing Address 1 Hampton Rd
Bldg B Ste 208

City Exeter State NH Zip Code 03833-4849

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

Name of Employer Seacoast Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38706

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 20 / 58

(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)
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

M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: SA11AI.38719

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
P. Leonard Gietz, Dr.

Mailing Address 305 E Park Ave

City State Zip Code
Victoria TX 77901-4836

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

Name of Employer Occupation
Regional Med Laboratory Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2010

Transaction ID: SA11AI.38690

Amount of Each Receipt this Period

500.00

C.

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 Occupation
PathAdvantage Assoc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.38634

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 21 / 58
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.		Date of Receipt MM / DD / YYYY 08 / 24 / 2010
Mailing Address Dept of Path 1000 Fourth St SW		Transaction ID: SA11AI.38587
City Mason City	State IA	Zip Code 50401-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) D. Jeffrey Goldstein, Dr.		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address Department of Pathology 800 Prudential Drive		Transaction ID: SA11AI.38396
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Baptist Medical	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) W. Herschel Gordon, Dr.		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
Mailing Address Ukiah Valley Med Ctr Lab 275 Hospital Dr		Transaction ID: SA11AI.38835
City Ukiah	State CA	Zip Code 95482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 22 / 58

(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)
M John Grzybowski, Dr.

Mailing Address 3106 Mary Lynn Dr

City State Zip Code
Des Moines IA 50322-6840

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

Name of Employer Occupation
Iowa Lutheran Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2010

Transaction ID: SA11AI.38540

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
K. Gregory Haake, Dr.

Mailing Address 1000 E Primrose Ste 300

City State Zip Code
Springfield MO 65807-5178

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

Name of Employer Occupation
Pathology Services of Springfield Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 16 / 2010

Transaction ID: SA11AI.38652

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
R. John Harbour, Dr.

Mailing Address 416 Wellfield Rd

City State Zip Code
Manakin-Sabot VA 23103

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

Name of Employer Occupation
Bon Secours St. Mary's Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2010

Transaction ID: SA11AI.38413

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
V. William Harrer, Dr.
Mailing Address 129 The Mews
City Haddonfield State NJ Zip Code 08033-1344
FEC ID number of contributing federal political committee. **C**
Name of Employer Our Lady of Lourdes Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.38625
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
F Gary Haverly, Dr.
Mailing Address Dept of Path 100 Hospital Rd
City Brookville State PA Zip Code 15825-1367
FEC ID number of contributing federal political committee. **C**
Name of Employer Brookville Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.38419
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
N. Gene Herbek, Dr.
Mailing Address The Pathology Center 8303 Dodge St
City Omaha State NE Zip Code 68114
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00
Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.38596
Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ► 1575.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58
(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

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. Gerald Hoffman, Dr.
Mailing Address 6515B Pickens St
City Houston State TX Zip Code 77007-2021
FEC ID number of contributing federal political committee. **C**
Name of Employer Northeast Pathology Group Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.38613
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Lee Daniel House, Dr.
Mailing Address 1000 N. 16th Street
City New Castle State IN Zip Code 47362
FEC ID number of contributing federal political committee. **C**
Name of Employer Henry County Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.38516
Amount of Each Receipt this Period 450.00

C. Full Name (Last, First, Middle Initial)
G Robert Huber, Dr.
Mailing Address 2504 Serravalle St NW
City Uniontown State OH Zip Code 44685-5727
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 / 13 / 2010
Transaction ID: SA11AI.38814
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Wayne Bruce Hughes, Dr.
Mailing Address PO Box 9010
City State Zip Code
Kokomo IN 46904-9010
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Joseph Hosp & Health Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00
Date of Receipt 08 / 11 / 2010
Transaction ID: SA11AI.38726
Amount of Each Receipt this Period 1250.00

B. Full Name (Last, First, Middle Initial)
N. Anthony Hui, Dr.
Mailing Address Dept of Pathology 390 E Longview St
City State Zip Code
Fayetteville AR 72703
FEC ID number of contributing federal political committee. **C**
Name of Employer NWA Path Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.38615
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Irving Hwang
Mailing Address Dept of Path 718 N Macomb St
City State Zip Code
Monroe MI 48162-7815
FEC ID number of contributing federal political committee. **C**
Name of Employer Mercy Mem Hosp Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 10 / 2010
Transaction ID: SA11AI.38589
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 26 / 58

(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) W Bradden Jensen, Dr.		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address Dept of Path PO Box 1600		Transaction ID: SA11AI.38715		
	City Vancouver	State WA	Zip Code 98668-1600	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southwest Washington 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			

B.	Full Name (Last, First, Middle Initial) P. Michael Johnson, Dr.		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address Dept of Pathology 503 E Thomason Cir		Transaction ID: SA11AI.38564		
	City Opelika	State AL	Zip Code 36801	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lee Pathology Lab, PA		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) D. Dudley Jones, Dr.		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 300 N. Creekwood Dr.		Transaction ID: SA11AI.38384		
	City Mansfield	State TX	Zip Code 76063	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Arlington Pathology Assoc		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: (check only one)	PAGE 27 / 58
	<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	

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) R Gary Kantor, Dr.		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address Ste 120 3805 W Chester Pike		Transaction ID: SA11AI.38534		
	City Newtown Square	State PA	Zip Code 19073-2329	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Institute for Dermatopathology, PC		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) J Daniel Kerr, Dr.		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address Department of Pathology 820 N. Chelan Avenue		Transaction ID: SA11AI.38785		
	City Wenatchee	State WA	Zip Code 98801	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wenatchee Valley 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) C Patrick Kippenbrock, Dr.		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 7850 N Illinois St		Transaction ID: SA11AI.38718		
	City Indianapolis	State IN	Zip Code 46260-3663	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St John's Hlth Sys		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 58

(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)
R Paul Kirchner, Dr.

Mailing Address 6325 Lawrence Dr

City State Zip Code
Indianapolis IN 46226-1032

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

Name of Employer Occupation
Covance Central Lab Svcs, Inc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.38458

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Ste 120
3805 W Chester Pike

City State Zip Code
Newtown Square PA 19073-2329

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

Name of Employer Occupation
Institute for Dermatopathology, PC 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 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.38536

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R Paula Larson, Dr.

Mailing Address 7700 Floyd Curl Dr

City State Zip Code
San Antonio TX 78229-3979

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

Name of Employer Occupation
Southwest Texas Methodist 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 3 / 2 0 1 0

Transaction ID: SA11AI.38714

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 58
(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)
Alisabeth Aimee League, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City State Zip Code
Huntsville AL 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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.38637

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Elliott John LeeSang, Dr.

Mailing Address Dept of Pathology
1301 Wonder World Dr

City State Zip Code
San Marcos TX 78666-7533

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

Name of Employer Central Texas Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.38429

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J. Christopher Leigh, Dr.

Mailing Address 205 Bluff Street

City State Zip Code
Dubuque IA 52001-6900

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

Name of Employer United Clinical Laboratories 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 3 / 2 0 1 0

Transaction ID: SA11AI.38746

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 58
	<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

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) G.B. Debra Leonard, Dr.	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address Weill Cornell Med Ctr 525 E 68th St	Transaction ID: SA11AI.38610
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation New York Presbyterian Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Yu Rizalina Lim-Co, Dr.	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address PO Box 524	Transaction ID: SA11AI.38837
	City State Zip Code Allison Park PA 15101-0524	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation unaffiliated Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) K. Gary Ludwig, Dr.	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 408 E. Wisconsin Avenue	Transaction ID: SA11AI.38734
	City State Zip Code Neenah WI 54956	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Theda Clark Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 58
(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)
Francis Charles Manning, Dr.

Mailing Address 1899 Eider Ct

City State Zip Code
Tallahassee FL 32308-4537

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 / 30 / 2010

Transaction ID: SA11AI.38557

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Cpa Laboratory
2307 Greene Way

City 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
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38616

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G. Guillermo Martinez-Torres, Dr.

Mailing Address Department of Pathology
2025 E Newport Ave

City State Zip Code
Milwaukee WI 53211

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

Name of Employer Occupation
Columbia St. Marys Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38446

Amount of Each Receipt this Period
1250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 58
(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)
Wayne Larry Massie, Dr.

Mailing Address 1501 San Pedro, SE

City State Zip Code
Albuquerque NM 87018

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

Name of Employer Occupation
New Mexico VA Health Care Sys Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.38609

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A Steve McClain, Dr.

Mailing Address 45 Manor Rd

City State Zip Code
Smithtown NY 11787-2735

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

Name of Employer Occupation
McClain Laboratories LLC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: SA11AI.38576

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
C Roxy McLaren, Dr.

Mailing Address 116 E 11th St Ste 204

City State Zip Code
Spencer IA 51301-4363

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

Name of Employer Occupation
Physicians Lab of NW Iowa Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.38658

Amount of Each Receipt this Period
350.00

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 33 / 58
(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

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)
Alan Kenneth Meckler, Dr.

Mailing Address 1001 SW Klickitat Way Ste 205

City State Zip Code
Seattle WA 98134-1161

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

Name of Employer Occupation
Puget Sound Inst of Pathology PLLC Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38680

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
V Dylan Miller, Dr.

Mailing Address 5252 S Intermountain Dr

City State Zip Code
Murray UT 84157

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

Name of Employer Occupation
Intermountain Central Lab Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11AI.38538

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
T Ann Moriarty, Dr.

Mailing Address 3643 Delaware Commons S Dr

City State Zip Code
Indianapolis IN 46220-3743

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

Name of Employer Occupation
AmeriPath Indiana Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.38382

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
A. Edward Moscovic, Dr.
Mailing Address 3077 Cross Bronx Expy Apt 6K

City State Zip Code
Bronx NY 10465

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

Name of Employer unaffiliated Occupation Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010
Transaction ID: SA11AI.38812
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Michael Nalesnik, Dr.
Mailing Address 778 Venango Ave

City State Zip Code
Pittsburgh PA 15209-1248

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

Name of Employer UPMC Montefiore Occupation Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010
Transaction ID: SA11AI.38764
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
J Joseph Natarelli, Dr.
Mailing Address 375 Ruby St

City State Zip Code
Clarendon Hills IL 60514-1316

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

Name of Employer Provena St. Joseph Med Ctr Occupation Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010
Transaction ID: SA11AI.38677
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Schuyler Newman

Mailing Address 156 Route 59 Ste C6

City Suffern State NY Zip Code 10901-5010

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

Name of Employer Emerge Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 24 / 2010
Transaction ID: SA11AI.38479
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 418 Cassville Rd

City Jackson State NJ Zip Code 08527-4720

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

Name of Employer Ocean County Med Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.38617
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Burkhalter Ann Oaks, Dr.

Mailing Address 105 Ashbourne Lake Ct

City Clemmons State NC Zip Code 27012-7906

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

Name of Employer High Point Regional Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 13 / 2010
Transaction ID: SA11AI.38519
 Amount of Each Receipt this Period: 240.00

SUBTOTAL of Receipts This Page (optional) ► 990.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 58
(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)
W Beverly Ogden, Dr.

Mailing Address 5339 O'Donovan

City State Zip Code
Baton Rouge LA 70808-4388

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

Name of Employer Pathology Group of Louisiana
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.38641

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R Bahram Oliai, Dr.

Mailing Address IHC Laboratory
1355 River Bend Dr

City State Zip Code
Dallas TX 75247-4915

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

Name of Employer Propath Lab, Inc.
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11AI.38673

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Cheng Yao Ong, Dr.

Mailing Address 4712 Grandview Avenue

City State Zip Code
New Port Richey FL 34652-1039

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

Name of Employer Gulf Coast Pathologists
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38504

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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 / 58
(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

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)
A. Stephen Ovanessoff, Dr.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281

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
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38443

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
W Thomas Panke, Dr.

Mailing Address Department of Pathology
375 Dixmyth Ave

City State Zip Code
Cincinnati OH 45220-2489

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

Name of Employer Occupation
Good Samaritan Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38500

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
A Dan Pankowsky, Dr.

Mailing Address 4733 Andrew Jackson Pkwy Ste 2C

City State Zip Code
Hermitage TN 37076

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

Name of Employer Occupation
Pathologists Laboratory, PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38635

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 58
(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

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)
Edward Perez

Mailing Address 27402 S Rondelet Dr

City State Zip Code
Spring TX 77386-2096

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

Name of Employer Occupation
Sadler Clin Assn Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38699

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
F. Christine Piller, Dr.

Mailing Address 920 Church St N

City State Zip Code
Concord NC 28025-2927

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

Name of Employer Occupation
CMC - Northest Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: SA11AI.38445

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W Anna Poniecka, Dr.

Mailing Address 7800 Sheridan St

City State Zip Code
Pembroke Pines FL 33024-2536

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

Name of Employer Occupation
Memorial Hosp Pembroke Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38586

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Darja Praprotnik

Mailing Address Dept of Path
1900 S Main St

City State Zip Code
Findlay OH 45840-1299

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

Name of Employer Occupation
Blanchard Valley Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.38409

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Darja Praprotnik

Mailing Address Dept of Path
1900 S Main St

City State Zip Code
Findlay OH 45840-1299

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

Name of Employer Occupation
Blanchard Valley Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.38410

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Meehan Charles Reese, Dr.

Mailing Address 6561 Rolling Hills Ct

City State Zip Code
Lincoln NE 68512-2214

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

Name of Employer Occupation
Pathology Med Svcs PC 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 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.38648

Amount of Each Receipt this Period
500.00

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 40 / 58
(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)
Steyer Roger Riley, Dr.

Mailing Address 10303 Tarleton Dr

City State Zip Code
Mechanicsville VA 23116-5835

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

Name of Employer Occupation
Virginia Commonwealth Univ Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38780

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
J. Stanley Robboy, Dr.

Mailing Address Department of Pathology
DUMC-3712

City State Zip Code
Durham NC 27710-0001

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

Name of Employer Occupation
Duke Univ Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: SA11AI.38473

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Anthony Cory Roberts, Dr.

Mailing Address 1355 River Bend Dr

City State Zip Code
Dallas TX 75247-4915

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

Name of Employer Occupation
Propath Lab, Inc. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.38675

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 41 / 58
(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

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)
R Charles Robinson, Dr.

Mailing Address 40 Cedar Ridge Raod

City State Zip Code
Waynesboro VA 22980

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

Name of Employer Blue Ridge Pathologists 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
08 / 13 / 2010

Transaction ID: SA11AI.38411

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
R John Rogers, Dr.

Mailing Address Dept of Path
4401 S Western Ave

City State Zip Code
Oklahoma City OK 73109-3413

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

Name of Employer Ameripath Oklahoma 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
08 / 03 / 2010

Transaction ID: SA11AI.38383

Amount of Each Receipt this Period
250.00

C.

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
08 / 27 / 2010

Transaction ID: SA11AI.38633

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 42 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
J Assad Saad, Dr.
Mailing Address 221 W Colorado Blvd Ste 218
City State Zip Code
Dallas TX 75203
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Methodist Dallas Medical Center 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
0 8 / 2 4 / 2 0 1 0
Transaction ID: SA11AI.38593
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
S Louis Sarbeck, Dr.
Mailing Address 1899 Eider Ct
City State Zip Code
Tallahassee FL 32308-4537
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
KWB Pathology Associates Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.38555
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. Mary Schwartz, Dr.
Mailing Address Department of Pathology
6565 Fannin, MS-205
City State Zip Code
Houston TX 77030
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Methodist Hosp Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.38731
Amount of Each Receipt this Period
1250.00

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 43 / 58
(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) Wayne Scott		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 3651 Valencia Ave		Transaction ID: SA11AI.38820
City San Bernardino	State CA	Zip Code 92404-2422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) J. Gregory Skarulis, Dr.		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address Dept. of Pathology 206 Second Street East		Transaction ID: SA11AI.38568
City Bradenton	State FL	Zip Code 34208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Manatee Memorial Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Michael Steve Skoumal, Dr.		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
Mailing Address 246 N 18th PO Box 2537		Transaction ID: SA11AI.38788
City Pocatello	State ID	Zip Code 83201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Western Pathology Associa- tes	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 58
(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)
P. Joseph Sleater, Dr.

Mailing Address 56 Cedar Hill Dr

City Asheville State NC Zip Code 28803-3043

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

Name of Employer Mission St Josephs Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 13 / 2010

Transaction ID: SA11AI.38636

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
E. Charles Slonaker, Dr.

Mailing Address 24410 Oaklawn Plantation Rd

City Pass Christian State MS Zip Code 39571

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

Name of Employer Garden Park Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 10 / 2010

Transaction ID: SA11AI.38583

Amount of Each Receipt this Period 1250.00

C.

Full Name (Last, First, Middle Initial)
C Bennie Slucher, Dr.

Mailing Address CPA Lab
2307 Greene Way

City Louisville State KY Zip Code 40220-4009

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

Name of Employer CPA Lab Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2010

Transaction ID: SA11AI.38461

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 45 / 58

(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)
Taylor Carl Smedberg, Dr.

Mailing Address 1350 S. Hickory St

City State Zip Code
Melbourne FL 32901-2622

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

Name of Employer Occupation
Holmes Reg Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38522

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
M. Ray Smith, Dr.

Mailing Address Department of Labs.
150 Kingsley Ln

City State Zip Code
Norfolk VA 23505-4602

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

Name of Employer Occupation
Bon Secours DePaul Medical Center 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 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.38412

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
L. Susan Speaks, Dr.

Mailing Address 1133 College Avenue
Building B

City State Zip Code
Manhattan KS 66502

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
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.38653

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 58

(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)
F. Janet Stastny, Dr.

Mailing Address 2400 Susannah St
PO Box 2484

City State Zip Code
Johnson City TN 37601

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

Name of Employer Occupation
Outpatient Cytopathology Pathologist
Ctr

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	0

Transaction ID: SA11AI.38626

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
L John Stavinoha, Dr.

Mailing Address Department of Pathology
7600 Beechnut St Fl 2

City State Zip Code
Houston TX 77074-4302

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

Name of Employer Occupation
Memorial Hermann SW Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.38584

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 1255 W Washington Street

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
0	8		1	8		2	0	1	0

Transaction ID: SA11AI.38391

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 47 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.
Mailing Address PO Box 925
City Russellville State AR Zip Code 72811
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services Lab, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 20 / 2010
Transaction ID: SA11AI.38649
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.
Mailing Address PO Box 925
City Russellville State AR Zip Code 72811
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services Lab, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00
Date of Receipt 08 / 30 / 2010
Transaction ID: SA11AI.38650
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Stuart Jonathan Strauss, Dr.
Mailing Address Lab
4230 Burnham Ave Ste 165
City Las Vegas State NV Zip Code 89119-5410
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diagnostics Incorporated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 30 / 2010
Transaction ID: SA11AI.38683
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

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

FOR LINE NUMBER: PAGE 48 / 58
(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

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)
Matt Tannenbaum

Mailing Address 7395 S Cliffside Ln

City State Zip Code
Idaho Falls ID 83406-8384

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

Name of Employer Eastern Idaho Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: SA11AI.38477

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
E Maureen Trotter, Dr.

Mailing Address 11 Cypress Point St

City State Zip Code
Abilene TX 79606-5130

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
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.38442

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 2201 Carbon Hill Dr

City State Zip Code
Midlothian VA 23113-2516

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2010

Transaction ID: SA11AI.38447

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 58
(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)
J. Melvin Van Boven, Dr.

Mailing Address Department of Pathology
744 W 9th St

City State Zip Code
Tulsa OK 74127

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

Name of Employer Occupation
Tulsa Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.38620

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
E. Stuart VanMeter, Dr.

Mailing Address Department of Pathology
1924 Alcoa Highway

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
Univ of Tennessee Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38756

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
E Laura Van Newkirk, Dr.

Mailing Address 2738 E 51st St Ste 290

City State Zip Code
Tulsa OK 74105-6271

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

Name of Employer Occupation
Tulsa Medical Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11AI.38741

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Teresa Librada Vazquez, Dr.

Mailing Address Department of Pathology
8012 South Crandon

City State Zip Code
Chicago IL 60617

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

Name of Employer Occupation
South Shore Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38595

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
V. Harry Vinters, Dr.

Mailing Address Dept of Path CHS 18-170
650 Charles Young Drive S

City State Zip Code
Los Angeles CA 90095-1732

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

Name of Employer Occupation
UCLA School of Medicine Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: SA11AI.38743

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
B Don Vollman, Dr.

Mailing Address 411 East Matthews

City State Zip Code
Jonesboro AR 72401-3142

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

Name of Employer Occupation
Doctors' Anatomic Path Svcs, PA Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: SA11AI.38466

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 58
	<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 Keith Volmar, Dr.	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 4420 Lake Boone Trail	Transaction ID: SA11AI.38692
	City State Zip Code Raleigh NC 27607-7505	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Rex Healthcare Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) M. Katherine Wagner-Reiss, Dr.	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address Pathology Lab 2800 Main Street	Transaction ID: SA11AI.38728
	City State Zip Code Bridgeport CT 06606	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Vincent's Med Ctr	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) M. Timothy Wallace, Dr.	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 21155 Ann Rita Dr	Transaction ID: SA11AI.38388
	City State Zip Code Brookfield WI 53045-4035	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Luke's South Shore	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)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 58
(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)
Michael Francis Walsh, Dr.

Mailing Address Dept of Path
3170 W Central Ave

City Toledo State OH Zip Code 43606-2945

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

Name of Employer Consultants in Laboratory Medicine Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 17 / 2010
Transaction ID: SA11AI.38453
Amount of Each Receipt this Period 1250.00

B.

Full Name (Last, First, Middle Initial)
Layne Stephen Walter, Dr.

Mailing Address 801 Clarksville Ste C

City Paris State TX Zip Code 75460

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

Name of Employer Red River Valley Path Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 16 / 2010
Transaction ID: SA11AI.38687
Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
A. Robert Wessels, Dr.

Mailing Address 710 Fm 1960 Rd W

City Houston State TX Zip Code 77090-3402

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

Name of Employer Houston Northwest Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2010
Transaction ID: SA11AI.38525
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 4250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) S Jerome Wilkenfeld, Dr.		Date of Receipt
	Mailing Address PO Box 690685		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77269-0685
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.38612
Name of Employer North Cypress Medical Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Theresa Susan Williams, Dr.		Date of Receipt
	Mailing Address 150 Collins St		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Memphis	TN	38112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.38493
Name of Employer GI Pathology, PLLC		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="750.00"/>

C.	Full Name (Last, First, Middle Initial) E Felix Williamson, Dr.		Date of Receipt
	Mailing Address Dept of Path 620 Skyline Dr		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jackson	TN	38301-3901
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.38542
Name of Employer Jackson-Madison Cnty Gen Hosp		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
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 54 / 58
	<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) D. Douglas Wilson	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address Department of Pathology 1924 Alcoa Highway	Transaction ID: SA11AI.38560
	City Knoxville State TN Zip Code 37920	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ of Tennessee Med Ctr Knoxville 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) L. Sherry Woodhouse, Dr.	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 1440 Coral Ridge Dr #296	Transaction ID: SA11AI.38639
	City Coral Springs State FL Zip Code 33071	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pathology Consultants of S Broward Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Yu-Yuan Agnes Wu, Dr.	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address Dept of Path 1700 C St	Transaction ID: SA11AI.38395
	City Bakersfield State CA Zip Code 93301-3616	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AW Pathology Med Grp Inc 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)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 58
	(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) W Thomas Young, Dr.		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 12717 Oakmont Dr		Transaction ID: SA11AI.38513
City Kansas City	State MO	Zip Code 64145-1140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer Heartland Forensic Pathology LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) S. Robert Zirl, Dr.		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address Dept of Pathology 605 Holderrieth		Transaction ID: SA11AI.38730
City Tomball	State TX	Zip Code 77375
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Tejas Pathology Associates	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5350.00
TOTAL This Period (last page this line number only)	94258.00

**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 56 / 58

<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

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) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Moneris ACH Fee 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.38844 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2010
	Amount of Each Disbursement this Period 15.00
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 Suntrust Account Analysis Fee 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.38845 Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2010
	Amount of Each Disbursement this Period 62.50

SUBTOTAL of Disbursements This Page (optional)	77.50
TOTAL This Period (last page this line number only)	77.50

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

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

FOR LINE NUMBER:
(check only one)

<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) DUTCH RUPPERSBERGER FOR CONGRESS	Transaction ID: SB23.38840
	Mailing Address 499 South Capitol Street, SW Suite 404	Date of Disbursement MM / DD / YYYY 08 / 24 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 02	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.38842
	Mailing Address 426 C Street, NE	Date of Disbursement MM / DD / YYYY 08 / 24 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 00	

C.	Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS	Transaction ID: SB23.38843
	Mailing Address P.O. Box 540098	Date of Disbursement MM / DD / YYYY 08 / 30 / 2010
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period 2500.00
	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: NE District: 02	

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 58

<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)
RE-ELECT MCGOVERN COMMITTEE**

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MA District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.38838
Date of Disbursement

/ /

Amount of Each Disbursement this Period

**B. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS**

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.38841
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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