

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	327298.17									
(c) Total Receipts (from Line 19)	22847.50	617806.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	350145.67	702612.66								
7. Total Disbursements (from Line 31)	1146.72	353613.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	348998.95	348998.95								
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)	17171.00	482521.50
(ii) Unitemized	5676.50	129534.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22847.50	612056.00
(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)	22847.50	612056.00
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	5750.00
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))	22847.50	617806.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22847.50	617806.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1146.72	12183.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1146.72	12183.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	341179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	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))..	1146.72	353613.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1146.72	353613.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22847.50	612056.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22847.50	611806.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1146.72	12183.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1146.72	12183.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(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 Susan Baker, Dr.

Mailing Address Department of Pathology
1100 NW 95th St

City State Zip Code
Miami FL 33150-2038

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
North Shore Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.35790

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 9815 N 107th St

City State Zip Code
Scottsdale AZ 85258-6090

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 ▼ 624.00

Date of Receipt MM / DD / YYYY
11 / 16 / 2009

Transaction ID: SA11AI.35865

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
John-Paul Bouffard

Mailing Address Path Depart 3rd Flr
99 Beauvoir Ave

City State Zip Code
Summit NJ 07901-3533

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Overlook Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.35797

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 958.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) D Barrett Brantley, Dr.		Date of Receipt	
	Mailing Address 2000 Church St		M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35715
	Nashville	TN	37236-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Baptist Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00		

B.	Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1 SHIRCLIFF WAY.		M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35827
	Jacksonville	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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 ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) A Barbara Crothers, Col		Date of Receipt	
	Mailing Address Building#2 Rm 4722 6900 Georgia Ave NW		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35856
	Washington	DC	20307-5001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Walter Reed Army Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 / 25

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
S. Paul Dickman, Dr.

Mailing Address Department of Pathology/Laboratory
1919 E Thomas Rd

City State Zip Code
Phoenix AZ 85016-7710

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

Name of Employer Occupation
Phoenix Children's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: SA11AI.35804

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)
E. Randy Eckert

Mailing Address 13322 Shore Vista Dr

City State Zip Code
Austin TX 78732-1617

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

Name of Employer Occupation
North Austin Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35788

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
David Howard Epstein, Dr.

Mailing Address Department of Pathology
One Hoag Dr PO Box 6100

City State Zip Code
Newport Beach CA 92658-6100

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

Name of Employer Occupation
Hoag Memorial 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
1	1		2	9		2	0	0	9

Transaction ID: SA11AI.35752

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Elizabeth Mary Fowkes, Dr.

Mailing Address Apt 8 D
215 E 95th St

City State Zip Code
New York NY 10128

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mt Sinai Schl of Med Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
11 / 16 / 2009

Transaction ID: SA11AI.35780

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address Dept of Path/Lab
4500 13th St

City State Zip Code
Gulfport MS 39501

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Memorial Hosp @ Gulfport Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.35769

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
R. Stephen Gray, Dr.

Mailing Address 75 Bald Hill Rd

City State Zip Code
Wilton CT 06897-1403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Greenwich Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.35746

Amount of Each Receipt this Period 1000.00

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 10 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M. David Grossman, Dr.

Mailing Address Department of Pathology
44201 Dequindre

City Troy State MI Zip Code 48085

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

Name of Employer William Beaumont Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 12 / 2009

Transaction ID: SA11AI.35860

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Rafael David Guillen, Dr.

Mailing Address 3301 C St Ste 200E

City Sacramento State CA Zip Code 95816-3363

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

Name of Employer Diagn Path Med Grp Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2009

Transaction ID: SA11AI.35739

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address Dept of Path
305 Park Creek Dr

City Clovis State CA Zip Code 93611-4426

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2009

Transaction ID: SA11AI.35801

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 25
(check only one)

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

A.

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: SA11AI.35773

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address Chief of Path
111 Michigan Ave NW

City State Zip Code
Washington DC 20010

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

Name of Employer Occupation
Children's National Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.35728

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
D Robert Hoffman, Dr.

Mailing Address 472 Summit Oaks Dr

City State Zip Code
Nashville TN 37221-1316

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

Name of Employer Occupation
Vanderbilt Univ Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.35851

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 25
(check only one)

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

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

A.

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

Mailing Address 2 Dana Ave

City Winchester State MA Zip Code 01890-1010

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

Name of Employer Lawrence General Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt 11 / 16 / 2009

Transaction ID: SA11AI.35764

Amount of Each Receipt this Period 38.00

B.

Full Name (Last, First, Middle Initial)
C. Lynn Koenemann, Dr.

Mailing Address 902 5th Ave E

City Tuscaloosa State AL Zip Code 35401-2003

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

Name of Employer Aladernpath Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2009

Transaction ID: SA11AI.35700

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
S. Jonathan Krauss, Dr.

Mailing Address 3005 Vassar Dr

City Augusta State GA Zip Code 30909

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2009

Transaction ID: SA11AI.35864

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ▶ **413.00**

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 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
H. William Lanehart, Dr.

Mailing Address 99 Vine Avenue

City State Zip Code
Clifton Forge VA 24422-9626

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

Name of Employer Occupation
Alleghany Reg 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
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35709

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Edwin Leschhorn

Mailing Address Dept of Path
One Riverview Plz

City State Zip Code
Red Bank NJ 07701

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

Name of Employer Occupation
Riverview 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 Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.35814

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
H. Edward Lipford, Dr.

Mailing Address 1031 Queens Road West

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
Carolinas 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 Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.35723

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 25
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
R Stephen Lyle, Dr.
Mailing Address 156 Walnut St
City Wellesley State MA Zip Code 02481-3335
FEC ID number of contributing federal political committee. **C**
Name of Employer UMass Mem Hlth Care Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 11 / 30 / 2009
Transaction ID: SA11AI.35836
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
E Charles Mangum, Dr.
Mailing Address PO Box 1709
North Texas Pathology Laboratories
City Rowlett State TX Zip Code 75030-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer North Texas Path Labs Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.35792
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Andrew Steven McCormick, Dr.
Mailing Address 310 E 14th St
City New York State NY Zip Code 10003-4297
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Eye & Ear Infirmary Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.35784
Amount of Each Receipt this Period 250.00

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
C Ronald McGlennen, Dr.
Mailing Address 7550 Market Place Dr
City State Zip Code
Eden Prairie MN 55344
FEC ID number of contributing federal political committee. **C**
Name of Employer Access Genetics Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.35695
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Van Allen Keith Nance, Dr.
Mailing Address Department of Pathology
4420 Lake Boone Trail
City State Zip Code
Raleigh NC 27607-7505
FEC ID number of contributing federal political committee. **C**
Name of Employer Rex Healthcare Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 23 / 2009
Transaction ID: SA11AI.35813
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Frank Steven O'Sheal, Dr.
Mailing Address 1004 1st ST N
SUITE 200
City State Zip Code
ALABASTER AL 35007-8796
FEC ID number of contributing federal political committee. **C**
Name of Employer Cytology & Pathology Services Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 05 / 2009
Transaction ID: SA11AI.35734
Amount of Each Receipt this Period 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 25
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
D Eva Patalas, Dr.

Mailing Address Dept of Pathology
1493 Cambridge St

City State Zip Code
Cambridge MA 02139-1099

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

Name of Employer Occupation
Cambridge Health Alliance 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
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.35721

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 680 E Basse Rd Apt 228

City State Zip Code
San Antonio TX 78209-8335

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

Name of Employer Occupation
Wilford Hall Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.35859

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Abraham Philip

Mailing Address Department of Pathology
10500 Montgomery Rd

City State Zip Code
Cincinnati OH 45242-4402

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

Name of Employer Occupation
Bethesda North Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: SA11AI.35720

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Assunta Monica Recine, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address Dept of Path 4300 Alton Rd	Transaction ID: SA11AI.35779
	City State Zip Code Miami Beach FL 33140-2800	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt Sinai Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) H. Michael Reilly, Dr.	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address Department of Pathology 223 N. Van Dien Avenue	Transaction ID: SA11AI.35847
	City State Zip Code Ridgewood NJ 07450-2736	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Valley Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) J Gary Roloson, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2009
	Mailing Address Department of Pathology 1305 W Jefferson St Ste 140	Transaction ID: SA11AI.35718
	City State Zip Code Waxahachie TX 75165-2255	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baylor Univ Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
H Thomas Rynalski, Dr.

Mailing Address Dept of Path
4351 Tamiami Trl N

City State Zip Code
Naples FL 34103-3106

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

Name of Employer Occupation
Naples Pathology 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 Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.35781

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Catherine Marcia Shattuck, Dr.

Mailing Address 416 Connable Ave

City State Zip Code
Petoskey MI 49770

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

Name of Employer Occupation
Northern Pathology Associates 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
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.35794

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Charles Eric Sheffer, Dr.

Mailing Address 9707 4th Ave Apt 4N

City State Zip Code
Brooklyn NY 11209-8118

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.35869

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 25
	(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

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

A.	Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.		Date of Receipt
	Mailing Address Department of Pathology 6701 N. Charles St.		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baltimore	MD	21204
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Greater Baltimore Med Ctr		Occupation Pathologist	Transaction ID: SA11AI.35744
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Jeffrey Paul Sims, Dr.		Date of Receipt
	Mailing Address 620 Skyline Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jackson	TN	38301-3923
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer unaffiliated		Occupation Pathologist	Transaction ID: SA11AI.35757
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) W John Skinner, Dr.		Date of Receipt
	Mailing Address Dept of Path 300 Main St		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lewiston	ME	04240-7027
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Central Maine Med Ctr		Occupation Pathologist	Transaction ID: SA11AI.35724
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="200.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="800.00"/>
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: PAGE 20 / 25

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C. Vincent Smith, Dr.

Mailing Address Department of Pathology
4420 Lake Boone Trail

City Raleigh State NC Zip Code 27607

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

Name of Employer Rex Healthcare Hosp 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
1 1 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.35812

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
E Joe Snodgrass, Dr.

Mailing Address 2609 North Van Buren

City Enid State OK Zip Code 73703

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

Name of Employer Enid Pathology Consultants 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
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.35742

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Bridges Julie Steele, Dr.

Mailing Address Dept. of Pathology, 211C
10666 Torrey Pines Rd.

City La Jolla State CA Zip Code 92037

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

Name of Employer Scripps Clinic Medical Laboratory 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
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.35815

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
G John Steigerwald, Dr.
Mailing Address 11911 Bunday Dr
City State Zip Code
Jerome MI 49249-9758
FEC ID number of contributing federal political committee. **C**
Name of Employer Hillsdale Community Health Cen Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 06 / 2009
Transaction ID: SA11AI.35751
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
H. John Stuckey, Dr.
Mailing Address 47 Westelm Cir
City State Zip Code
San Antonio TX 78230-2641
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.35819
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
R. John Svirbely, Dr.
Mailing Address Clinical Laboratory
110 N. Poplar Street
City State Zip Code
Oxford OH 45056
FEC ID number of contributing federal political committee. **C**
Name of Employer McCullough-Hyde Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 03 / 2009
Transaction ID: SA11AI.35767
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 22 / 25

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G A Constantine Theoharis, Dr.

Mailing Address 849 Jennifers Dr

City State Zip Code
Guilford CT 06437-1376

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

Name of Employer Occupation
Yale Univ School of Med 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
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.35863

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Marie Denise Tritz, Dr.

Mailing Address Laboratory
100 St Marys Med Plaza

City State Zip Code
Jefferson City MO 65101

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.35828

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Luke Wibowo

Mailing Address Department of Pathology
1 Wyoming Street

City State Zip Code
Dayton OH 45409

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

Name of Employer Occupation
Miami Valley 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 Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35776

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) H William Yong, Dr.		Date of Receipt	
	Mailing Address Dept of Path (Neuropath) Rm: Semel 18-126		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35835
	Los Angeles	CA	90095-3075	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer UCLA Ctr for Health Sciences		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) Hector Zepeda		Date of Receipt	
	Mailing Address Main Lab 10301 Gateway Blvd W		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.35738
	El Paso	TX	79925-7701	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Del Sol Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	17171.00

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 24 / 25

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35871 Date of Disbursement 11 / 03 / 2009	Amount of Each Disbursement this Period 968.57
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35872 Date of Disbursement 11 / 20 / 2009	Amount of Each Disbursement this Period 21.94
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35873 Date of Disbursement 11 / 20 / 2009	Amount of Each Disbursement this Period 62.50

SUBTOTAL of Disbursements This Page (optional) ▶

1053.01

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 25 / 25

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.35874

Date of Disbursement

11 / 23 / 2009

Amount of Each Disbursement this Period

93.71

SUBTOTAL of Disbursements This Page (optional)

93.71

TOTAL This Period (last page this line number only)

1146.72