

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 01 31 2009

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 02 19 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	80766.96									
(c) Total Receipts (from Line 19)	33945.00	33945.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114711.96	114711.96								
7. Total Disbursements (from Line 31)	5489.71	5489.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	109222.25	109222.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26350.00	26350.00
(i) Itemized (use Schedule A)	7595.00	7595.00
(ii) Unitemized	33945.00	33945.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33945.00	33945.00
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))	33945.00	33945.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33945.00	33945.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	389.71	389.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	389.71	389.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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.....	100.00	100.00
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))..	5489.71	5489.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5489.71	5489.71

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)	33945.00	33945.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33945.00	33945.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	389.71	389.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	389.71	389.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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)
L. Charles Abbott, Dr.

Mailing Address Dept of Path & Clin Labs
725 North St

City Pittsfield State MA Zip Code 01201-4124

FEC ID number of contributing federal political committee. C

Name of Employer Berkshire Health Systems Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 02 / 2009

Transaction ID: SA11AI.32397

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R. James Baldwin, Dr.

Mailing Address 2200 W Petty Rd

City Muncie State IN Zip Code 47304-3036

FEC ID number of contributing federal political committee. C

Name of Employer PA Labs LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 16 / 2009

Transaction ID: SA11AI.32401

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
N William Ball, Dr.

Mailing Address 2915 Missouri Ave

City Shreveport State LA Zip Code 71109-4327

FEC ID number of contributing federal political committee. C

Name of Employer The Delta Pathology Group LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 29 / 2009

Transaction ID: SA11AI.32402

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 7 / 23
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) M Susan Bator, Dr.	Date of Receipt MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 555 N. Duke St PO Box 3555	Transaction ID: SA11AI.32405
	City Lancaster State PA Zip Code 17604-3555	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lancaster General Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) L James Bauer, Dr.	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address 290 Big Run Road PO Box 23207	Transaction ID: SA11AI.32406
	City Lexington State KY Zip Code 40523-3207	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Lee Gregory Blakey, Dr.	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address Dept of Path BMSB 451 PO Box 26901	Transaction ID: SA11AI.32409
	City Oklahoma City State OK Zip Code 73190	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ of Oklahoma 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)	

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

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

FOR LINE NUMBER: PAGE 8 / 23
(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)
L. Robert Breckenridge, Dr.
Mailing Address 2750 Clay Edwards Dr Ste 420
City North Kansas City State MO Zip Code 64116
FEC ID number of contributing federal political committee. **C**
Name of Employer MAWD Pathology Group Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 01 / 30 / 2009
Transaction ID: SA11AI.32411
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
C. Neil Caliman, Dr.
Mailing Address 2508 S Cedar St
City Lansing State MI Zip Code 48910-3138
FEC ID number of contributing federal political committee. **C**
Name of Employer CAP Lab-PLC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 20 / 2009
Transaction ID: SA11AI.32416
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
D. Hernani Cualing, Dr.
Mailing Address Department of Pathology
12902 USF Magnolia Dr Rm 2071
City Tampa State FL Zip Code 33612-9416
FEC ID number of contributing federal political committee. **C**
Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 20 / 2009
Transaction ID: SA11AI.32428
Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 9 / 23
	<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) James Matthew Curran, Dr.		Date of Receipt MM / DD / YYYY 01 / 30 / 2009		
	Mailing Address 184 E Litchfield Rd		Transaction ID: SA11AI.32429		
	City Litchfield	State CT	Zip Code 06759-3000	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bristol Hosp	Occupation Pathologist	Aggregate Year-to-Date 350.00		

B.	Full Name (Last, First, Middle Initial) H. Phillip Deos, Dr.		Date of Receipt MM / DD / YYYY 01 / 10 / 2009		
	Mailing Address 2625 Coffee Road		Transaction ID: SA11AI.32432		
	City Modesto	State CA	Zip Code 95355	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Yosemite Pathology Med Grp	Occupation Pathologist	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) C Robin Eckert, Dr.		Date of Receipt MM / DD / YYYY 01 / 22 / 2009		
	Mailing Address Dept of Path 2825 E Barnett Rd		Transaction ID: SA11AI.32435		
	City Medford	State OR	Zip Code 97504-8332	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Vista Pathology P.C.	Occupation Pathologist	Aggregate Year-to-Date 250.00		

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 10 / 23
(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)
Pauline Sandra Ewaskow, Dr.

Mailing Address 1280 116th Ave NE Ste 100

City State Zip Code
Bellevue WA 98004-3803

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

Name of Employer Eastside Pathology Inc, PS
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: SA11AI.32437

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address Chairman, Dept of Pathology
759 Chestnut St

City State Zip Code
Springfield MA 01199

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

Name of Employer Baystate Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2009

Transaction ID: SA11AI.32440

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jane Laura Gardner, Dr.

Mailing Address 417 Edgar Road

City State Zip Code
Webster Groves MO 63119

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

Name of Employer St. Louis Univ HSC
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: SA11AI.32442

Amount of Each Receipt this Period
1000.00

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 11 / 23
	(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) D Richard Griswold, Dr.		Date of Receipt MM / DD / YYYY 01 / 29 / 2009		
	Mailing Address 3063 Plantation Cir E		Transaction ID: SA11AI.32448		
	City Tupelo	State MS	Zip Code 38804-9754	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Mississippi Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address 13351 Rosehawk Dr		Transaction ID: SA11AI.32450		
	City Morningview	State KY	Zip Code 41063	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kings Daughters Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) H Ronald Hearne, Dr.		Date of Receipt MM / DD / YYYY 01 / 05 / 2009		
	Mailing Address Department of Pathology 4920 NE Stallings Dr		Transaction ID: SA11AI.32452		
	City Nacogdoches	State TX	Zip Code 75965	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nacogdoches Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 23
(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 Gregory Henderson, Dr.

Mailing Address Department of Pathology
2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310

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

Name of Employer Occupation
PAKC/DSL Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: SA11AI.32453

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
6431 Fannin

City State Zip Code
Houston TX 77030-2017

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

Name of Employer Occupation
Univ of TX-Houston Med Sc-
hool Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: SA11AI.32460

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
S Carolyn Katzen, Dr.

Mailing Address Dept of Path
1364 Clifton Rd NE, Ste C179

City State Zip Code
Atlanta GA 30322-1064

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

Name of Employer Occupation
Emory Univ Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2009

Transaction ID: SA11AI.32463

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 / 23
(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. 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 Carolinas Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 12 / 2009
Transaction ID: SA11AI.32474
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
H Martin Matthews, Dr.
Mailing Address 420 W Magnetic St

City State Zip Code
Marquette MI 49855-2711

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

Name of Employer Marquette Gen Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 09 / 2009
Transaction ID: SA11AI.32480
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
S Thomas Mego, Dr.
Mailing Address Dept of Path
3200 Providence Dr

City State Zip Code
Anchorage AK 99508-4615

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

Name of Employer Providence Alaska Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 18 / 2009
Transaction ID: SA11AI.32482
Amount of Each Receipt this Period: 2500.00

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 14 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gerald Minkowitz

Mailing Address 904 49th St

City State Zip Code
Brooklyn NY 11219

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

Name of Employer
Minkowitz Consultant Pathology

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: SA11AI.32483

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Luis Ricardo Munoz, Dr.

Mailing Address Dept of Pathology
8100 Chancellor Dr Ste 130

City State Zip Code
Orlando FL 32809-7664

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

Name of Employer
AmeriPath

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: SA11AI.32488

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Irene Lauren O'Brien, Dr.

Mailing Address Path Clin Lab
100 W California Blvd

City State Zip Code
Pasadena CA 91105-3010

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

Name of Employer
Huntington Mem Hosp

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: SA11AI.32489

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 15 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A. Joe Salinas, Dr.

Mailing Address Department of Pathology
763 Johnsonburg Rd

City State Zip Code
St Marys PA 15857-3498

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

Name of Employer Elk Reg Hlth Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: SA11AI.32499

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lawrence Wm. Selby, Dr.

Mailing Address Harris Regional Hospital
Pathology Department

City State Zip Code
Sylva NC 28779-2722

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

Name of Employer Mountain Pathology Services Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2009

Transaction ID: SA11AI.32503

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. Gregory Skarulis, Dr.

Mailing Address Dept. of Pathology
206 Second Street East

City State Zip Code
Bradenton FL 34208

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

Name of Employer Manatee Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2009

Transaction ID: SA11AI.32506

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 16 / 23
(check only one)

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

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

A.

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

Mailing Address 24410 Oaklawn Plantation Rd

City State Zip Code
Pass Christian MS 39571

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

Name of Employer Occupation
Garden Park Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2009

Transaction ID: SA11AI.32507

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
R. David Soike, Dr.

Mailing Address Department of Pathology
400 State of Franklin Road

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: SA11AI.32508

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
O. V. Speights, Dr.

Mailing Address Department of Pathology
2401 S. 31st Street

City State Zip Code
Temple TX 76508-6508

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

Name of Employer Occupation
Scott and White Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2009

Transaction ID: SA11AI.32510

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23
	<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. Susan Strate, Dr.	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 2627 San Simeon	Transaction ID: SA11AI.32514
	City State Zip Code Wichita Falls TX 76308	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kell West Regional Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) G Michael Venrick, Dr.	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address 6116 E Warren Ave	Transaction ID: SA11AI.32519
	City State Zip Code Denver CO 80222-5703	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UniPath, LLC 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 Walker, Dr.	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address Department of Pathology 350 Hospital Dr	Transaction ID: SA11AI.32522
	City State Zip Code Macon GA 31217-3838	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Coliseum Medical Center 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)	▶	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 18 / 23
(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)
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: 01 / 22 / 2009
Transaction ID: SA11AI.32523
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
V. Sarah Webb, Dr.

Mailing Address Department of Pathology
1600 Hospital Parkway

City Bedford State TX Zip Code 76022

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

Name of Employer Harris Methodist HEB Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 05 / 2009
Transaction ID: SA11AI.32525
Amount of Each Receipt this Period: 250.00

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

Mailing Address Dept of Pathology
2915 Missouri Ave

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 12 / 2009
Transaction ID: SA11AI.32528
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: (check only one)	PAGE 19 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) A. Robert Wessels, Dr.		Date of Receipt	
	Mailing Address 710 Fm 1960 Rd W		M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.32529
	Houston	TX	77090-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Houston Northwest 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) F Rebecca Yorke, Dr.		Date of Receipt	
	Mailing Address 2504 Elmen		M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.32531
	Houston	TX	77019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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 ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Stephen Yurco		Date of Receipt	
	Mailing Address Dept of Pathology 9200 Wall St		M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.32532
	Austin	TX	78754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Clinical Pathology Assoc		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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	26350.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.32539</p> <p>Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 216.28</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.32540</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 62.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.32541</p> <p>Date of Disbursement 01 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 46.40</p>

SUBTOTAL of Disbursements This Page (optional)	325.18
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

<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.32542

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

2.90

SUBTOTAL of Disbursements This Page (optional)

2.90

TOTAL This Period (last page this line number only)

328.08

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

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

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

A.

Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Transaction ID: SB23.32535

Date of Disbursement

Mailing Address 5429 Madison Avenue

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

City State Zip Code
Sacramento CA 95841

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

**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 23 / 23

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

None PathPAC POLITICAL EDUCATION FU

Mailing Address NONE

City None State IL Zip Code 60093

Purpose of Disbursement
Move Money to Soft Dollars

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.32536

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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

100.00