

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 03 01 2009 through 03 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 11 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 **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XA**

November 19, 2009

Revised due to internal audit. Checks were recorded on the FEC report that were internal transfers only.

Transaction ID :

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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 84806.66 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 150234.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 57892.00 | 129237.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 208126.52 | 214043.66 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 96867.98 | 102785.12 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 111258.54 | 111258.54 | | | | | | | | |
| 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: 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) | 45408.00 | 97583.00 |
| (ii) Unitemized | 12484.00 | 26154.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 57892.00 | 123737.00 |
| (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) | 57892.00 | 123737.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 57892.00 | 129237.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 57892.00 | 129237.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 867.98 | 1535.12 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 867.98 | 1535.12 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 96000.00 | 101000.00 |
| 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 | 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)).. | 96867.98 | 102785.12 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 96867.98 | 102785.12 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 57892.00 | 123737.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 57892.00 | 123487.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 867.98 | 1535.12 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 867.98 | 1535.12 |

**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 / 52 |
| | <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) Othon Almanza | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 | | |
| | Mailing Address Hendrick Medical Center Pathology Department | | Transaction ID: SA11AI.32799 | | |
| | City Abilene | State TX | Zip Code 79605 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer Hendrick Health System | | Occupation Pathologist | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Ebrahim Amir-Mokri | | Date of Receipt MM / DD / YYYY 03 / 24 / 2009 | | |
| | Mailing Address Department of Pathology 5645 W Addison St | | Transaction ID: SA11AI.32880 | | |
| | City Chicago | State IL | Zip Code 60634 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer Our Lady of the Resurrection Med Ctr | | Occupation Pathologist | | |

| | | | | | |
|-----------|--|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Leonor Hazel Awalt, Dr. | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 | | |
| | Mailing Address Laboratory 18220 State Highway 249 Rm 2285 1 | | Transaction ID: SA11AI.32854 | | |
| | City Houston | State TX | Zip Code 77070-4347 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer Methodist Willowbrook Hosp | | Occupation Pathologist | | |

| | |
|--|--------|
| 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 / 52
(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)
N Stephen Bauer, Dr.
 Mailing Address Lab
6501 Coyle Ave
 City Carmichael State CA Zip Code 95608-0306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy San Juan Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 03 / 11 / 2009
Transaction ID: SA11AI.32850
 Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Chafik Bengana
 Mailing Address 2323 N Lake Dr
 City Milwaukee State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Mary's Hosp of Milwaukee Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 18 / 2009
Transaction ID: SA11AI.32945
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
B. Robert Benyo, Dr.
 Mailing Address Department of Pathology
18901 Lake Shore Blvd
 City Euclid State OH Zip Code 44119-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Euclid Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32779
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 3900.00
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 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr. | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1255 W Washington St | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 0 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 3 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Tempe AZ 85281-1210 | | Transaction ID: SA11AI.32761 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 208.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Clin-Path Associates, P.C. Pathologist | | Receipt For: Aggregate Year-to-Date ▼ 208.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) F. Lynn Blake, Dr. | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1601 Ailor Ave | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 7 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 3 | | 2 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Knoxville TN 37921-6702 | | Transaction ID: SA11AI.32840 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Medic Regional Blood Ctr Pathologist | | Receipt For: Aggregate Year-to-Date ▼ 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mulkey Melissa Blann, Dr. | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 3810 152nd St | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Lubbock TX 79423-6310 | | Transaction ID: SA11AI.32861 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Covenant Med Ctr-Lakeside Pathologist | | Receipt For: Aggregate Year-to-Date ▼ 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1458.00 |
| 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 / 52
(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) Marco Burenko | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| Mailing Address Laboratory Services PO Box 320069 | | Transaction ID: SA11AI.32750 |
| City Cocoa Beach | State Zip Code FL 32932-0069 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Cape Canaveral Hospital | 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) Strong Susan Cannon, Dr. | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| Mailing Address Department of Pathology 1220 Jefferson Street | | Transaction ID: SA11AI.32920 |
| City Laurel | State Zip Code MS 39441-0607 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer South Central Regional Med Ctr | Occupation Pathologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) J. William Castellani, Dr. | | Date of Receipt MM / DD / YYYY 03 / 27 / 2009 |
| Mailing Address Department of Pathology 500 University Dr | | Transaction ID: SA11AI.32885 |
| City Hershey | State Zip Code PA 17033-2360 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Penn State Hershey Med Ctr | Occupation Pathologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| 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 11 / 52
(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)
J. Camilla Cobb, Dr.

Mailing Address 2085 Shannon Ct #3

City State Zip Code
Diamond Bar CA 91765

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

Name of Employer LAC + USC Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.32819

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
C Carol Cooke-Dittmann, Dr.

Mailing Address Dept of Path
3401 W Gore Blvd

City State Zip Code
Lawton OK 73502

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

Name of Employer Comanche County Mem Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.32765

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address Department of Pathology
1024 Central Park Drive

City State Zip Code
Steamboat Springs CO 80487

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

Name of Employer Yampa Valley Medical Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.33046

Amount of Each Receipt this Period
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 12 / 52
(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) Abou Samer Dola, Dr. | | Date of Receipt MM / DD / YYYY 03 / 05 / 2009 |
| Mailing Address Ingalls Memorial Hospital Pathology Dept. | | Transaction ID: SA11AI.32937 |
| City Harvey | State IL | Zip Code 60426-3558 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer St Luke's 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 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Katherine Jane Dry, Dr. | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| Mailing Address DEpt of Path 1978 Industrial Blvd | | Transaction ID: SA11AI.32818 |
| City Houma | State LA | Zip Code 70363 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Leonard J. Chabert Med Ctr | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) I James Duff, Dr. | | Date of Receipt MM / DD / YYYY 03 / 12 / 2009 |
| Mailing Address 1150 N 18th St Ste 102 | | Transaction ID: SA11AI.32759 |
| City Abilene | State TX | Zip Code 79601-2931 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Clinical Pathology Associates | 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) | 900.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 52 |
| | <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) Tarek Mohamed Elghetany, Dr. | | Date of Receipt MM / DD / YYYY 03 / 18 / 2009 | | |
| | Mailing Address 301 University Blvd | | Transaction ID: SA11AI.33001 | | |
| | City Galveston | State TX | Zip Code 77555-0743 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Univ of Texas Med Branch | 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) W. Kay Fellows, Dr. | | Date of Receipt MM / DD / YYYY 03 / 11 / 2009 | | |
| | Mailing Address 104 Hanson Ct | | Transaction ID: SA11AI.32893 | | |
| | City Interlachen | State FL | Zip Code 32148-4243 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Putnam Community Med Ctr | Occupation Pathologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) R. Marc Filstein, Dr. | | Date of Receipt MM / DD / YYYY 03 / 24 / 2009 | | |
| | Mailing Address Department of Pathology PO Box 16052 | | Transaction ID: SA11AI.32900 | | |
| | City Reading | State PA | Zip Code 19612-6052 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Reading Hosp & 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) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 52

(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)

Michael Christopher Flynn, Dr.

Mailing Address 175 College St

City State Zip Code
Battle Creek MI 49017-3432

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

Name of Employer Occupation
RML Pathologist, PC Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.32903

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Sunil Sujata Gaitonde, Dr.

Mailing Address 840 S Wood St Ste 130

City State Zip Code
Chicago IL 60612-4325

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

Name of Employer Occupation
University of Illinois Me- Pathologist
dical Center

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.33013

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

W. Daniel Garland, Dr.

Mailing Address Dept of Pathology
2800 Godwin Blvd

City State Zip Code
Suffolk VA 23434

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

Name of Employer Occupation
Louise Obici Mem Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32912

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 15 / 52
(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. John Gerometta, Dr.

Mailing Address 113 E Fourth Street
PO Box 583

City Michigan City State IN Zip Code 46360

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

Name of Employer Pathology Consultants Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.32881

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
V Michael Grabowski, Dr.

Mailing Address Dept of Pathology
2520 Cherry Ave

City Bremerton State WA Zip Code 98310-4229

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

Name of Employer Harrison Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32797

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
M Vito Gulli, Dr.

Mailing Address 1 Channel Dr Unit 1213

City Monmouth Beach State NJ Zip Code 07750

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.33065

Amount of Each Receipt this Period
1000.00

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

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) L Darren Harris, Dr. | Date of Receipt MM / DD / YYYY 03 / 03 / 2009 |
| | Mailing Address Dept Of Pathology 4605 Maccorkle Ave SW | Transaction ID: SA11AI.33071 |
| | City State Zip Code S Charleston WV 25309-1311 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | 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 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Paul Jason Heese, Dr. | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| | Mailing Address Dept of Path 900 Illinois Ave | Transaction ID: SA11AI.32941 |
| | City State Zip Code Stevens Point WI 54481-3114 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer St. Michaels Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Alan Robin Helmuth, Dr. | Date of Receipt MM / DD / YYYY 03 / 12 / 2009 |
| | Mailing Address 8819 Shetland Ln | Transaction ID: SA11AI.32795 |
| | City State Zip Code Indianapolis IN 46278-1069 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Hancock Regional Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52
(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 Andrew Horvath, Dr.

Mailing Address Lab
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.32888

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ellen Jeanne Hryciuk, Dr.

Mailing Address 4539 A Da Hi Court

City Hubertus State WI Zip Code 53033

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

Name of Employer Wheaton Franciscan Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.33039

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
C Dennis Hwang, Dr.

Mailing Address Dept of Path
1601 Ygnacio Valley Rd

City Walnut Creek State CA Zip Code 94598-3122

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

Name of Employer John Muir Med Ctr-Walnut Creek Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32806

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 52

(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. Charles Iknayan, Dr.

Mailing Address E6385 Gheller Dr

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Bessemer | MI | 49911-9754 |

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

| | |
|--|---------------------------|
| Name of Employer Grandview Hospital | Occupation Pathologist |
|--|---------------------------|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.32791

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
I. Mikhail Kantius, Dr.

Mailing Address 79-18 164th Street

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Jamaica | NY | 11432 |

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

| | |
|---|---------------------------|
| Name of Employer Sophora Diagnostic Laboratory | Occupation Pathologist |
|---|---------------------------|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2009

Transaction ID: SA11AI.32918

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W Scott Kelley, Dr.

Mailing Address PO Box 2090

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Brookfield | WI | 53008-2090 |

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

| | |
|--|---------------------------|
| Name of Employer Dermopathdiagnostics | Occupation Pathologist |
|--|---------------------------|

| | |
|---|------------------------------------|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.32772

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J Daniel Kerr, Dr.
 Mailing Address Department of Pathology
820 N. Chelan Avenue
 City State Zip Code
Wenatchee WA 98801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Wenatchee Valley 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
0 3 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.33033
 Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C Patrick Kippenbrock, Dr.
 Mailing Address 7850 N Illinois St
 City State Zip Code
Indianapolis IN 46260-3663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
St John's Hlth Sys Pathologist
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00
 Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.32930
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
R Thomas Kluzak, Dr.
 Mailing Address 3219 Keywest Ct
 City State Zip Code
Wichita KS 67204-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Via Christi Reg 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
0 3 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.33021
 Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52
(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. Cynthia Krueger, Dr.

Mailing Address 1434 Argyle Crescent

City State Zip Code
Ann Arbor MI 48103-2503

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

Name of Employer Occupation
Univ of Michigan 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
0 3 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33058

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
A Barbara Lines, Dr.

Mailing Address Path Dept MC4-265
6720 Bertner

City State Zip Code
Houston TX 77030-2604

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

Name of Employer Occupation
St Lukes Episcopal Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.32935

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address PO Box 1709
North Texas Pathology Laboratories

City State Zip Code
Rowlett TX 75030-1709

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

Name of Employer Occupation
North Texas Path Labs Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.32865

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 21 / 52
(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)
S. Larry Mapow, Dr.
Mailing Address 1312 Chickadee Lane
City Millville State NJ Zip Code 08332
FEC ID number of contributing federal political committee. **C**
Name of Employer South Jersey Healthcare RMC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 18 / 2009
Transaction ID: SA11AI.32921
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Francis James Martinchick, Dr.
Mailing Address Dept of Pathology 255 N 30th Street
City Laramie State WY Zip Code 82072
FEC ID number of contributing federal political committee. **C**
Name of Employer Ivinson Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.32804
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
G. Guillermo Martinez-Torres, Dr.
Mailing Address Department of Pathology 2025 E Newport Ave
City Milwaukee State WI Zip Code 53211
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia St. Marys Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 09 / 2009
Transaction ID: SA11AI.32764
Amount of Each Receipt this Period 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 52
(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 Roger Mathewson, Dr. | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| Mailing Address Pathology 401 N Ewing St | | Transaction ID: SA11AI.32784 |
| City Lancaster | State OH | Zip Code 43130-3371 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Fairfield Med Ctr | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Daniel Michael McEachin, Dr. | | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| Mailing Address #1105 285 Centennial Olympic Pk Dr | | Transaction ID: SA11AI.32887 |
| City Atlanta | State GA | Zip Code 30313 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1200.00 |
| Name of Employer Newnan Hosp | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) W. Philip McGuire, Dr. | | Date of Receipt MM / DD / YYYY 03 / 18 / 2009 |
| Mailing Address 1660 Hogan Avenue | | Transaction ID: SA11AI.32943 |
| City Chesterton | State IN | Zip Code 46304-9378 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer St. Anthony Mem Hlth Ctr | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 52 |
| | <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. Arthur McTighe, Dr. | Date of Receipt MM / DD / YYYY 03 / 17 / 2009 |
| | Mailing Address Cheif, Dept of Pathology 201 E University Pkwy | Transaction ID: SA11AI.32971 |
| | City State Zip Code Baltimore MD 21218-2895 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Union Memorial Hospital 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) O Nadia Metwalli, Dr. | Date of Receipt MM / DD / YYYY 03 / 05 / 2009 |
| | Mailing Address 4444 Giddings Rd | Transaction ID: SA11AI.32897 |
| | City State Zip Code Auburn Hills MI 48326-1533 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Quest Diagnostics 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) Maryam Mohammadkhani | Date of Receipt MM / DD / YYYY 03 / 18 / 2009 |
| | Mailing Address 1000 E Primrose St Ste 300 | Transaction ID: SA11AI.32883 |
| | City State Zip Code Springfield MO 65807-5178 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Pathology Services of Springfield Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 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 24 / 52
(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)
A. Edward Moscovic, Dr.
Mailing Address 3077 Cross Bronx Expy Apt 6K
City State Zip Code
Bronx NY 10465
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt MM / DD / YYYY
03 / 24 / 2009
Transaction ID: SA11AI.33057
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
M. Tariq Murad, Dr.
Mailing Address Dept of Pathology
450 W II Route 22
City State Zip Code
Barrington IL 60010-1919
FEC ID number of contributing federal political committee. **C**
Name of Employer Good Shepherd Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
03 / 18 / 2009
Transaction ID: SA11AI.32790
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Joseph James Navin, Dr.
Mailing Address 5287 Poola Street
City State Zip Code
Honolulu HI 96821
FEC ID number of contributing federal political committee. **C**
Name of Employer Straub Clinic & Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
03 / 27 / 2009
Transaction ID: SA11AI.32768
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 25 / 52
(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. Margaret Neal, Dr.
Mailing Address 1899 Eider Ct

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
KWB Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.32809

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
T. Lawrence Nelsen, Dr.
Mailing Address Laboratory
1000 First Dr NW

City State Zip Code
Austin MN 55912

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

Name of Employer Occupation
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 Y
03 / 26 / 2009

Transaction ID: SA11AI.32732

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Mary Olney, Dr.
Mailing Address 115 Blackcherry Ln

City State Zip Code
Chapel Hill NC 27514-1613

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

Name of Employer Occupation
Lab Corp of America 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
03 / 27 / 2009

Transaction ID: SA11AI.32811

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 52
(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 Tushar Padhya, Dr.
Mailing Address 1008 Boxwood Dr
City Munster State IN Zip Code 46321-2841
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.32852
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
W. Charles Panchari, Dr.
Mailing Address 2641 Eden Place
City Beverly Hills State CA Zip Code 90210
FEC ID number of contributing federal political committee. **C**
Name of Employer Whittier Hosp Medical Ctr. Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.33048
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Allen Jodi Parks, Dr.
Mailing Address 340 Great Lakes Cir W Apt A
City Avon State IN Zip Code 46123-3786
FEC ID number of contributing federal political committee. **C**
Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.33067
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 27 / 52
(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 Judith Pester, Dr.

Mailing Address 1625 Medical Center St

City State Zip Code
El Paso TX 79902-5005

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

Name of Employer Occupation
Sierra Laboratory Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.32916

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Alexander Pliskin

Mailing Address 24068 Depew Ave

City State Zip Code
Douglaston NY 11363-1611

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

Name of Employer Occupation
Quest Diagnostics Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.32899

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Glenn Ramsey, Dr.

Mailing Address Blood Bank, Feinberg 7-301
251 E Huron St

City State Zip Code
Chicago IL 60611-2908

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

Name of Employer Occupation
Northwestern Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.32869

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 52 |
| | <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) Anwar Zarina Rasheed, Dr. | Date of Receipt MM / DD / YYYY 03 / 26 / 2009 |
| | Mailing Address Pathology Dept 306 Stanaford Rd | Transaction ID: SA11AI.32739 |
| | City Beckley State WV Zip Code 25801-3142 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Beckley Appalachian Regional Hospital Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) A. James Robb, Dr. | Date of Receipt MM / DD / YYYY 03 / 02 / 2009 |
| | Mailing Address 11613 Kensington Ct | Transaction ID: SA11AI.33052 |
| | City Boca Raton State FL Zip Code 33428-2415 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | 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 ▼ 1000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr. | Date of Receipt MM / DD / YYYY 03 / 17 / 2009 |
| | Mailing Address Department of Pathology DUMC-3712 | Transaction ID: SA11AI.32774 |
| | City Durham State NC Zip Code 27710-0001 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Duke Univ Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 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 29 / 52
(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 Michael Royer, Dr.
Mailing Address 306 12th St NE
City Washington State DC Zip Code 20002-6320
FEC ID number of contributing federal political committee. **C**
Name of Employer Walter Reed Army Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 18 / 2009
Transaction ID: SA11AI.33026
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Gerard Stephen Ruby, Dr.
Mailing Address 8 Todor Ct
City Burr Ridge State IL Zip Code 60527
FEC ID number of contributing federal political committee. **C**
Name of Employer Palos Community Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 17 / 2009
Transaction ID: SA11AI.32728
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
W Susan Rusch, Dr.
Mailing Address WFHC
5000 W Chambers St
City Milwaukee State WI Zip Code 53210-1650
FEC ID number of contributing federal political committee. **C**
Name of Employer St Josephs Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32932
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52
(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) O. Reinhardt Sahmel, Dr. | | Date of Receipt | |
| | Mailing Address Department of Pathology 219 South Washington St | | M M / D D / Y Y Y Y Y 03 / 24 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.32841 |
| | Easton | MD | 21601 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| | Name of Employer Memorial Hosp at Easton | | 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) M Marguerite Salam, Dr. | | Date of Receipt | |
| | Mailing Address 721 Greens | | M M / D D / Y Y Y Y Y 03 / 17 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.32911 |
| | Dallas | PA | 18612 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 1000.00 | |
| | Name of Employer Sacred Heart Hosp | | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | | |
|---|---|------------------------------------|---|-------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Suash Sharma | | Date of Receipt | |
| | Mailing Address Dept of Pathology, BAE 2575 1120 15th St | | M M / D D / Y Y Y Y Y 03 / 26 / 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.32831 |
| | Augusta | GA | 30912 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| | Name of Employer Med College of Georgia | | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 52
(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)
Kenneth Peter Shireman, Dr.

Mailing Address 1500 E Sherman Blvd

City State Zip Code
Muskegon MI 49444-1849

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

Name of Employer Occupation
Mercy General Health Partners Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32847

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
W. David Smith, Dr.

Mailing Address 3 Santa Clara Court

City State Zip Code
San Rafael CA 94903-3729

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

Name of Employer Occupation
Kaiser Foundation Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.32807

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 712 S Cascade St

City State Zip Code
Fergus Falls MN 56537-2913

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

Name of Employer Occupation
Lake Region Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32815

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 32 / 52
(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)
B Jeffrey Smith, Dr.
Mailing Address 1395 S Pinellas Avenue
City Tarpon Springs State FL Zip Code 34689-9907
FEC ID number of contributing federal political committee. **C**
Name of Employer Helen Ellis Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.32798
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
G Roderick Snow, Dr.
Mailing Address Med Specialty Lab
Dept of Path
City San Francisco State CA Zip Code 94133-4851
FEC ID number of contributing federal political committee. **C**
Name of Employer Chinese Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32756
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
D. Eli Sonkin, Dr.
Mailing Address 5000 W Oakland Pk Blvd
City Lauderdale Lakes State FL Zip Code 33313
FEC ID number of contributing federal political committee. **C**
Name of Employer Florida Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 13 / 2009
Transaction ID: SA11AI.32785
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 52
(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)
Rahima Spanta
Mailing Address 4537 Walden Dr
City Bloomfield State MI Zip Code 48301-1150
FEC ID number of contributing federal political committee. **C**
Name of Employer Oakwood Southshore Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 27 / 2009
Transaction ID: SA11AI.32871
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
S. Charles Stevens, Dr.
Mailing Address 1122 Austin Hwy
City San Antonio State TX Zip Code 78209-4844
FEC ID number of contributing federal political committee. **C**
Name of Employer South Texas Dermatopathology Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.32922
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ann Sue Strayer, Dr.
Mailing Address Dept of Pathology
1800 E Lake Shore Dr
City Decatur State IL Zip Code 62521-3810
FEC ID number of contributing federal political committee. **C**
Name of Employer St Mary's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.32940
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 34 / 52
(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)
S Mark Synovec, Dr.

Mailing Address Laboratory
1500 SW 10th Street

City State Zip Code
Topeka KS 66606

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

Name of Employer Stormont-Vail Reg Health Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY
03 / 01 / 2009

Transaction ID: SA11AI.32950

Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
V Krishnarao Tangella, Dr.

Mailing Address Dept of Path
1400 W Park St

City State Zip Code
Urbana IL 61801-2334

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

Name of Employer Provena Covenant Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.32890

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
A Mark Van Gorder, Dr.

Mailing Address 1451 S Indiana Ave

City State Zip Code
Chicago IL 60605-2834

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

Name of Employer St James Hosp and Hlth Ct-rs Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA11AI.32928

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: PAGE 35 / 52
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E Keith Volmar, Dr.

Mailing Address Rex Pathology Associates
Pathology Laboratory

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer Rex Healthcare Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.32905

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Christopher Ward, Dr.

Mailing Address Department Of Pathology
One Gustave L Levy Place

City New York State NY Zip Code 10029-6500

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

Name of Employer Mt. Sinai School of Medicine Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.32857

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Nancy Warner, Dr.

Mailing Address 1065 S San Rafael Ave

City Pasadena State CA Zip Code 91105-2330

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

Name of Employer USC Norris Cancer Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.33020

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: PAGE 36 / 52
(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. Thomas Wheeler, Dr.

Mailing Address Department of Pathology
One Baylor Plaza

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Baylor College of Medicine 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
03 / 17 / 2009

Transaction ID: SA11AI.32737

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
L Brian Wilkinson, Dr.

Mailing Address Dept of Path
606 22Nd Ave S

City State Zip Code
Meridian MS 39301-6116

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

Name of Employer Occupation
Diagnostic Tissue Cytology Grp 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
03 / 25 / 2009

Transaction ID: SA11AI.32773

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lawrence Jeffrey Winters, Dr.

Mailing Address Div of Transfusion Med
200 First St SW

City State Zip Code
Rochester MN 55905

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

Name of Employer Occupation
Mayo Clinic 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
03 / 26 / 2009

Transaction ID: SA11AI.32829

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

45408.00

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 Charges Amex</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.33131</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 58.00</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 Charges Moneris ACH</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.33129</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 250.44</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 Charges Amex</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.33132</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 4.35</p> |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 312.79 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33130 Date of Disbursement |
| | Mailing Address P.O. Box 85024 | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/> |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Bank Charges Acct Analysis Fee | <input type="text" value="50.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33133 Date of Disbursement |
| | Mailing Address P.O. Box 85024 | <input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Bank Charges Amex | <input type="text" value="37.06"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33128 Date of Disbursement |
| | Mailing Address P.O. Box 85024 | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Refund Paul Hartel | <input type="text" value="250.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="337.56"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33134 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 85024 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 3 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Bank Charges Amex Candidate Name | <table border="1"><tr><td>36.25</td></tr></table> | 36.25 | | | | | | | | | | | | | | | | | | |
| 36.25 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33135 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 85024 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Bank Charges Amex Candidate Name | <table border="1"><tr><td>4.48</td></tr></table> | 4.48 | | | | | | | | | | | | | | | | | | |
| 4.48 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Sun Trust Bank | Transaction ID: SB21B.33136 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 85024 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23285 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Bank Charges Amex Candidate Name | <table border="1"><tr><td>60.90</td></tr></table> | 60.90 | | | | | | | | | | | | | | | | | | |
| 60.90 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>101.63</td></tr></table> | 101.63 |
| 101.63 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

**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 40 / 52

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Charges Amex Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.33137 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2009 |
| | Amount of Each Disbursement this Period 76.85 |
| B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Charges Amex Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.33138 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2009 |
| | Amount of Each Disbursement this Period 39.15 |

SUBTOTAL of Disbursements This Page (optional) ►

116.00

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

867.98

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.33075

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 116

City Hyattsville, State MD Zip Code 20781-0116

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.33076

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
BENNETT ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE
SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.33078

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE | Transaction ID: SB23.33080 |
| | Mailing Address 236 Massachusetts Ave., NE Suite 508 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. FOR CONGRESS | Transaction ID: SB23.33082 |
| | Mailing Address Post Office Box 80126 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City Lafayette State LA Zip Code 70598 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Candidate Name | Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS | Transaction ID: SB23.33085 |
| | Mailing Address 9340 Fuerte Drive Suite 302 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City La Mesa State CA Zip Code 91941 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Candidate Name | Category/ Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52 | |

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| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) EVAN BAYH COMMITTEE <hr/> Mailing Address 1070 THOMAS JEFFERSON STREET NW SUITE 202 <hr/> City State Zip Code WASHINGTON DC 20007 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House Disbursement For: 2010 <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | Transaction ID: SB23.33087 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | |
| | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table> | Category/Type | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) FARM PAC <hr/> Mailing Address 675 N Washington St Suite 410 <hr/> City State Zip Code Alexandria VA 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House Disbursement For: 2009 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.33118 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| | 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | |
| | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table> | Category/Type | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO <hr/> Mailing Address 406 Virginia Avenue <hr/> City State Zip Code Alexandria VA 22302 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House Disbursement For: 2012 <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: WY District: 00 | Transaction ID: SB23.33089 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | | | | | | | | | | | |
| | Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Category/Type</td> </tr> <tr> <td> </td> </tr> </table> | Category/Type | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. FRIENDS OF SHERROD BROWN

Full Name (Last, First, Middle Initial)

Mailing Address 426 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 00
Disbursement For: 2012 Primary General Other (specify) ▼

Transaction ID: SB23.33090
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. GEOFF DAVIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 700 12TH STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: KY District: 02
Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: SB23.33083
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. GEORGIANS FOR ISAKSON

Full Name (Last, First, Middle Initial)

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: 00
Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: SB23.33119
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE | Transaction ID: SB23.33121 |
| | Mailing Address 1415 NORTH TAFT STREET SUITE 477 | Date of Disbursement MM / DD / YYYY 03 / 30 / 2009 |
| | City ARLINGTON State VA Zip Code 22201 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) GLACIER PAC | Transaction ID: SB23.33092 |
| | Mailing Address 236 MASSACHUSETTS AVE, NE SUITE 603 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) LISA MURKOWSKI - U S SENATE | Transaction ID: SB23.33094 |
| | Mailing Address PO BOX 100847 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City ANCHORAGE State AK Zip Code 99510 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33095
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
MARY BONO MACK COMMITTEE

Mailing Address P.O. Box 3370

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33097
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
MATHESON FOR CONGRESS

Mailing Address PO Box 636

City State Zip Code
Annandale VA 22003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33098
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
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| <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) MIKULSKI FOR SENATE COMMITTEE | Transaction ID: SB23.33123 Date of Disbursement 03 / 30 / 2009 |
| | Mailing Address 10 G STREE NE SUITE 470 | Amount of Each Disbursement this Period 1000.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS | Transaction ID: SB23.33143 Date of Disbursement 03 / 13 / 2009 |
| | Mailing Address P.O. BOX 368 | Amount of Each Disbursement this Period 2500.00 |
| | City FALLS CHRUCH State VA Zip Code 22040 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NRCC | Transaction ID: SB23.33100 Date of Disbursement 03 / 13 / 2009 |
| | Mailing Address 320 FIRST STREET | Amount of Each Disbursement this Period 15000.00 |
| | City WASHINGTON State DC Zip Code 20003 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 18500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 5000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.33101 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS Mailing Address PO Box 38585 City Dallas State TX Zip Code 75238 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.33103 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00 |
| C. | Full Name (Last, First, Middle Initial) Pomeroy For Congress Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.33104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 12500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 52

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)</p> <p>Mailing Address 610 S. BOULEVARD</p> <p>City TAMPA State FL Zip Code 33606</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.33125 Date of Disbursement: 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06</p> | <p>Transaction ID: SB23.33105 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01</p> | <p>Transaction ID: SB23.33106 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) SOUTH DAKOTA FIRST PAC Mailing Address 122 MARYLAND AVENUE, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.33126 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 509 7TH Street, NW 3rd Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.33109 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) The MikeR Fund Mailing Address P.O. Box 2776 City Arlington State VA Zip Code 22202 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08 | Transaction ID: SB23.33146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE | Transaction ID: SB23.33112 |
| | Mailing Address PO BOX 40385 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City WASHINGTON State DC Zip Code 20016 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS | Transaction ID: SB23.33140 |
| | Mailing Address 2875 TOWERVIEW ROAD SUITE 1000 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City HERNDON State VA Zip Code 20171 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: FL District: 13 | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM | Transaction ID: SB23.33113 |
| | Mailing Address 2451 Cumberland Parkway Ste. 3264 | Date of Disbursement MM / DD / YYYY 03 / 13 / 2009 |
| | City Atlanta State GA Zip Code 30339 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.33115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)