

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 09 01 2009 through 09 30 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 10 16 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	193413.38									
(c) Total Receipts (from Line 19)	91087.00	526109.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	284500.38	606875.96								
7. Total Disbursements (from Line 31)	62995.28	385370.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	221505.10	221505.10								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	86427.50	402619.50
(ii) Unitemized	4659.50	117989.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	91087.00	520609.00
(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)	91087.00	520609.00
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))	91087.00	526109.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91087.00	526109.00

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.....	1360.28	9731.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1360.28	9731.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	341179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	8135.00	34210.00
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))..	62995.28	385370.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62995.28	385370.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	91087.00	520609.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91087.00	520359.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1360.28	9731.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1360.28	9731.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
D. Garrett Alcorn, Dr.

Mailing Address Department of Pathology
16251 Sylvester Road, SW

City State Zip Code
Seattle WA 98166

FEC ID number of contributing federal political committee. C

Name of Employer Highline Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35244

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
D Garrett Alcorn, Dr.

Mailing Address 16251 Sylvester Rd SW

City State Zip Code
Burien WA 98166-3017

FEC ID number of contributing federal political committee. C

Name of Employer Highline Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009

Transaction ID: SA11AI.35245

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
M. Victor Alvarez, Dr.

Mailing Address 2045 S 14th Ave Unit 17

City State Zip Code
Yuma AZ 85364-6286

FEC ID number of contributing federal political committee. C

Name of Employer Yuma Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.35379

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 61
(check only one)

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

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

A.

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

Mailing Address 5100 W Broad St

City Columbus State OH Zip Code 43228-1607

FEC ID number of contributing federal political committee. C

Name of Employer Doctors Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35215

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Steven Gary Assarian, Dr.

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

City Detroit State MI Zip Code 48202-2608

FEC ID number of contributing federal political committee. C

Name of Employer Henry Ford Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35242

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
D. Norman Bell, Dr.

Mailing Address PO Box 242752

City Montgomery State AL Zip Code 36124

FEC ID number of contributing federal political committee. C

Name of Employer Baptist Medical Ctr-East Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35183

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 8 / 61
(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. Jane Bennett-Munro, Dr.

Mailing Address PO Box 409
650 Addison Ave W

City State Zip Code
Twin Falls ID 83301

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Magic Valley Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35329

Amount of Each Receipt this Period 600.00

B.

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

Mailing Address 9815 N 107th St

City State Zip Code
Scottsdale AZ 85258-6090

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35380

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
F. Peter Bernhardt, Dr.

Mailing Address Department of Pathology
800 Biesterfield Rd

City State Zip Code
Elk Grove Village IL 60007-3397

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Alexian Brothers Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35174

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1308.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
G. Jared Block, Dr.
Mailing Address 2928 Forest Park Dr
City State Zip Code
Charlotte NC 28209-1402
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolinas Med Ctr - University Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt MM / DD / YYYY
09 / 17 / 2009
Transaction ID: SA11AI.35191
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
W. Henry Bockelman, Dr.
Mailing Address Department of Pathology
600 Mary Street
City State Zip Code
Evansville IN 47747
FEC ID number of contributing federal political committee. **C**
Name of Employer Deaconess Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt MM / DD / YYYY
09 / 04 / 2009
Transaction ID: SA11AI.35210
Amount of Each Receipt this Period 600.00

C. Full Name (Last, First, Middle Initial)
Hecht Edward Bossen, Dr.
Mailing Address 2811 Wade Road
City State Zip Code
Durham NC 27705-5622
FEC ID number of contributing federal political committee. **C**
Name of Employer Duke Univ Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
09 / 04 / 2009
Transaction ID: SA11AI.35218
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 61
(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)
Ann Marylee Braniecki, Dr.

Mailing Address 2078 Fargo Blvd.

City State Zip Code
Geneva IL 60134

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

Name of Employer Occupation
ACL Illinois Central Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35171

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L Irwin Browarsky, Dr.

Mailing Address 5751 Hoover Blvd

City State Zip Code
Tampa FL 33634-5340

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

Name of Employer Occupation
Ruffolo, Hooper & Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35311

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Lab
44455 Sterling Hwy

City State Zip Code
Soldotna AK 99669

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

Name of Employer Occupation
Peninsula Pathology Institute Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35300

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61
(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)
Delvalle Rebeca Candal, Col

Mailing Address 100 Medical Center Dr

City State Zip Code
Slidell LA 70461-5520

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

Name of Employer Occupation
Northshore Regional Medical Center 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
09 / 04 / 2009

Transaction ID: SA11AI.35288

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
D. Jeffrey Cao, Dr.

Mailing Address Dept of Path
11234 Anderson St

City State Zip Code
Loma Linda CA 92354

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

Name of Employer Occupation
Loma Linda Univ Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35263

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
J. Thomas Carroll, Dr.

Mailing Address Pathology Department
2720 Stone Park Blvd

City State Zip Code
Sioux City IA 51104-3734

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

Name of Employer Occupation
St Lukes Reg Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35331

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 61
	<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) Victor Casas		Date of Receipt	
	Mailing Address Dept of Path 65 James St		M M / D D / Y Y Y Y Y 09 / 11 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35249
	Edison	NJ	08818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer John F. Kennedy Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Lizardo Cerezo		Date of Receipt	
	Mailing Address Dept of Path 1414 Kuhl Ave		M M / D D / Y Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35292
	Orlando	FL	32806-2115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Orlando Regional 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		

C.	Full Name (Last, First, Middle Initial) E. Robert Charles, Dr.		Date of Receipt	
	Mailing Address 710 FM 1960 West Medical Mall 3		M M / D D / Y Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35247
	Houston	TX	77090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Houston Northwest Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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 13 / 61
(check only one)

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

A.

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

Mailing Address 111 Franklin Health Commons

City Farmington State ME Zip Code 04938

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

Name of Employer Franklin Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009

Transaction ID: SA11AI.35225

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Carol Barbara Comess, Dr.

Mailing Address Department of Pathology
39000 Bob Hope Drive

City Rancho Mirage State CA Zip Code 92270-3221

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

Name of Employer Eisenhower Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35219

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Douglas Paul Cook, Dr.

Mailing Address Path Dept
1000 W 10th St

City Rolla State MO Zip Code 65401-2905

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

Name of Employer Phelps County Reg Med Ctr Occupation Pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35301

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 61
(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)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City State Zip Code
Long Beach CA 90815-4129

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

Name of Employer Occupation
Centinela Hosp Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35197

Amount of Each Receipt this Period
71.50

B.

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

Mailing Address Dept of Path
350 N Wilmot Rd

City State Zip Code
Tucson AZ 85711

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

Name of Employer Occupation
Carondelet St Joseph's Ho-sp 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
09 / 11 / 2009

Transaction ID: SA11AI.35195

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Neil Arthur Crowson, Dr.

Mailing Address Dept of Path
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer Occupation
St John Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35324

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **971.50**

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 / 61

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
D. Hernani Cualing, Dr.

Mailing Address Department of Pathology
12902 USF Magnolia Dr Rm 2071

City Tampa State FL Zip Code 33612-9416

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

Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35233

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
S. DeWitt Davenport, Dr.

Mailing Address PO Box 2918

City Harlingen State TX Zip Code 78551-2918

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

Name of Employer Valley Baptist Med Ctr Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35214

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Ramon Fernando De Castro, Dr.

Mailing Address 250 Fountain Ct

City Lexington State KY Zip Code 40509-1888

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

Name of Employer Dermatopathology Reference Lab Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35211

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 61
(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. Craig Dise, Dr.
 Mailing Address Department of Pathology
100 Madison Ave
 City State Zip Code
Morristown NJ 07960
 Date of Receipt
MM / DD / YYYY
09 / 08 / 2009
Transaction ID: SA11AI.35279
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Morristown Memorial Hosp Pathologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

B. Full Name (Last, First, Middle Initial)
D. James Dollar, Dr.
 Mailing Address 231 Pat Stough Ln
 City State Zip Code
Davidson NC 28036-8405
 Date of Receipt
MM / DD / YYYY
09 / 04 / 2009
Transaction ID: SA11AI.35190
 Amount of Each Receipt this Period
750.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Pathology Assocs Svcs Pathologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
750.00

C. Full Name (Last, First, Middle Initial)
H Justin Ekuan, Dr.
 Mailing Address Path
27700 Medical Center Rd
 City State Zip Code
Mission Viejo CA 92691-6426
 Date of Receipt
MM / DD / YYYY
09 / 25 / 2009
Transaction ID: SA11AI.35277
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Mission Hosp & Reg Med Ctr Pathologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 61
(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)
M Galen Eversole, Dr.
 Mailing Address Dept of Path
4230 Burnham Ave
 City Las Vegas State NV Zip Code 89119
 Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35303
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quest Diag Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Edward Ewing
 Mailing Address Lab
405 W Grand Ave
 City Dayton State OH Zip Code 45459
 Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35228
 Amount of Each Receipt this Period 750.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grandview Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

C. Full Name (Last, First, Middle Initial)
L. Marianne Feran, Dr.
 Mailing Address 23 Whittier St
 City Melrose State MA Zip Code 02176-3601
 Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35207
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Converge Diagnostic Services LLC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 61
(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)
T. Noel Florendo, Dr.
Mailing Address 1211 Union Ave Ste 300
City State Zip Code
Memphis TN 38104-6655
FEC ID number of contributing federal political committee. **C**
Name of Employer Duckworth Pathology Group Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
09 / 03 / 2009
Transaction ID: SA11AI.35217
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
D. Rebecca Folkerth, Dr.
Mailing Address Department of Pathology
75 Francis St
City State Zip Code
Boston MA 02115-6110
FEC ID number of contributing federal political committee. **C**
Name of Employer Brigham & Women's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
09 / 17 / 2009
Transaction ID: SA11AI.35187
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
V. Steven Foster, Dr.
Mailing Address Department of Pathology
1441 N Beckley Ave
City State Zip Code
Dallas TX 75203
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Dallas Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
09 / 11 / 2009
Transaction ID: SA11AI.35271
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 61
(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. Robert Freedman		Date of Receipt MM / DD / YYYY 09 / 11 / 2009
Mailing Address Department of Pathology 225 North Jackson Avenue		Transaction ID: SA11AI.35308
City San Jose	State CA	
Zip Code 95116		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Regional 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) Michael Dennis Frisman, Dr.		Date of Receipt MM / DD / YYYY 09 / 11 / 2009
Mailing Address Pathology Department 39000 Bob Hope Drive		Transaction ID: SA11AI.35220
City Rancho Mirage	State CA	
Zip Code 92270		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Eisenhower Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr.		Date of Receipt MM / DD / YYYY 09 / 11 / 2009
Mailing Address Department of Lab Medicine 615 South New Ballas Road		Transaction ID: SA11AI.35325
City St Louis	State MO	
Zip Code 63141-8277		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer St. Johns Mercy 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)	▶	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 / 61
(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. Michael Gandour, Dr.

Mailing Address Dept of Path/Lab
4500 13th St

City State Zip Code
Gulfport MS 39501

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

Name of Employer Occupation
Memorial Hosp @ Gulfport Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.35267

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
P Steven Goetz, Dr.

Mailing Address Dept of Path
1000 Fourth St SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Med Ctr-North Iowa 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 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.35270

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Buntyn Paul Googe, Dr.

Mailing Address 315 Erin Dr

City State Zip Code
Knoxville TN 37919-6202

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

Name of Employer Occupation
Knoxville Dermatopathology Laboratorie 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 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.35255

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 61
(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)
Sylvester Michael Graff, Dr.
Mailing Address 290 Big Run Rd

City Lexington State KY Zip Code 40503-2903

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35224
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dwayne Brent Hall, Dr.
Mailing Address PO Box 1818

City Boone State NC Zip Code 28607-1818

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 09 / 04 / 2009
Transaction ID: SA11AI.35370
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Carl Gordon Handte, Dr.
Mailing Address Department of Pathology
1800 East Park Ave

City State College State PA Zip Code 16803

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

Name of Employer Centre Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35280
Amount of Each Receipt this Period 250.00

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 22 / 61
(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)
V. William Harrer, Dr.

Mailing Address 129 The Mews

City State Zip Code
Haddonfield NJ 08033-1344

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

Name of Employer Occupation
Our Lady of Lourdes Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35253

Amount of Each Receipt this Period
1000.00

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35274

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
M Douglas Hughes, Dr.

Mailing Address 6063 Sabal Creek Blvd

City State Zip Code
Port Orange FL 32128

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

Name of Employer Occupation
Halifax Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35234

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 61
(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 James, Dr.

Mailing Address Dept of Pathology
4343 N Josey Ln

City State Zip Code
Carrollton TX 75010

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

Name of Employer Trinity Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35341

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Emmett William Jefferson, Dr.

Mailing Address 101 Elm Ave SE

City State Zip Code
Roanoke VA 24013-2222

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

Name of Employer Carilion Roanoke Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35188

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
E Danna Johnson, Dr.

Mailing Address Dept of Path
1401 Johnston Willis Dr

City State Zip Code
Richmond VA 23235-4730

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.35203

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 24 / 61
(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)
Gregorius Joan Jones, Dr.

Mailing Address 1320 York Ave 34H

City State Zip Code
New York NY 10021-4878

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

Name of Employer: New York Presbyterian Hosp - Cornell C
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35285

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2 Dana Ave

City State Zip Code
Winchester MA 01890-1010

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

Name of Employer: Lawrence General Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35262

Amount of Each Receipt this Period
38.00

C.

Full Name (Last, First, Middle Initial)
Alexandre Andre Kajdacsy-Balla, Dr.

Mailing Address Dept of Path
1819 W Polk St Rm 446

City State Zip Code
Chicago IL 60612-4356

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

Name of Employer: Univ of Illinois at Chicago
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35351

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **788.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 61
(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)
Elwin Marc Keen, Dr.

Mailing Address Director of Clinical Laboratory
One Atkinson Drive

City State Zip Code
Ludington MI 49431-9431

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

Name of Employer Occupation
Memorial Med Ctr of W Michigan Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35268

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
L Dennis Laffay, Dr.

Mailing Address 18856 North Valley

City State Zip Code
Fairview Park OH 44126

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

Name of Employer Occupation
Hillcrest Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35246

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
D.K. Clarke Lambe, Dr.

Mailing Address 16019 N 53rd St

City State Zip Code
Scottsdale AZ 85254-1776

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

Name of Employer Occupation
Western Pathology Assoc, Ltd. Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35376

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. Rosanna Lapham, Dr.
Mailing Address 101 East Wood Street
City State Zip Code
Spartanburg SC 29303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Spartanburg Pathology Associates, PA 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
09 / 17 / 2009
Transaction ID: SA11AI.35194
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
E. Philip LeBoit, Dr.
Mailing Address 1701 Divisadero St Rm 350
City State Zip Code
San Francisco CA 94115-3011
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Univ of California San Francisco Pathologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009
Transaction ID: SA11AI.35347
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
J Christopher Leigh, Dr.
Mailing Address Mercy Medical Center
250 Mercy Dr
City State Zip Code
Dubuque IA 52001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United Clinical Laboratories 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
09 / 18 / 2009
Transaction ID: SA11AI.35345
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 61
(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)
Alan Levin

Mailing Address 1701 Hillmoor Dr Ste C11

City State Zip Code
Port St Lucie FL 34952

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

Name of Employer AmeriPath Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35175

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
P Rodger Lewis, Dr.

Mailing Address PO Box 870
1209 Bishop ST

City State Zip Code
Union City TN 38281-0870

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

Name of Employer Baptist Memorial Hosp-Uni-on City Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35184

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
L Richard Lozano, Dr.

Mailing Address Dept of Path
290 Big Run Rd

City State Zip Code
Lexington KY 40502

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35294

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 61

(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. John Maddox, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address Department of Pathology 500 J. Clyde Morris Blvd.		Transaction ID: SA11AI.35309		
	City Newport News	State VA	Zip Code 23601	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Riverside Reg 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			

B.	Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address Dept of Pathology 290 Big Run Rd		Transaction ID: SA11AI.35295		
	City Lexington	State KY	Zip Code 40503	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology & Cytology Labs Inc.	Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) E. John McDonald, Dr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2009		
	Mailing Address Dept of Pathology 4401 Booth Calloway		Transaction ID: SA11AI.35286		
	City North Richland Hil	State TX	Zip Code 76180	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Hills Hosp	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 / 61
(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)
R Myron Melamed, Dr.
Mailing Address 3000 S Ocean Blvd Apt 1504
City Boca Raton State FL Zip Code 33432
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009
Transaction ID: SA11AI.35374
Amount of Each Receipt this Period
500.00

Name of Employer Westchester Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
D. Bruce Melin, Dr.
Mailing Address Department of Pathology
401 E Spruce St
City Garden City State KS Zip Code 67846-5672
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009
Transaction ID: SA11AI.35332
Amount of Each Receipt this Period
250.00

Name of Employer St. Catherine Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

C. Full Name (Last, First, Middle Initial)
A. Karen Miller, Dr.
Mailing Address Lab
1255 W Washington St
City Tempe State AZ Zip Code 85281-1210
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009
Transaction ID: SA11AI.35318
Amount of Each Receipt this Period
1000.00

Name of Employer Clin-Path Associates, P.C. Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 61
(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)
Deepak Mohan

Mailing Address Medical Lab Director
500 W Hospital Rd

City State Zip Code
French Camp CA 95231

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

Name of Employer Occupation
San Joaquin General Hospital Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00

Date of Receipt

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

Transaction ID: SA11AI.35312

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
F. Gary Neitzel, Dr.

Mailing Address ACL Laboratories
2900 W. Oklahoma Avenue

City State Zip Code
Milwaukee WI 53215-4330

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

Name of Employer Occupation
St. Luke's 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 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.35182

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. Michael O'Leary, Dr.

Mailing Address 1304 Buckley Rd

City State Zip Code
Syracuse NY 13212-4311

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

Name of Employer Occupation
Lab Alliance of Central New York Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.35257

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2035.00

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 31 / 61
	<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) Cheng Yao Ong, Dr.	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 4712 Grandview Avenue	Transaction ID: SA11AI.35232
	City State Zip Code New Port Richey FL 34652-1039	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Gulf Coast Pathologists	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) A. Stephen Ovanessoff, Dr.	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 1255 W Washington St	Transaction ID: SA11AI.35319
	City State Zip Code Tempe AZ 85281	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Norman Robert Page, Dr.	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 315 Erin Dr	Transaction ID: SA11AI.35256
	City State Zip Code Knoxville TN 37919-6202	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Knoxville Dermatopathology Laboratorie	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 61
	<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) Abraham Philip			Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address Department of Pathology 10500 Montgomery Rd			Transaction ID: SA11AI.35185		
	City Cincinnati		State OH	Zip Code 45242-4402		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00		
	Name of Employer Bethesda North Hosp		Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.			Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address Dept of Path 290 Big Run Rd			Transaction ID: SA11AI.35296		
	City Lexington		State KY	Zip Code 40503-2903		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
	Name of Employer Pathology & Cytology Labs Inc		Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr.			Date of Receipt MM / DD / YYYY 09 / 16 / 2009		
	Mailing Address 506 Devonhall Ln			Transaction ID: SA11AI.35364		
	City Cary		State NC	Zip Code 27518-2658		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00		
	Name of Employer Wake 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)	▶	1600.00
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 / 61
(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)
G Thomas Puckett, Dr.

Mailing Address Dept of Path
421 S 28th Ave Ste 310

City Hattiesburg State MS Zip Code 39401-7208

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

Name of Employer Hattiesburg Clinic, PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35239

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Richard Donald Pulitzer, Dr.

Mailing Address 706 Green Valley Rd Ste 104

City Greensboro State NC Zip Code 27408-7043

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

Name of Employer Greensboro Pathology Assoc PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35231

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
A. Felipe Querimit, Dr.

Mailing Address Clinical Laboratories
25 Pocono Rd

City Denville State NJ Zip Code 07834

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

Name of Employer St. Clare's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35322

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 61
(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. James Quigley, Dr.

Mailing Address Department of Pathology
PO Box 2923

City State Zip Code
Shawnee Mission KS 66201

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

Name of Employer Occupation
Shawnee Mission Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35315

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Shrin Rajagopalan

Mailing Address 1900 Kildaire Farm Rd

City State Zip Code
Cary NC 27518-6616

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

Name of Employer Occupation
WakeMed Cary Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.35368

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
J. Thomas Reed, Dr.

Mailing Address 2001 Webber St

City State Zip Code
Sarasota FL 34239-5237

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

Name of Employer Occupation
Sarasota Pathology Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35314

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 61
(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)
M. Susan Rendon, Dr.
Mailing Address 913B North Blvd East
City Leesburg State FL Zip Code 34748
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009
Transaction ID: SA11AI.35299
Amount of Each Receipt this Period
1750.00

Name of Employer Pathology Medical Laboratories, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

B. Full Name (Last, First, Middle Initial)
E. Ronald Rocha, Dr.
Mailing Address 3701 S Higuera St Ste 200
City San Luis Obispo State CA Zip Code 93401
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009
Transaction ID: SA11AI.35196
Amount of Each Receipt this Period
500.00

Name of Employer Central Coast Pathology Consultants Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
F Charles Romberger, Dr.
Mailing Address 555 N. Duke St. P.O. Box 3555
City Lancaster State PA Zip Code 17604-3555
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009
Transaction ID: SA11AI.35261
Amount of Each Receipt this Period
1000.00

Name of Employer unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 61
(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 Assad Saad, Dr.

Mailing Address 1441 N Beckley Ave

City State Zip Code
Dallas TX 75203-1201

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

Name of Employer Surgical Pathologists Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35272

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
D. Clifford Sauls, Dr.

Mailing Address 4899 Montrose Blvd Apt 1510

City State Zip Code
Houston TX 77006-6170

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

Name of Employer Houston Pathology Associates Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35248

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
T Berton Schaeffer, Dr.

Mailing Address Dept of Path
214 Hospital Cir

City State Zip Code
Blairsville GA 30512-3102

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

Name of Employer Union General Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35344

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 61
(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 David Schlosnagle, Dr.

Mailing Address 510 Old Path Crossing

City Roswell State GA Zip Code 30075

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

Name of Employer WellStar Kennestone Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 03 / 2009
Transaction ID: SA11AI.35372
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
J Andrew Sloman, Dr.

Mailing Address Dept of Path
1414 Kuhl Ave

City Orlando State FL Zip Code 32806-2008

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

Name of Employer Orlando Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: SA11AI.35293
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Travis Elton Smith, Dr.

Mailing Address 1101 Veramonte Dr

City Matthews State NC Zip Code 28104

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

Name of Employer Carolinas Pathology Group Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.35193
Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 61
	<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. Ray Smith, Dr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2009
Mailing Address Department of Labs. 150 Kingsley Ln		Transaction ID: SA11AI.35186
City Norfolk	State VA	Zip Code 23505-4602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bon Secours DePaul Medical Center	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) Joy Snell		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 5405 SW Daun Dr		Transaction ID: SA11AI.35172
City Lawton	State OK	Zip Code 73505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Advanced Pathology	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) James Matthew Snyder, Dr.		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address WakeMed Hospital Pathology Dept.		Transaction ID: SA11AI.35307
City Raleigh	State NC	Zip Code 27610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Raleigh Pathology Lab Ass-oc PA	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)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 61
(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)
Strimel Kathleen Sunshine, Dr.

Mailing Address 7617 SE Maple Ave

City Vancouver State WA Zip Code 98664-1736

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

Name of Employer Southwest Washington Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2009

Transaction ID: SA11AI.35339

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Justin Eric Thompson, Dr.

Mailing Address 501 Alameda St Ste B

City Norman State OK Zip Code 73071-5465

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

Name of Employer Pathology Consultation Services Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35298

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
A. Joseph Tworek, Dr.

Mailing Address Dept of Path 5301 E Huron River Dr

City Ann Arbor State MI Zip Code 48106-0995

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

Name of Employer St. Joseph Mercy Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.35326

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 61
(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. Melvin Van Boven, Dr.

Mailing Address Department of Pathology
744 W 9th St

City State Zip Code
Tulsa OK 74127

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

Name of Employer Occupation
Tulsa Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35291

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A Carol Van der Harten, Dr.

Mailing Address 4230 Burnham Ave Ste 250

City State Zip Code
Las Vegas NV 89119-5489

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

Name of Employer Occupation
Quest Diagnostics Incorporated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35306

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2738 E 51st St Ste 290

City State Zip Code
Tulsa OK 74105-6271

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

Name of Employer Occupation
Tulsa Medical Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35342

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 61
(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)
Guillermo Villarmazo

Mailing Address PO Box 366527

City San Juan State PR Zip Code 00936-6527

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

Name of Employer Hato Rey Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35238
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.

Mailing Address Department of Pathology
44201 Dequindre Rd

City Troy State MI Zip Code 48085

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

Name of Employer William Beaumont Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 18 / 2009
Transaction ID: SA11AI.35377
Amount of Each Receipt this Period 1200.00

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

Mailing Address 411 East Matthews

City Jonesboro State AR Zip Code 72401-3142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2009
Transaction ID: SA11AI.35212
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 61

(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. Larry VonKuster, Dr.

Mailing Address Department of Pathology
715 South Taft

City State Zip Code
Fremont OH 43420

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

Name of Employer Occupation
Fremont Mem Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35226

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
L Dale Waldner, Dr.

Mailing Address 1700 Iron Jacket Trl

City State Zip Code
Harker Heights TX 76548-6955

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

Name of Employer Occupation
Darnell Community 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
09 / 18 / 2009

Transaction ID: SA11AI.35209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Michael Francis Walsh, Dr.

Mailing Address Dept of Path
3170 W Central Ave

City State Zip Code
Toledo OH 43606-2945

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

Name of Employer Occupation
Consultants in Laboratory Pathologist
Medicine

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35206

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 61
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G Patricia Wasserman, Dr.

Mailing Address 270-05 76th Ave

City State Zip Code
New Hyde Park NY 11040

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

Name of Employer Occupation
Long Island Jewish Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35264

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
H. Michael Weinstein, Dr.

Mailing Address Dept of Pathology
3000 New Bern Ave

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Occupation
Wake Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2009

Transaction ID: SA11AI.35366

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
L. Ronald Weiss, Dr.

Mailing Address Dept of Pathology
500 Chipeta Way

City State Zip Code
Salt Lake City UT 84108-4108

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

Name of Employer Occupation
ARUP Clinical Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35180

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 61
	<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 Jerome Wilkenfeld, Dr.		Date of Receipt
	Mailing Address PO Box 55008		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 17 / 2009
	City	State	Zip Code
	Houston	TX	77255-5008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35321
Name of Employer Spring Branch Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) R. Bruce Williams		Date of Receipt
	Mailing Address 2915 Missouri Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2009
	City	State	Zip Code
	Shreveport	LA	71109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35336
Name of Employer The Delta Pathology Group, LLP		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 750.00

C.	Full Name (Last, First, Middle Initial) D. Douglas Wilson		Date of Receipt
	Mailing Address Department of Pathology 1924 Alcoa Highway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 18 / 2009
	City	State	Zip Code
	Knoxville	TN	37920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.35258
Name of Employer Univ of Tennessee Med Ctr Knoxville		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 61
(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)
T Joseph Wilson, Dr.
Mailing Address 411 E Matthews Ave
City Jonesboro State AR Zip Code 72401
FEC ID number of contributing federal political committee. **C**
Name of Employer Doctors' Anatomic Path Svcs, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35213
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
W Reginald Wilson, Dr.
Mailing Address PO Box 1527
City Milledgeville State GA Zip Code 31059-1527
FEC ID number of contributing federal political committee. **C**
Name of Employer Oconee Regional Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35290
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Bennett Lola Windisch, Dr.
Mailing Address 4608 21st St
City Lubbock State TX Zip Code 79407-2312
FEC ID number of contributing federal political committee. **C**
Name of Employer Covenant Health System Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35176
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 46 / 61

(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)
Le Michael Woltman, Dr.

Mailing Address Lab
701 10th St SE

City State Zip Code
Cedar Rapids IA 52403-1292

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

Name of Employer Occupation
Mercy Med Ctr 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
09 / 17 / 2009

Transaction ID: SA11AI.35269

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Shourong Zhao

Mailing Address PO Box 0951
710 Center St

City State Zip Code
Columbus GA 31902-0951

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

Name of Employer Occupation
The Medical Center 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
09 / 04 / 2009

Transaction ID: SA11AI.35338

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
J Louis Zinterhofer, Dr.

Mailing Address Dept of Path
300 Second Ave

City State Zip Code
Long Branch NJ 07740

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

Name of Employer Occupation
Monmouth Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35278

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 61
(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. Robert Zirl, Dr.

Mailing Address Dept of Pathology
605 Holderrieth

City State Zip Code
Tomball TX 77375

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

Name of Employer Occupation
Tejas Pathology Associates Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35333

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
R. Philip Zollars, Dr.

Mailing Address 1255 W Washington Street

City State Zip Code
Tempe AZ 85281-1210

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35320

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL This Period (last page this line number only) ► **86427.50**

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

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

FOR LINE NUMBER:
(check only one)

<input 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.35428 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="593.25"/>
	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.35429 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="110.25"/>
	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.35430 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="247.28"/>
	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="950.78"/>
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 Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Services Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35431 Date of Disbursement 09 / 15 / 2009	Amount of Each Disbursement this Period 88.20
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35432 Date of Disbursement 09 / 19 / 2009	Amount of Each Disbursement this Period 28.24
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35425 Date of Disbursement 09 / 21 / 2009	Amount of Each Disbursement this Period 195.31

SUBTOTAL of Disbursements This Page (optional) ▶

311.75

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

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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35426 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 50.50
B. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.35427 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 47.25

SUBTOTAL of Disbursements This Page (optional) ►

97.75

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

1360.28

**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)
BAMPAC

Mailing Address 10 G Street
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.35383
Date of Disbursement: 09 / 11 / 2009

Amount of Each Disbursement this Period
5000.00

B.

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 Category/Type

Candidate Name

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

State: UT District: 00

Transaction ID: SB23.35385
Date of Disbursement: 09 / 21 / 2009

Amount of Each Disbursement this Period
2000.00

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 Category/Type

Candidate Name

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

State: UT District: 00

Transaction ID: SB23.35386
Date of Disbursement: 09 / 21 / 2009

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) BUCHANAN FOR CONGRESS	Transaction ID: SB23.35387 Date of Disbursement 09 / 21 / 2009	
	Mailing Address 2875 Towerview Road Suite 1000		
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) BURGESS FOR CONGRESS	Transaction ID: SB23.35388 Date of Disbursement 09 / 21 / 2009	
	Mailing Address P.O. BOX 2334		
	City DENTON State TX Zip Code 76202	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.35389 Date of Disbursement 09 / 21 / 2009	
	Mailing Address PO BOX 12612		
	City SAN ANTONIO State TX Zip Code 78212	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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

<p>A. Full Name (Last, First, Middle Initial) FIRST STATE PAC</p> <p>Mailing Address P.O. Box 3006</p> <p>City Wilmington State DE Zip Code 19804</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: SB23.35390 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</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: FL District: 05</p>	<p>Transaction ID: SB23.35393 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</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: 12</p>	<p>Transaction ID: SB23.35395 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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)

<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) GEORGIANS FOR ISAKSON	Transaction ID: SB23.35392
	Mailing Address POST OFFICE BOX 250116	Date of Disbursement 09 / 21 / 2009
	City ATLANTA State GA Zip Code 30325	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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) GILLIBRAND FOR SENATE	Transaction ID: SB23.35396
	Mailing Address 1415 NORTH TAFT STREET SUITE 477	Date of Disbursement 09 / 21 / 2009
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	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) ▼
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: SB23.35397
	Mailing Address 1415 NORTH TAFT STREET SUITE 477	Date of Disbursement 09 / 21 / 2009
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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) GUTHRIE FOR CONGRESS	Transaction ID: SB23.35398
	Mailing Address 406 College View Drive	Date of Disbursement 09 / 21 / 2009
	City Elizabethtown State KY Zip Code 42701	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 State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.35399
	Mailing Address P.O. Box 71 PO BOX 71	Date of Disbursement 09 / 21 / 2009
	City Clarion State IA Zip Code 50525	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 State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) MADISON PAC; THE	Transaction ID: SB23.35422
	Mailing Address 235 STATE STREET #206	Date of Disbursement 09 / 23 / 2009
	City SPRINGFIELD State MA Zip Code 01103	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 State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
MAJORITY IN CONGRESS PAC

Transaction ID: SB23.35413
Date of Disbursement

Mailing Address 601 N Ferncreek Ave, Suite 200

/ /

City Orlando State FL Zip Code 32803

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
MCNERNEY FOR CONGRESS

Transaction ID: SB23.35400
Date of Disbursement

Mailing Address 888 16TH STREET, NW
SUITE 680

/ /

City WASHINGTON State DC Zip Code 20006

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: CA District: 11

C.

Full Name (Last, First, Middle Initial)
OUR CONGRESS POLITICAL ACTION COMMITTEE

Transaction ID: SB23.35402
Date of Disbursement

Mailing Address PO Box 344

/ /

City Prescott State AR Zip Code 71857

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼
State: District:

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)

<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) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.35404
	Mailing Address PO BOX 8331	Date of Disbursement MM / DD / YYYY 09 / 21 / 2009
	City FREMONT	State CA
	Zip Code 94537	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 13	

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.35418
	Mailing Address PO BOX 8331	Date of Disbursement MM / DD / YYYY 09 / 23 / 2009
	City FREMONT	State CA
	Zip Code 94537	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: CA District: 13	

C.	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: SB23.35405
	Mailing Address 610 S. BOULEVARD	Date of Disbursement MM / DD / YYYY 09 / 21 / 2009
	City TAMPA	State FL
	Zip Code 33606	Amount of Each Disbursement this Period 4000.00
	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)	7500.00
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

<p>A. Full Name (Last, First, Middle Initial) ROB WITTMAN FOR CONGRESS</p> <p>Mailing Address PO BOX 999 PO BOX 999</p> <p>City MONTROSS State VA Zip Code 22520</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.35406 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address 426 C STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.35408 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address 2501 Wisconsin Avenue, NW #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.35421 Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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) UPTON FOR ALL OF US	Transaction ID: SB23.35409 Date of Disbursement 09 / 21 / 2009
	Mailing Address PO BOX 490	Amount of Each Disbursement this Period 1000.00
	City ST JOSEPH State MI Zip Code 49085	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.35410 Date of Disbursement 09 / 21 / 2009
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 1000.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS	Transaction ID: SB23.35424 Date of Disbursement 09 / 23 / 2009
	Mailing Address 11468 HWY 105	Amount of Each Disbursement this Period 500.00
	City BANNER ELK State NC Zip Code 28604	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)
WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.35411
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Transfer Hard \$\$ to Soft \$\$</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: SB29.35417</p> <p>Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2135.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Transfer Hard \$\$ to Soft \$\$</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: SB29.35384</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Transfer Hard \$\$ to Soft \$\$</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: SB29.35416</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	8135.00
TOTAL This Period (last page this line number only)	8135.00