

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	321739.14									
(c) Total Receipts (from Line 19)	14031.50	77113.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	335770.64	464520.60								
7. Total Disbursements (from Line 31)	3713.55	132463.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	332057.09	332057.09								
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)	10150.00	57590.00
(ii) Unitemized	3881.50	19523.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14031.50	77113.00
(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)	14031.50	77113.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14031.50	77113.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14031.50	77113.00

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.....	213.55	1272.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	213.55	1272.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	131190.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3713.55	132463.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3713.55	132463.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14031.50	77113.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14031.50	77113.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	213.55	1272.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	213.55	1272.73

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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) Badie Alakech		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address Lab & PTH Dept 1 Burdick Expy W		Transaction ID: SA11AI.36819
City Minot	State Zip Code ND 58701-4406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trinity Health	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) C. Robert Alberhasky, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address Ste 290 2001 Westside Pkwy		Transaction ID: SA11AI.36725
City Alpharetta	State Zip Code GA 30004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bako Pathology Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Kyle James Allen, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 16739 Appaloosa Trl		Transaction ID: SA11AI.36807
City Montverde	State Zip Code FL 34756-3301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Lake Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) A. Jane Bennett-Munro, Dr.		Date of Receipt
	Mailing Address PO Box 409 650 Addison Ave W		<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 0 4 / 2 6 / 2 0 1 0
	City State Zip Code Twin Falls ID 83301		Transaction ID: SA11AI.36811
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer Occupation Magic Valley Reg Med Ctr Pathologist		<input type="text"/> 500.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) L. David Booker, Dr.		Date of Receipt
	Mailing Address Department of Pathology 2260 Wrightsboro Rd.		<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 0 4 / 2 3 / 2 0 1 0
	City State Zip Code Augusta GA 30904		Transaction ID: SA11AI.36723
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer Occupation St. Joseph Hosp Pathologist		<input type="text"/> 250.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) H. Jessica Bowman, Dr.		Date of Receipt
	Mailing Address 19478 Broc More Woods Ln		<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 0 4 / 2 6 / 2 0 1 0
	City State Zip Code Petersburg IL 62675-6263		Transaction ID: SA11AI.36773
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer Occupation JH Bowman MD Forensic Path PC Pathologist		<input type="text"/> 250.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18
(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)
Andrew Robert Bradley, Dr.

Mailing Address Dept of Pathology
350 Hospital Dr

City Macon State GA Zip Code 31217-3871

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

Name of Employer Coliseum Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: SA11AI.36737

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Patrick Nicholas Byrne, Dr.

Mailing Address 6028 Ocean View Dr

City Oakland State CA Zip Code 94618-1845

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: SA11AI.36775

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Igor Hector Colom, Dr.

Mailing Address 4531 NW 94th Ct

City Doral State FL Zip Code 33178-2096

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

Name of Employer Metropolitan Hosp of Miami Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: SA11AI.36782

Amount of Each Receipt this Period
750.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18

(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)

Lynn Jessica Dodge, Dr.

Mailing Address 50 Locust Ave

City State Zip Code
Danbury CT 06810-6147

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

Name of Employer Occupation
Danbury Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.36744

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Matthew Dean Havlik, Dr.

Mailing Address Main Lab
2021 N 12th St

City State Zip Code
Grand Junction CO 81501-2980

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

Name of Employer Occupation
Community Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

A Daniel Irons, Dr.

Mailing Address 83 Saint Thomas Ct

City State Zip Code
Little Rock AR 72211-5512

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

Name of Employer Occupation
Grace Pathology Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.36757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18
(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 Timothy Jennings, Dr.

Mailing Address 1 Birch Hill Rd

City Loudonville State NY Zip Code 12211-2003

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

Name of Employer Albany Med Ctr Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2010

Transaction ID: SA11AI.36714

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Kandice Kottke-Marchant

Mailing Address Path & Lab Med L21
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer Cleveland Clinic Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2010

Transaction ID: SA11AI.36735

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
C Lesley Lomo, Dr.

Mailing Address UNM Health Sciences Center
Dept. of Pathology, MSC08 4640

City Albuquerque State NM Zip Code 87131-0001

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

Name of Employer Tricore Reference Laboratories Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2010

Transaction ID: SA11AI.36817

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18
(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)
Lynn Lisa Lyons, Dr.

Mailing Address United Hosp Lab
333 Smith Ave N

City State Zip Code
Saint Paul MN 55102-2344

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

Name of Employer: Hosp Pathology Associates Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 23 / 2010

Transaction ID: SA11AI.36764

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
R. Dina Mody, Dr.

Mailing Address Laboratory Medicine
6565 Fannin

City State Zip Code
Houston TX 77030-2707

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

Name of Employer: The Methodist Hosp Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
04 / 28 / 2010

Transaction ID: SA11AI.36815

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
C. Dean Pappas

Mailing Address Lawrence Mem Hosp/Path Dept
170 Governors Ave

City State Zip Code
Medford MA 02155-1643

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

Name of Employer: Hallmark Health Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY
04 / 23 / 2010

Transaction ID: SA11AI.36760

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 18

(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 Alan Prok, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address Dept of Path PO Box 8810		Transaction ID: SA11AI.36722		
	City Middletown	State OH	Zip Code 45042-8810	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Atrium Medical Ctr		Occupation Pathologist		

B.	Full Name (Last, First, Middle Initial) Balaram Puligandla		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 280 W MacArthur Blvd		Transaction ID: SA11AI.36777		
	City Oakland	State CA	Zip Code 94611-5642	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Kaiser Permanente Med Ctr		Occupation Pathologist		

C.	Full Name (Last, First, Middle Initial) M James Pullman, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address Surgical Pathology 4th Flr Foreman Pavilion		Transaction ID: SA11AI.36716		
	City Bronx	State NY	Zip Code 10467-2401	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Albert Einstein Coll of Med		Occupation Pathologist		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Edward James Richard, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 401 W. Greenlawn		Transaction ID: SA11AI.36769
City Lansing	State MI	Zip Code 48910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ingham Reg 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) J Domingo Rosario, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 1605 Villa Del Sol		Transaction ID: SA11AI.36842
City El Paso	State TX	Zip Code 79911-3006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer William Beaumont Army 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	

C.

Full Name (Last, First, Middle Initial) Sandra Tania Rowland, Dr.		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 6726 Gilbert Dr		Transaction ID: SA11AI.36838
City Shreveport	State LA	Zip Code 71106-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VA Med Ctr-Shreveport	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 14 / 18
(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 Dieter Schapfel, Dr.
Mailing Address PO Box 475
City State Zip Code
Great River NY 11739-0475
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Huntington Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 26 / 2010
Transaction ID: SA11AI.36767
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
S Mark Synovec, Dr.
Mailing Address Laboratory
1500 SW 10th Street
City State Zip Code
Topeka KS 66606
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Stormont-Vail Reg Health Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 04 / 19 / 2010
Transaction ID: SA11AI.36813
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.
Mailing Address 2201 Carbon Hill Dr
City State Zip Code
Midlothian VA 23113-2516
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Commonwealth Lab Consultants Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 04 / 23 / 2010
Transaction ID: SA11AI.36738
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 18
(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)
Ranjitha Veerappan

Mailing Address 9229 S Karlov Ave

City State Zip Code
Oak Lawn IL 60453

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

Name of Employer Hematogenix Laboratory Services
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
0	4	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.36762

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Steven Mitchell Wachtel, Dr.

Mailing Address Path Dept School of Med
3601 Fourth St

City State Zip Code
Lubbock TX 79430

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

Name of Employer Texas Tech Univ HSC
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: SA11AI.36814

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Carola M. Zalles, Dr.

Mailing Address 201 Seton Pkwy

City State Zip Code
Round Rock TX 78665-8000

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

Name of Employer Seton Med Ctr - Williamson
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
0	4	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.36803

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	10150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<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 American Express Discount 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.36854 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 48.98
	Category/ Type
	Category/ Type

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 SUNTRUST ACH FEE 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.36852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 114.01
	Category/ Type
	Category/ Type

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 Suntrust Bank Error Check #11096;Paid 6 cents more 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.36847 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 0.06
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

163.05

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<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.36853
Date of Disbursement

Mailing Address P.O. Box 85024

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

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

50.50

Purpose of Disbursement
SUNTRUST ACCOUNT ANALYSIS FEE

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

50.50

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

213.55

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) MCNERNEY FOR CONGRESS Mailing Address 888 16TH STREET, NW SUITE 680 City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36851 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	8		2	0	1	0														
2000.00																							
B.	Full Name (Last, First, Middle Initial) Deepak Mohan Mailing Address Medical Lab Director 500 W Hospital Rd City French Camp State CA Zip Code 95231 Purpose of Disbursement In Kind Contribution Candidate Name MCNERNEY FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36850 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	8		2	0	1	0														
500.00																							
C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE Mailing Address POST OFFICE BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.36845 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	0		2	0	1	0														
1000.00																							

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00