

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2009 through 04 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 11 19 2009

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

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

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	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	111258.54									
(c) Total Receipts (from Line 19)	90739.00	219976.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	201997.54	304782.66								
7. Total Disbursements (from Line 31)	70689.12	173474.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131308.42	131308.42								
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)	56350.00	153933.00
(ii) Unitemized	34139.00	60293.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	90489.00	214226.00
(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)	90489.00	214226.00
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	250.00	5750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	90739.00	219976.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90739.00	219976.00

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.....	1189.12	2724.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1189.12	2724.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	170500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70689.12	173474.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70689.12	173474.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 72

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)	90489.00	214226.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90489.00	213976.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1189.12	2724.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1189.12	2724.24

**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 6 / 72
	<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

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)
Jon Jared Abbott, Dr.

Mailing Address 305 41st St

City State Zip Code
West Des Moines IA 50265

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2009

Transaction ID: SA11AI.33373

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
D Paul Addison, Dr.

Mailing Address 4300 W Memorial Rd

City State Zip Code
Oklahoma City OK 73120-8304

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

Name of Employer Mercy Hlth Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33436

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
H. Schuyler Aijian

Mailing Address 2661 Tallant Rd Apt MW518

City State Zip Code
Santa Barbara CA 93105-4807

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

Name of Employer Hospital Sari Pablo Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33352

Amount of Each Receipt this Period
300.00

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 7 / 72
(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)
Omar Nabil Ali, Dr.

Mailing Address Dept. of Pathology
4201 Medical Center Dr.

City State Zip Code
McHenry IL 60050

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

Name of Employer Occupation
Centegra-Memorial Medical Pathologist
Center

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

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33205

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M Patricia Alli, Dr.

Mailing Address 1901 Sulpher Spring Rd

City State Zip Code
Baltimore MD 21227

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

Name of Employer Occupation
Quest Diagnostics Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33545

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Robert Harold Amsbaugh, Dr.

Mailing Address 901 Montgomery St

City State Zip Code
Decorah IA 52101-2325

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

Name of Employer Occupation
Winneshiek County Mem Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: SA11AI.33748

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 72
(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)
P. Thomas Anderson, Dr.

Mailing Address PO Box 1590

City State Zip Code
Waterbury CT 06721-1590

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Waterbury Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33731

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
F. Paul Atkinson, Dr.

Mailing Address Department of Pathology
1000 Johnson Ferry Road

City State Zip Code
Atlanta GA 30042

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Northside Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33477

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
A. Edward Barker, Dr.

Mailing Address 13751 Lake City Way NE

City State Zip Code
Seattle WA 98125

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medical Lab Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33424

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 72
(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)
Kay Sarah Barksdale, Dr.

Mailing Address 1901 Avenida Las Campanas NW

City State Zip Code
Albuquerque NM 87107-3203

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

Name of Employer Hospital San Pablo 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
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33358

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A. Margaret Batt, Dr.

Mailing Address 9303 Park West Boulevard

City State Zip Code
Knoxville TN 37923

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

Name of Employer Pathology Laboratories West 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33517

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
T Jack Bechtel, Dr.

Mailing Address 1918 W State St

City State Zip Code
Bristol TN 37620-1940

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

Name of Employer Highlands Pathology Consultants, PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33296

Amount of Each Receipt this Period
312.00

SUBTOTAL of Receipts This Page (optional) ► **1062.00**

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 / 72
(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

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)
M Peter Benda, Dr.

Mailing Address 1001 SW Klickitat Way Ste 205
PO Box 34245

City State Zip Code
Seattle WA 98124

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

Name of Employer Occupation
Puget Sound Inst of Pathology PLLC Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33539

Amount of Each Receipt this Period
312.00

B.

Full Name (Last, First, Middle Initial)
David Brent Benjamin, Dr.

Mailing Address Department of Pathology
400 South 43rd Street

City State Zip Code
Renton WA 98055

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

Name of Employer Occupation
Valley Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33717

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Marian Bensema, Dr.

Mailing Address Department of Pathology
1740 Nicholasville Rd.

City State Zip Code
Lexington KY 40503

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

Name of Employer Occupation
Central Baptist 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 Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33206

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1562.00

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 / 72
(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)
C. Laurence Berg, Dr.

Mailing Address Department of Pathology
1900 South Ave

City State Zip Code
La Crosse WI 54601

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

Name of Employer Occupation
Gundersen Lutheran Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2009

Transaction ID: SA11AI.33280

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
C. Laurence Berg, Dr.

Mailing Address Department of Pathology
1900 South Ave

City State Zip Code
La Crosse WI 54601

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

Name of Employer Occupation
Gundersen Lutheran Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33281

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1255 W Washington St

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 ▼ 416.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33223

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **1008.00**

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 / 72
(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)
A Stephen Betz, Dr.

Mailing Address 3 Barberry Road

City State Zip Code
Mason City IA 50401

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33443

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4 Arabian

City State Zip Code
Coto De Caza CA 92679

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

Name of Employer Occupation
St Bernardine Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33593

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
L. David Booker, Dr.

Mailing Address Department of Pathology
2260 Wrightsboro Rd.

City State Zip Code
Augusta GA 30904

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33175

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 13 / 72
(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)
A David Boudreaux, Dr.

Mailing Address 9050 Airline Hwy

City State Zip Code
Baton Rouge LA 70815-4192

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

Name of Employer Occupation
Woman's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33750

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
S. Alan Bricklin, Dr.

Mailing Address Department of Pathology
18321 Clark Street

City State Zip Code
Tarzana CA 91356

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

Name of Employer Occupation
Tarzana Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33537

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A. David Brinker, Dr.

Mailing Address Department of Pathology
7601 Osler Dr

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
St. Joseph Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33599

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 72
(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)
James Andrew Britton, Dr.

Mailing Address Pathology Department
2213 Cherry Street

City Toledo State OH Zip Code 43608

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

Name of Employer St. Vincent Mercy Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.33615
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Aikman John Caldwell, Dr.

Mailing Address Department of Pathology
101 E Wood St

City Spartanburg State SC Zip Code 29303-3040

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

Name of Employer Spartanburg Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.33585
Amount of Each Receipt this Period: 312.00

C.

Full Name (Last, First, Middle Initial)
P. Grant Carmichael, Dr.

Mailing Address 625 West Olive Avenue

City Merced State CA Zip Code 95348-2419

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

Name of Employer Merced Pathology Med Group, Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.33432
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1112.00**

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 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Ethan Sidney Carpenter, Dr.

Mailing Address Yosemite 1 Lab
7300 N Fresno St

City State Zip Code
Fresno CA 93720-2942

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

Name of Employer Occupation
Kaiser Permanente Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33381

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
John Daniel Carter, Dr.

Mailing Address Dept of Path
725 North St

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Occupation
Berkshire Health Systems 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33185

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
J. Carmine Cerra, Dr.

Mailing Address Department of Pathology
206 E. Brown Street

City State Zip Code
East Stroudsburg PA 18301

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

Name of Employer Occupation
Pocono Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.33529

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
M Louis Chambers, Dr.
Mailing Address 604 NW 40th St

City State Zip Code
Oklahoma City OK 73118-7044

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

Name of Employer Occupation
St. Anthony Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33620

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M Karen Clary, Dr.
Mailing Address Department of Pathology
1425 Portland Ave

City State Zip Code
Rochester NY 14621-3001

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

Name of Employer Occupation
Rochester Genl Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33557

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
N Ryan Cole, Dr.
Mailing Address 12899 N Schicks Ridge Rd

City State Zip Code
Boise ID 83714-9454

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

Name of Employer Occupation
Cole Diagnostics Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33225

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 17 / 72
	<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	

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) G.P. James Collins, Dr.		Date of Receipt MM / DD / YYYY 04 / 09 / 2009
Mailing Address 1101 Green Street Apt 1101		Transaction ID: SA11AI.33565
City San Francisco	State CA	Zip Code 94109-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Leandro Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) W Seth Cook, Dr.		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 410 N Utica Ave		Transaction ID: SA11AI.33417
City Lubbock	State TX	Zip Code 79416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mattison Pathology	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) D. Franklin Curl, Dr.		Date of Receipt MM / DD / YYYY 04 / 16 / 2009
Mailing Address Department of Pathology 4805 NE Glisan St		Transaction ID: SA11AI.33534
City Portland	State OR	Zip Code 97213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Providence Portland Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 72
(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

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)
Frederick John Dauterman, Dr.

Mailing Address Dept of Path
2700 Stewart Pkwy

City Roseburg State OR Zip Code 97470-1281

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33442

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
S Thomas DeNapoli, Dr.

Mailing Address Dept of Path & Lab
2827 Babcock Rd

City San Antonio State TX Zip Code 78229-4813

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

Name of Employer Pathology Ref Anatomic Path Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33216

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
M. Michelle Dolan, Dr.

Mailing Address D251 Mayo
420 Delaware St SE

City Minneapolis State MN Zip Code 55455-0341

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

Name of Employer Univ of MN Med Ctr-Fairview Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33682

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 72
	<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	

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) F Michael Doyle, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 1320 Mercy Dr Nw	Transaction ID: SA11AI.33441
	City State Zip Code Canton OH 44708-2641	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Med Ctr 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) A Lawrence Dworkin, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 13705 Ne Airport Way Ste C	Transaction ID: SA11AI.33380
	City State Zip Code Portland OR 97230-1048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser Permanente Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Torsten Ehrig	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address 25 Florence Rd Unit 41	Transaction ID: SA11AI.33243
	City State Zip Code Branford CT 06405-4258	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dermpath Lab of New England Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	708.00
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 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Jeanette Valerie Fields, Dr.
Mailing Address 4191 Mendenhall Oaks Pkwy Ste 140

City State Zip Code
High Point NC 27265-8035

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

Name of Employer Occupation
Spectrum Lab Network Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009
Transaction ID: SA11AI.33589
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Lawrence Keith Fisher, Dr.
Mailing Address 8183 Narrow Leaf Pt

City State Zip Code
Sanford FL 32771-8131

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009
Transaction ID: SA11AI.33160
Amount of Each Receipt this Period 312.00

C. Full Name (Last, First, Middle Initial)
M. Margaret Flanagan, Dr.
Mailing Address 50 Kenwood Road

City State Zip Code
Chambersburg PA 17201-1256

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

Name of Employer Occupation
The Chambersburg Hospital Pathologist

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

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009
Transaction ID: SA11AI.33642
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 812.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 72
(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)
A Thomas Fleury, Dr.

Mailing Address 5608 Overlea Rd

City State Zip Code
Bethesda MD 20816-1921

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

Name of Employer Occupation
Sibley Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33574

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
A David Floering, Dr.

Mailing Address Pathology Lab
1 Medical Center Dr

City State Zip Code
Franklin OH 45005-2584

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

Name of Employer Occupation
Atrium Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33174

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
P. Edward Fody, Dr.

Mailing Address Laboratory
602 Michigan Ave

City State Zip Code
Holland MI 49423

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

Name of Employer Occupation
Holland 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 Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33299

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 72
(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)
W. Steven Freestone, Dr.

Mailing Address Department of Pathology
1034 N 500 W

City Provo State UT Zip Code 84604

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

Name of Employer Utah Valley Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.33707
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
A Robert Goldschmidt, Dr.

Mailing Address 2650 Ridge Ave

City Evanston State IL Zip Code 60201-1718

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

Name of Employer Evanston Northwestern Hlt-hcare Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 03 / 2009
Transaction ID: SA11AI.33264
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.

Mailing Address 551 N 34th St Ste 100

City Seattle State WA Zip Code 98103-8675

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

Name of Employer PhenoPath Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 23 / 2009
Transaction ID: SA11AI.33526
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 23 / 72
(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)
Albert Mark Grathwohl, Dr.

Mailing Address 6 Livery Lane

City North Salem State NY Zip Code 10560

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

Name of Employer Northern Westchester Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33475

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
George Robert Gurdak, Dr.

Mailing Address Dept of Path
1350 E Market St

City Warren State OH Zip Code 44482

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

Name of Employer Trumbull Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33653

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
J Cameron Hall

Mailing Address 7550 Wolf River Blvd # 200

City Germantown State TN Zip Code 38138-1745

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

Name of Employer Pathology Group of the Midlands Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.33516

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 72
	<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

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) O. Edgar Hartle, Dr.		Date of Receipt	
	Mailing Address Laboratory 171 Fairview Rd		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9	
	City Mooreville	State NC	Zip Code 28117-9500	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33397	
	Name of Employer Lake Norman 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	
		Amount of Each Receipt this Period 250.00		

B.	Full Name (Last, First, Middle Initial) M Robert Haugh, Dr.		Date of Receipt	
	Mailing Address 4125 Buckner Lane		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 9	
	City Paducah	State KY	Zip Code 42001	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33738	
	Name of Employer Western Baptist Hosp		Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00		

C.	Full Name (Last, First, Middle Initial) P Randy Hausted, Dr.		Date of Receipt	
	Mailing Address Dept of Path 10 Woodland Rd		M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 9	
	City St Helena	State CA	Zip Code 94574	
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33624	
	Name of Employer St. Helena Hosp		Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 72
(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)
N. Ronald Horowitz, Dr.

Mailing Address Department of Pathology
PO Box 30480

City State Zip Code
Lansing MI 48909-7980

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

Name of Employer Sparrow Health Sys Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33583

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
H. Lydia Howard, Dr.

Mailing Address Pathology Department
4300 Alton Road

City State Zip Code
Miami Beach FL 33140

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

Name of Employer Mt. Sinai Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA11AI.33459

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
S. Herman Hurwitz, Dr.

Mailing Address 1004 Annapolis Lane

City State Zip Code
Cherry Hill NJ 08003-8003

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

Name of Employer Quest Diagnostics Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.33544

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 26 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
M Daniel Jondle, Dr.
Mailing Address 1661 E Camelback Rd Ste 140 STE
City State Zip Code
Phoenix AZ 85016-3957
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 ▼ 500.00
Date of Receipt MM / DD / YYYY
04 / 07 / 2009
Transaction ID: SA11AI.33359
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Barry David Kaminsky, Dr.
Mailing Address 1401 N Palm Canyon Dr Ste 203
City State Zip Code
Palm Springs CA 92262
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
04 / 03 / 2009
Transaction ID: SA11AI.33505
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Chuang-Shian Kiang
Mailing Address Dept of Path 2800 W 95th St
City State Zip Code
Evergreen Park IL 60805-2701
FEC ID number of contributing federal political committee. **C**
Name of Employer Little Co of Mary Hosp & Hlth Care Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
04 / 16 / 2009
Transaction ID: SA11AI.33403
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: (check only one)	PAGE 27 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
L. Lynn Kleopfer, Dr.

Mailing Address 200 Portland St

City State Zip Code
Columbia MO 65201-6525

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

Name of Employer: Boyce & Byrum PS Inc
Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
04 / 10 / 2009

Transaction ID: SA11AI.33192

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Teresa Kathryn Knight, Dr.

Mailing Address 208 S Goose Hill Rd

City State Zip Code
Rocky Face GA 30740

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

Name of Employer: Unaffiliated
Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33172

Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
L. Herman Koester, Dr.

Mailing Address 26419 Ridgestone Park Ln

City State Zip Code
Cypress TX 77433-1279

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33782

Amount of Each Receipt this Period: 300.00

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 28 / 72
(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)
C Nancy Kojs, Dr.

Mailing Address 1577 E Holly St

City State Zip Code
Boise ID 83712

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

Name of Employer St. Alphonsus Regional 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
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33590

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
H Margaret Kowalski, Dr.

Mailing Address 12 Briarwood Ln

City State Zip Code
New Hartford NY 13413-2450

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

Name of Employer Crouse Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33715

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
C Tita Lamm, Dr.

Mailing Address 900 Wellston Ct

City State Zip Code
Glen Allen VA 23059-2615

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

Name of Employer Bostwick Laboratories 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33191

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 29 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
R Paula Larson, Dr.
Mailing Address 7700 Floyd Curl Dr
City San Antonio State TX Zip Code 78229-3979
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.33581
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
J. Donald Leathers, Dr.
Mailing Address Dept of Path 777 Rural Ave
City Williamsport State PA Zip Code 17701-3109
FEC ID number of contributing federal political committee. **C**
Name of Employer Susquehanna Health System Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00
Date of Receipt 04 / 30 / 2009
Transaction ID: SA11AI.33636
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
H. Won Lee, Dr.
Mailing Address Laboratory 3700 Kolbe Road
City Lorain State OH Zip Code 44053-1697
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Health Partners West Campus Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33231
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 758.00
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 30 / 72
	<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) Elliott John LeeSang, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 1301 Wonder World Dr		M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.33208
	San Marcos	TX	78666-7533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		312.00	
Name of Employer Central Texas Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00		

B.	Full Name (Last, First, Middle Initial) W Jessica Leiden, Dr.		Date of Receipt	
	Mailing Address 1105 20th St E		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.33650
	Tifton	GA	31794-3692	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Tifton Pathological Svcs PC		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J. Wayne Lennington, Dr.		Date of Receipt	
	Mailing Address 4321 Carothers Pkwy		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.33745
	Franklin	TN	37067-8542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Williamson 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)	▶	1062.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
P Joseph Leverone, Dr.
Mailing Address 4800 Markay Rd
City Minneapolis State MN Zip Code 55422-4121
FEC ID number of contributing federal political committee. **C**
Name of Employer St Joseph's Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 09 / 2009
Transaction ID: SA11AI.33604
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
A. Joe Lewis, Dr.
Mailing Address Lab 600 Elizabeth St
City Corpus Christi State TX Zip Code 78404
FEC ID number of contributing federal political committee. **C**
Name of Employer Christus Spohn Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 23 / 2009
Transaction ID: SA11AI.33217
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
R. Kenneth Lidonnici, Dr.
Mailing Address Laboratory 101 Hospital Rd
City Patchogue State NY Zip Code 11772
FEC ID number of contributing federal political committee. **C**
Name of Employer Brookhaven Memorial Hosp Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33197
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 32 / 72
(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)
M. Bradley Linzie, Dr.

Mailing Address Lab Medicine and Pathology P4
701 Park Ave

City State Zip Code
Minneapolis MN 55415

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

Name of Employer Occupation
Hennepin County Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33291

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ming Liu

Mailing Address One Brookdale Plz

City State Zip Code
Brooklyn NY 11212-3198

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

Name of Employer Occupation
Brookdale Univ Hosp Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33196

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Eliud Lopez-Velez

Mailing Address Paseo San Juan
Rogativa B7

City State Zip Code
San Juan PR 00926

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

Name of Employer Occupation
Centro Citopatologico del Caribe Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33209

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 33 / 72
(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) Vildan Manzo		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 26 Marlboro Rd		Transaction ID: SA11AI.33476
City Hewitt	State NJ	Zip Code 07421-2412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Westchester Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jean Monna Marolt, Dr.		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 25181 Firefly Ave		Transaction ID: SA11AI.33683
City Wyoming	State MN	Zip Code 55092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Minnesota Med Ctr, Fairview	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) Charles Thomas Martin, Dr.		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address Dept of Path PO Box 1489		Transaction ID: SA11AI.33633
City Albemarle	State NC	Zip Code 28002-1489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Stanly Memorial Hosp	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)	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 34 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
G. Alden McBee, Dr.

Mailing Address Department of Pathology
155 Wilson Avenue

City State Zip Code
Washington PA 15301

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

Name of Employer Occupation
Washington Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33728

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M Denis McCarthy, Dr.

Mailing Address 2243 Kincaid St

City State Zip Code
Eugene OR 97405-3053

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

Name of Employer Occupation
Oregon Medical Laboratori- Pathologist
es

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33514

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Jane Mary McClements, Dr.

Mailing Address Bayhealth Medical Center
21 W Clarke Ave

City State Zip Code
Milford DE 19963

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

Name of Employer Occupation
Milford Memorial Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33451

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 72
(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)
C Edward McDonald, Dr.

Mailing Address Dept of Path
4220 Harding Pike

City Nashville State TN Zip Code 37205-2095

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

Name of Employer St. Thomas Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33613

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
E. Roger McLendon, Dr.

Mailing Address Department of Pathology
PO Box 3712

City Durham State NC Zip Code 27710

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

Transaction ID: SA11AI.33255

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R. Benton Middleman, Dr.

Mailing Address 5211 Meaders Ln

City Dallas State TX Zip Code 75229

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

Name of Employer Baylor Med Ctr @ Garland 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
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.33184

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) R. Alex Mitchell, Dr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 4920 Wellington Drive	Transaction ID: SA11AI.33226
	City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Coliseum Med Ctr 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) R. Dina Mody, Dr.	Date of Receipt MM / DD / YYYY 04 / 14 / 2009
	Mailing Address Laboratory Medicine 6565 Fannin	Transaction ID: SA11AI.33647
	City State Zip Code Houston TX 77030-2707	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Methodist Hosp 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) G. Jacqueline Monheit, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 5463 Darnell St	Transaction ID: SA11AI.33183
	City State Zip Code Houston TX 77096	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baylor College of Medicine Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

**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 37 / 72
	<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) Shahla Moshiri	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address Department of Pathology 110 Old Padonia Rd Ste 301	Transaction ID: SA11AI.33210
	City Baltimore State MD Zip Code 21030-1030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Chesapeake Diagnostics Lab 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) Lee Georgina Murray, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 4485 Penhurst Ct	Transaction ID: SA11AI.33749
	City Fayetteville State NC Zip Code 28311-6945	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Womack Army Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Melissa Murray	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 3907 46th St	Transaction ID: SA11AI.33431
	City Sunnyside State NY Zip Code 11104-1407	Amount of Each Receipt this Period 208.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Sloan-Kettering Cancer Center Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 208.00	

SUBTOTAL of Receipts This Page (optional)	708.00
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 38 / 72
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
L. Diana Nevins, Dr.

Mailing Address Department of Pathology
8303 Dodge St

City State Zip Code
Omaha NE 68114-4199

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33445

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P. David Nicholson, Dr.

Mailing Address 2201 Dupont Drive

City State Zip Code
Pensacola FL 32503-4211

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

Name of Employer Occupation
Santa Rosa Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33566

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William Robert Novak, Dr.

Mailing Address Dept of Path
One Perkins Sq

City State Zip Code
Akron OH 44308-1062

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

Name of Employer Occupation
Children's Hosp Med Ctr of Akron 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 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33213

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: (check only one)	PAGE 39 / 72
	<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	

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) Burkhalter Ann Oaks, Dr.		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address Department of Pathology 601 North Elm Street		Transaction ID: SA11AI.33294
City High Point	State NC	Zip Code 27261
FEC ID number of contributing federal political committee.	C	
Name of Employer High Point Regional Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		Amount of Each Receipt this Period 240.00

B.

Full Name (Last, First, Middle Initial) Irene Lauren O'Brien, Dr.		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address Path Clin Lab 100 W California Blvd		Transaction ID: SA11AI.33364
City Pasadena	State CA	Zip Code 91105-3010
FEC ID number of contributing federal political committee.	C	
Name of Employer Huntington Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial) J. Michael Odell		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address Cellnetix Pathology Providence St. Peter Hospital		Transaction ID: SA11AI.33536
City Olympia	State WA	Zip Code 98506-5133
FEC ID number of contributing federal political committee.	C	
Name of Employer Providence St Peter Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	▶	990.00
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 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
S. John Oehrle, Dr.

Mailing Address Department of Laboratories
1301 Carlisle St.

City State Zip Code
Natrona Heights PA 15065

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

Name of Employer Allegheny Valley Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33155

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mihaela Onciu

Mailing Address Department of Pathology
332 N Lauderdale St #250

City State Zip Code
Memphis TN 38105

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

Name of Employer St. Jude Children's Research Hosp 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
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M. Joon Park, Dr.

Mailing Address Department of Pathology
269 Portland Way S

City State Zip Code
Galion OH 44833

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

Name of Employer Galion Community Hosp 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
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33271

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 72

(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)
Corbin Joseph Parker, Dr.

Mailing Address 4606 Wolfcreek Pkwy

City State Zip Code
Louisville KY 40241-5502

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

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

Transaction ID: SA11AI.33672

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
P. Laurence Parmer, Dr.

Mailing Address 83 Fairway Ct Apt D

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation
Hospital San Pablo Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.33356

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
O. Jackson Pemberton, Dr.

Mailing Address Laboratory Department
1 Medical Village Dr

City State Zip Code
Edgewood KY 41017

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

Name of Employer Occupation
St. Elizabeth Méd Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.33596

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 72
(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

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)
P Lina Perry, Dr.

Mailing Address Dept of Path
110 N Main St

City Greenville State PA Zip Code 16125-1726

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

Name of Employer UPMC Horizon Greenville Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: SA11AI.33702

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
P Lina Perry, Dr.

Mailing Address Dept of Path
110 N Main St

City Greenville State PA Zip Code 16125-1726

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

Name of Employer UPMC Horizon Greenville Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009

Transaction ID: SA11AI.33701

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kirilov Nikolay Popnikolov, Dr.

Mailing Address Dept of Path & Lab Med
245 N 15th St MS 435

City Philadelphia State PA Zip Code 19102-1192

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

Name of Employer Drexel Univ College of Med Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11AI.33251

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 72
(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)
James Puerner

Mailing Address Department Of Pathology
Columbia Hospital

City Milwaukee State WI Zip Code 53211-2906

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

Name of Employer Columbia St Marys Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 23 / 2009

Transaction ID: SA11AI.33230

Amount of Each Receipt this Period 1500.00

B.

Full Name (Last, First, Middle Initial)
E Peter Ramirez, Dr.

Mailing Address 27724 Ranch Ln

City Boerne State TX Zip Code 78006-4816

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

Name of Employer Ameripath South Texas Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2009

Transaction ID: SA11AI.33446

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Ann Ruth Reardon, Dr.

Mailing Address 1915 West Beebe Capps Expy

City Searcy State AR Zip Code 72143

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

Name of Employer Lab of Path, PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

Transaction ID: SA11AI.33393

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2150.00

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 44 / 72
(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)
P. Richard Regan, Dr.
Mailing Address 25w155 Setauket Ave.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.33482
Amount of Each Receipt this Period
750.00

Name of Employer Northwest Community Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
750.00

B. Full Name (Last, First, Middle Initial)
M. Ronald Rhatigan, Dr.
Mailing Address 13795 Sawpit Rd.
City Jacksonville State FL Zip Code 32226
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.33671
Amount of Each Receipt this Period
250.00

Name of Employer Ameripath Northeast Florida Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

C. Full Name (Last, First, Middle Initial)
M. Robert Ridout, Dr.
Mailing Address Department of Pathology PO Box 1140
City Texarkana State TX Zip Code 75504-1140
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.33218
Amount of Each Receipt this Period
250.00

Name of Employer Christus-St. Michael Health Sys Occupation Pathologist
Receipt For: Primary General 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: (check only one)	PAGE 45 / 72
	<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) E. James Roberts, Dr.		Date of Receipt																					
	Mailing Address 565 Memorial Circle		<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>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	3		2	0	0	9														
	City State Zip Code Ormond Beach FL 32174		Transaction ID: SA11AI.33720																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00																						
Name of Employer Occupation Volusia Pathology Group Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00																						

B.	Full Name (Last, First, Middle Initial) Jayne Paula Rogers, Dr.		Date of Receipt																					
	Mailing Address Dept of Pathology 2825 Parklawn Dr		<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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	3		2	0	0	9														
	City State Zip Code Midwest City OK 73110		Transaction ID: SA11AI.33450																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Occupation Midwest Reg Med Ctr Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00																						

C.	Full Name (Last, First, Middle Initial) E. David Rubin, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 255 Lafayette Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	3		2	0	0	9														
	City State Zip Code Suffern NY 10901		Transaction ID: SA11AI.33279																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Good Samaritan Hospital Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 72
(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)
Lee Scott Sargent, Dr.

Mailing Address 5292 Newell Cir

City State Zip Code
Kettering OH 45440-2807

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33350

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
F. Michael Schaldenbrand, Dr.

Mailing Address Department of Pathology
PO Box 2500

City State Zip Code
Dearborn MI 48123-2500

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

Name of Employer Oakwood Hosp & 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
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33487

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. James Schnabel, Dr.

Mailing Address Department of Pathology
3300 NW Expressway

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Integris Baptist Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33371

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 47 / 72
	<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

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) Conrad Schuerch		Date of Receipt
	Mailing Address Laboratory Medicine 100 North Academy 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 0 4 / 1 6 / 2 0 0 9
	City Danville	State PA	Zip Code 17822-0131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33273
	Name of Employer Geisinger Health System		Occupation Pathologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
			Amount of Each Receipt this Period 250.00

B.	Full Name (Last, First, Middle Initial) J. Stephen Schultenover, Dr.		Date of Receipt
	Mailing Address Nashville Campus P&LMS 113		<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 0 9
	City Nashville	State TN	Zip Code 37212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33714
	Name of Employer VA Med Ctr-Nashville		Occupation Pathologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
			Amount of Each Receipt this Period 250.00

C.	Full Name (Last, First, Middle Initial) A Richard Schwartz, Dr.		Date of Receipt
	Mailing Address Dept of Path 718 Teaneck 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 / 0 2 / 2 0 0 9
	City Teaneck	State NJ	Zip Code 07666
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33300
	Name of Employer Holy Name Hosp		Occupation Pathologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00
			Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
L. David Scrivner, Dr.

Mailing Address Department of Pathology
232 S. Woods Mill Road

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
St. Luke's Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33609

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dean Michael Sennett, Dr.

Mailing Address Nwth
1501 S Coulter St

City State Zip Code
Amarillo TX 79106-1770

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

Name of Employer Occupation
Amarillo Pathology Associates 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 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33157

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
E. Mei Shen

Mailing Address 4 Landau Ln

City State Zip Code
Andover MA 01810-4510

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

Name of Employer Occupation
Hospital Sari Pablo Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33354

Amount of Each Receipt this Period
300.00

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 49 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
P. Joseph Sleater, Dr.
Mailing Address 56 Cedar Hill Dr
City Asheville State NC Zip Code 28803-3043
FEC ID number of contributing federal political committee. **C**
Name of Employer Mission St Josephs Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 16 / 2009
Transaction ID: SA11AI.33507
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
B. Fred Smith, Dr.
Mailing Address Dept of Path 153 W 11Th St
City New York State NY Zip Code 10011-8305
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Vincent's Hosp & Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33616
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
George Robert Stallings, Dr.
Mailing Address 162 Dogwood Ln
City Rutherfordton State NC Zip Code 28139-3222
FEC ID number of contributing federal political committee. **C**
Name of Employer Rutherford Hosp Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00
Date of Receipt 04 / 16 / 2009
Transaction ID: SA11AI.33564
Amount of Each Receipt this Period 312.00

SUBTOTAL of Receipts This Page (optional) ► 812.00
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 50 / 72

(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) P. David Stanley, Dr.		Date of Receipt MM / DD / YYYY 04 / 02 / 2009		
	Mailing Address 1150 N 18th St Ste 102		Transaction ID: SA11AI.33220		
	City Abilene	State TX	Zip Code 79601-2931	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Abilene Path Assoc		Occupation Pathologist		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) D. Michael Stargel, Dr.		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address Pathology Department 5665 Peachtree-Dunwoody Rd NE		Transaction ID: SA11AI.33625		
	City Atlanta	State GA	Zip Code 30342	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer St. Joseph's Hosp		Occupation Pathologist		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) F Janet Stastny, Dr.		Date of Receipt MM / DD / YYYY 04 / 10 / 2009		
	Mailing Address PO Box 2484 2400 Susannah St Ste A		Transaction ID: SA11AI.33504		
	City Johnson City	State TN	Zip Code 37601	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Outpatient Cytopathology Ctr		Occupation Pathologist		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 72
	<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) Jakub Stefka		Date of Receipt
	Mailing Address Lab 2301 House Ave Ste 108		<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 04 / 16 / 2009
	City	State	Zip Code
	Cheyenne	WY	82001-3177
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33165
Name of Employer Anapath Diagnostics, Inc		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 ▼ 300.00	300.00

B.	Full Name (Last, First, Middle Initial) James David Sterner, Dr.		Date of Receipt
	Mailing Address 848 Settlers Circle		<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 04 / 10 / 2009
	City	State	Zip Code
	Sheboygan Falls	WI	53085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33571
Name of Employer Sheboygan Mem 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 ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) K Rachel Stevens, Dr.		Date of Receipt
	Mailing Address 1701 E 23rd Ave		<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 04 / 24 / 2009
	City	State	Zip Code
	Hutchinson	KS	67502-1105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33367
Name of Employer Hutchinson Hosp		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 ▼ 312.00	312.00

SUBTOTAL of Receipts This Page (optional)	▶	862.00
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 52 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
Allen Craig Storm, Dr.

Mailing Address 8 Stagecoach Rd

City Lebanon State NH Zip Code 03766

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

Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2009

Transaction ID: SA11AI.33237

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
J. Jeffrey Tarrand, Dr.

Mailing Address Microbiology
1515 Holcombe Blvd Unit 084

City Houston State TX Zip Code 77030-4009

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

Name of Employer UT MD Anderson Cancer Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

Transaction ID: SA11AI.33709

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ann Taylor

Mailing Address Department of Pathology
8th Ave & C St

City Salt Lake City State UT Zip Code 84143

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

Name of Employer LDS Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

Transaction ID: SA11AI.33401

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 53 / 72

(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)
Andrew Cullen Taylor, Dr.

Mailing Address 4134 Chatham Hill Dr

City State Zip Code
Winston Salem NC 27104-1439

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

Name of Employer Occupation
Forsyth 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
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33269

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
W. Mark Teague, Dr.

Mailing Address 2904 Westcorp Blvd SW Ste 108

City State Zip Code
Huntsville AL 35805-6437

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

Name of Employer Occupation
Pathology Associates PC Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33511

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Laboratory
100 St Marys Med Plaza

City State Zip Code
Jefferson City MO 65101

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.33630

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 54 / 72
(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)
J. Michael Trump, Dr.

Mailing Address 100 3rd Ave S Unit 2802

City State Zip Code
Minneapolis MN 55401-2724

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

Name of Employer Occupation
United Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33658

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Allan Tucker

Mailing Address Department of Pathology
2451 Fillingim Street

City State Zip Code
Mobile AL 36617-2293

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

Name of Employer Occupation
Univ of S Alabama Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2009

Transaction ID: SA11AI.33692

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G. Warren Tucker, Dr.

Mailing Address Department of Pathology
316 Calhoun Street

City State Zip Code
Charleston SC 29401

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

Name of Employer Occupation
Roper Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2009

Transaction ID: SA11AI.33560

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 72
	<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) N. Paul Valenstein, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 9
Mailing Address Department of Pathology 5301 E. Huron River Drive		Transaction ID: SA11AI.33602
City Ann Arbor	State MI	Zip Code 48106-0955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 312.00
Name of Employer St Joseph Mercy Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

B.

Full Name (Last, First, Middle Initial) A Leonard Valentino, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9
Mailing Address 105A Cooper Ct		Transaction ID: SA11AI.33169
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Associated Path Med Group, Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Paul Michael Viglione, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 9
Mailing Address 44 E Elm St		Transaction ID: SA11AI.33396
City Chicago	State IL	Zip Code 60611-1016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lake Forest Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	812.00
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 56 / 72
	<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) Steven Mitchell Wachtel, Dr.	Date of Receipt MM / DD / YYYY 04 / 24 / 2009
	Mailing Address Path Dept School of Med 3601 Fourth St	Transaction ID: SA11AI.33639
	City Lubbock State TX Zip Code 79430	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Texas Tech Univ HSC Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) H Gail Walker, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 1354 Drake St	Transaction ID: SA11AI.33262
	City Lilburn State GA Zip Code 30047	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Emory Eastside 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) L. Michael Wallace, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 203 Grandview Dr N	Transaction ID: SA11AI.33548
	City Pittsburgh State PA Zip Code 15215-1515	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rabkin Dermatopathology Lab 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)	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 57 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Karls Bretta Warren, Dr.
Mailing Address 800 W Central Rd
City State Zip Code
Arlington Heights IL 60005-2392
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwest Cmnty Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 312.00
Date of Receipt 04 / 24 / 2009
Transaction ID: SA11AI.33481
Amount of Each Receipt this Period 312.00

B. Full Name (Last, First, Middle Initial)
S. Carolyn Watson, Dr.
Mailing Address Department of Pathology
2501 Kentucky Ave
City State Zip Code
Paducah KY 42003-3200
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Baptist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 16 / 2009
Transaction ID: SA11AI.33737
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Thomas Gerald Wedemeyer, Dr.
Mailing Address 811 Lawman Ave
City State Zip Code
Bridgeport WV 26330-1222
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hosp Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 03 / 2009
Transaction ID: SA11AI.33659
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 862.00
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 58 / 72
	<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

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

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

A.	Full Name (Last, First, Middle Initial) L Alice Werner, Dr.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 601 Childrens Ln	Transaction ID: SA11AI.33214
	City State Zip Code Norfolk VA 23507-1971	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Children's Hosp of the Kings Daughters Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) A. Bruce Werness, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address Path 3600 Joseph Siewick Dr	Transaction ID: SA11AI.33370
	City State Zip Code Fairfax VA 22033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Fair Oaks Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Brian Alexander West, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2009
	Mailing Address Dept of Path 310 Cedar St PO Box 208023	Transaction ID: SA11AI.33753
	City State Zip Code New Haven CT 06520-8023	Amount of Each Receipt this Period 312.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Yale University Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00	

SUBTOTAL of Receipts This Page (optional)	▶	862.00
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 59 / 72

(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)

Aaron Lamont Wettstein, Dr.

Mailing Address PO box 72059

City State Zip Code
Eugene OR 97401

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

Name of Employer Occupation
Pathology Consultants PC Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.33513

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

C. Ross Wheeler, Dr.

Mailing Address 834 Brightwater Cir

City State Zip Code
Maitland FL 32751

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

Name of Employer Occupation
Florida 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 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33267

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

H. Michael Whittaker, Dr.

Mailing Address W204 N11959 Goldendale Road

City State Zip Code
Germantown WI 53022

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

Name of Employer Occupation
Waukesha Mem 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 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33733

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: (check only one)	PAGE 60 / 72
	<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) N. Rebecca Williams, Dr.		Date of Receipt MM / DD / YYYY 04 / 16 / 2009		
	Mailing Address 355 Firetown Rd		Transaction ID: SA11AI.33288		
	City Simsbury	State CT	Zip Code 06070-1219	Amount of Each Receipt this Period 208.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hartford Hosp	Occupation Pathologist	Aggregate Year-to-Date 208.00		

B.	Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr.		Date of Receipt MM / DD / YYYY 04 / 09 / 2009		
	Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd		Transaction ID: SA11AI.33215		
	City Newark	State DE	Zip Code 19718	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Christiana Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Shumate Anne Witson, Dr.		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address Dept of Path 100 Medical Dr		Transaction ID: SA11AI.33193		
	City Lake Jackson	State TX	Zip Code 77566	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Brazosport Regional Health System	Occupation Pathologist	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	708.00
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 61 / 72
(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

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)
B William Woodward, Dr.

Mailing Address Dept of Path
Po Box 3011

City State Zip Code
Gillette WY 82717-3011

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

Name of Employer Occupation
Campbell County Memorial Pathologist
Hosp

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33200

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
V Anjana Yeldandi, Dr.

Mailing Address Department of Pathology
251 E Huron St

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Northwestern Mem Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.33484

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Saeed Syed Zaman, Dr.

Mailing Address Dept of Path
2209 Genesee St

City State Zip Code
Utica NY 13501-5999

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

Name of Employer Occupation
St Elizabeth Medical Center Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.33595

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

TOTAL This Period (last page this line number only) ► 56350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" 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) H Paul Hartel, Dr.	Date of Receipt
	Mailing Address Dept of Path Reed St & Gorman Ave	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City State Zip Code Elkins WV 26241	Transaction ID: SA16.35675
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
	Name of Employer Occupation Davis Memorial Hosp Pathologist	Refund of Contribution Made 3/19/09
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="250.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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) Sun Trust Bank	Transaction ID: SB21B.33808 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Moneris ACH Discount	<table border="1"><tr><td>754.40</td></tr></table>	754.40																		
754.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.33809 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>27.56</td></tr></table>	27.56																		
27.56																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.33810 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>113.40</td></tr></table>	113.40																		
113.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional) ▶

895.36

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33811</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 83.75</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33812</p> <p>Date of Disbursement 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33813</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1.58</p>

SUBTOTAL of Disbursements This Page (optional) ▶

135.83

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 65 / 72

<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

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) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Bank Service Charges Candidate Name <hr/> 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.33814 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 143.58
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Candidate Name <hr/> 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.33815 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 14.35

SUBTOTAL of Disbursements This Page (optional) ▶

157.93

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

1189.12

**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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AmeriPAC</p> <p>Mailing Address 499 South Capitol St, SW #414</p> <p>City Washington State DC Zip Code 20003</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 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: SB23.33785 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BIG EASY COMMITTEE</p> <p>Mailing Address 10 G STREET, NE SUITE 470</p> <p>City Washington State DC Zip Code 20005</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 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: 00</p>	<p>Transaction ID: SB23.33806 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS</p> <p>Mailing Address 830 NE Holladay, #105</p> <p>City Portland State OR Zip Code 97232</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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03</p>	<p>Transaction ID: SB23.33786 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

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) CITIZENS FOR HARKIN	Transaction ID: SB23.33789 Date of Disbursement 04 / 20 / 2009
	Mailing Address 426 C STREET, NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DCCC BUILDING FUND #2	Transaction ID: SB23.33790 Date of Disbursement 04 / 20 / 2009
	Mailing Address 430 South Capitol Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.33791 Date of Disbursement 04 / 20 / 2009
	Mailing Address 120 MARYLAND AVENUE NE	Amount of Each Disbursement this Period 15000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	31000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 72

<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

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) FRIENDS OF CHRIS DODD Mailing Address PO BOX 270701 City WEST HARTFORD State CT Zip Code 06127 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33792 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) JEFF MERKLEY FOR OREGON Mailing Address 2236 SE 10TH AVE City PORTLAND State OR Zip Code 97214 Purpose of Disbursement 2008 DEBT RETIREMENT Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33793 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS Mailing Address 1707 PRINCE STREET, #5 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33795 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 69 / 72

<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

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)
**MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND
A.K.A MIKE R FUND**

Transaction ID: SB23.33818

Date of Disbursement

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

Mailing Address PO Box 2485

Amount of Each Disbursement this Period

2500.00

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Category/ Type

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Mike Ross For Congress Campaign

Transaction ID: SB23.33796

Date of Disbursement

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

Mailing Address P.O. Box 360

Amount of Each Disbursement this Period

1000.00

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Category/ Type

Candidate Name

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

State: AR District: 04

C.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB23.33797

Date of Disbursement

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

Mailing Address 425 SECOND STREET NE

Amount of Each Disbursement this Period

15000.00

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:

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN	Transaction ID: SB23.33801
	Mailing Address PO BOX 3662	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA 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) Pomeroy for Congress	Transaction ID: SB23.33802
	Mailing Address P.O. Box 746	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period 1000.00
	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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: SB23.33803
	Mailing Address PO Box 5577 Manhattanville Station	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 72

<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

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)
RICHARD BURR COMMITTEE

Transaction ID: SB23.33805
Date of Disbursement

Mailing Address POST OFFICE BOX 5928

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

City WINSTON-SALEM State NC Zip Code 27113

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

69500.00

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 72 / 72

<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

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)
None PathPAC POLITICAL EDUCATION FU

Mailing Address NONE

City None State IL Zip Code 60093

Purpose of Disbursement
TRANSFER HARD DOLLARS TO SOFT DOLLARS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.33783

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

1025.00

B. Full Name (Last, First, Middle Initial)
None PathPAC POLITICAL EDUCATION FU

Mailing Address NONE

City None State IL Zip Code 60093

Purpose of Disbursement
TRANSFER HARD DOLLARS TO SOFT DOLLARS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.33799

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

3250.00

SUBTOTAL of Disbursements This Page (optional)

4275.00

TOTAL This Period (last page this line number only)

4275.00