

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 10 15 2010

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	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		387407.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	487768.97									
(c) Total Receipts (from Line 19)	102592.00	448703.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	590360.97	836110.60								
7. Total Disbursements (from Line 31)	72565.50	318315.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	517795.47	517795.47								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	95943.00	359936.00
(ii) Unitemized	6649.00	88767.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102592.00	448703.00
(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)	102592.00	448703.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	102592.00	448703.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	102592.00	448703.00

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.....	65.50	1624.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	1624.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72089.90	316280.68
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	410.10	410.10
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))..	72565.50	318315.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72565.50	318315.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	102592.00	448703.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102592.00	448703.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	1624.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65.50	1624.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 67
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 Ted Allred, Dr.

Mailing Address Dept of Pathology
7400 Osborn Rd

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer Occupation
Scottsdale Health Care Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38848

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2970 S Branding Iron Ct

City State Zip Code
Yuma AZ 85364-7444

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

Name of Employer Occupation
Yuma Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.38849

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
R. William Armstrong, Dr.

Mailing Address Pathology Laboratories
2720 Sunset Blvd

City State Zip Code
West Columbia SC 29169-4810

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

Name of Employer Occupation
Lexington Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38852

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R. James Baldwin, Dr.
Mailing Address 2200 W Petty Rd
City Muncie State IN Zip Code 47304-3036
FEC ID number of contributing federal political committee. **C**
Name of Employer PA Labs LLC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.38855
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Abcar George Bannayan, Dr.
Mailing Address 8026 Floyd Curl Dr
City San Antonio State TX Zip Code 78229-3915
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38859
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
A. Margaret Batt, Dr.
Mailing Address 9303 Park West Boulevard
City Knoxville State TN Zip Code 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 ▼ 500.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38860
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 67
(check only one)

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

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

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

Mailing Address Department of Pathology
1740 Nicholasville Rd.

City Lexington State KY Zip Code 40503

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

Name of Employer Central Baptist Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.38861

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Leon Errol Berman, Dr.

Mailing Address 94 Old Short Hills Rd

City Livingston State NJ Zip Code 07039-5672

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

Name of Employer St Barnabas Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38864

Amount of Each Receipt this Period 300.00

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

Mailing Address Department of Pathology
800 Biesterfield Rd

City Elk Grove Village State IL Zip Code 60007-3397

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

Name of Employer Alexian Brothers Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38865

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K. James Billman, Dr.
Mailing Address 1520 7th St 6th Floor

City State Zip Code
Moline IL 61265-2986

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

Name of Employer Metropolitan Medical Lab Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.38866

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mulkey Melissa Blann, Dr.
Mailing Address 3810 152nd St

City State Zip Code
Lubbock TX 79423-6310

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

Name of Employer Covenant Med Ctr-Lakeside Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.38869

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
G. Jared Block, Dr.
Mailing Address 2928 Forest Park Dr

City State Zip Code
Charlotte NC 28209-1402

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

Name of Employer Carolinas Med Ctr - Unive-
rsity Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.38870

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 / 67
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
M. Andrea Blumstein, Dr.

Mailing Address 5400 Pearl St

City State Zip Code
Rosemont IL 60018-5305

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

Name of Employer Occupation
ACL Illinois Central Laboratory Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38872

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
W. Henry Bockelman, Dr.

Mailing Address Department of Pathology
600 Mary Street

City State Zip Code
Evansville IN 47747

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

Name of Employer Occupation
Deaconess Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38873

Amount of Each Receipt this Period
1000.00

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.38874

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Miller Alyson Booth, Dr.

Mailing Address 1840 Wealthy St SE

City State Zip Code
Grand Rapids MI 49506-2921

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

Name of Employer Occupation
Spectrum Health Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.38875

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
M David Borel, Dr.

Mailing Address 5650 SW 29th St

City State Zip Code
Topeka KS 66614-2443

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

Name of Employer Occupation
Pathology Services PA Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.38876

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
W. Arthur Bracey, Dr.

Mailing Address Department of Pathology-P125E
6720 Bertner

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
St. Luke's Episcopal Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.38877

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 67
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Ann Marylee Braniecki, Dr.

Mailing Address 2078 Fargo Blvd.

City State Zip Code
Geneva IL 60134

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

Name of Employer Occupation
ACL Illinois Central Laboratory Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38878

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Philip Thomas Brien, Dr.

Mailing Address Dept of Path Lab
2525 DeSales Ave

City State Zip Code
Chattanooga TN 37404-1102

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

Name of Employer Occupation
Memorial Hosp-Chattanooga Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38879

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
James Andrew Britton, Dr.

Mailing Address Pathology Department
2213 Cherry Street

City State Zip Code
Toledo OH 43608

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

Name of Employer Occupation
St. Vincent Mercy Med Ctr Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38880

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Irwin Browarsky, Dr.
Mailing Address 1 Tampa General Cir
City Tampa State FL Zip Code 33606-3571
FEC ID number of contributing federal political committee. **C**
Name of Employer Tampa General Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.38882
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
D Linda Burkhardt, Dr.
Mailing Address 151 S 297th Pl
City Federal Way State WA Zip Code 98003-3629
FEC ID number of contributing federal political committee. **C**
Name of Employer Puget Sound Inst of Pathology PLLC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.38883
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
C. Neil Caliman, Dr.
Mailing Address 1650 Ramblewook Ste 100
City East Lasing State MI Zip Code 48823
FEC ID number of contributing federal political committee. **C**
Name of Employer Michigan Gastroerology Inst Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38885
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
K. David Carter, Dr.

Mailing Address Department of Pathology
407 E. 3rd St.

City State Zip Code
Duluth MN 55805

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

Name of Employer Occupation
St. Mary's/Duluth Clinic Pathologist
Health System

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38886

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Victor Casas

Mailing Address Dept of Path
65 James St

City State Zip Code
Edison NJ 08818

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

Name of Employer Occupation
John F. Kennedy 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
09 / 27 / 2010

Transaction ID: SA11AI.38887

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Q. Jack Causey, Dr.

Mailing Address Laboratory
4500 13th St

City State Zip Code
Gulfport MS 39501

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

Name of Employer Occupation
Memorial Hospital Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38888

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) A. Barbara Centeno, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010		
	Mailing Address Laboratory 12902 Magnolia Drive		Transaction ID: SA11AI.38889		
	City Tampa	State FL	Zip Code 33612	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer H Lee Moffitt Cancer Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) L. Lisa Chandler, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2010		
	Mailing Address Laboratory PO Box 279		Transaction ID: SA11AI.38890		
	City Oxford	State MS	Zip Code 38655	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oxford Pathology, Inc		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) N Ryan Cole, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2010		
	Mailing Address 12899 N Schicks Ridge Rd		Transaction ID: SA11AI.38894		
	City Boise	State ID	Zip Code 83714-9454	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cole Diagnostics		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.
Mailing Address 5620 East El Parque Street
City State Zip Code
Long Beach CA 90815-4129
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Centinela Hosp Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.38898
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
S. DeWitt Davenport, Dr.
Mailing Address 5013 Oakmont
City State Zip Code
Harlingen TX 78552
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Doctors Hosp at Renaissance Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38902
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
S Thomas DeNapoli, Dr.
Mailing Address Dept of Path & Lab
2827 Babcock Rd
City State Zip Code
San Antonio TX 78229-4813
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pathology Ref Anatomic Path Lab Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38903
Amount of Each Receipt this Period 500.00

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 17 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
B Kevin Dole, Dr.

Mailing Address Department of Pathology
2100 Dorchester Avenue

City State Zip Code
Boston MA 02124

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

Name of Employer Occupation
Carney Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 27 2010

Transaction ID: SA11AI.38904

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
W. Jordan Eggers, Dr.

Mailing Address 38 Woodland Dr

City State Zip Code
Boyce LA 71409-9611

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

Name of Employer Occupation
Rapides Regional Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 14 2010

Transaction ID: SA11AI.38905

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
L. Marianne Feran, Dr.

Mailing Address 23 Whittier St

City State Zip Code
Melrose MA 02176-3601

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

Name of Employer Occupation
Converge Diagnostic Services LLC Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 27 2010

Transaction ID: SA11AI.38908

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 67
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Michael Joseph Foley, Dr.
Mailing Address 2252 E Minton St
City Mesa State AZ Zip Code 85213-1400
FEC ID number of contributing federal political committee. **C**
Name of Employer Banner Baywood Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.38909
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Almond Robert Fouty, Dr.
Mailing Address 24217 96th Place SW
City Vashon State WA Zip Code 98070
FEC ID number of contributing federal political committee. **C**
Name of Employer Med Lab Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38910
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
C. Richard Friedberg, Dr.
Mailing Address Chairman, Dept of Pathology
759 Chestnut St
City Springfield State MA Zip Code 01199
FEC ID number of contributing federal political committee. **C**
Name of Employer Baystate Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 02 / 2010
Transaction ID: SA11AI.38913
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P. John Fullenwider, Dr.

Mailing Address Department of Pathology
2301 South Lamar Blvd

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Baptist Memorial Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.38914

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. Michael Gandour, Dr.

Mailing Address Dept of Path/Lab
4500 13th St

City State Zip Code
Gulfport MS 39501

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

Name of Employer Occupation
Memorial Hosp @ Gulfport Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.38915

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
F. Eric Glassy, Dr.

Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503-1738

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

Name of Employer Occupation
Little Company of Mary Ho-sp-Torrance Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.38916

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.
Mailing Address 551 N 34th St Ste 100

City State Zip Code
Seattle WA 98103-8675

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

Name of Employer Occupation
PhenoPath Labs Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010
Transaction ID: SA11AI.38918
Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Jacqueline Granese
Mailing Address 240 Bent Creek Dr

City State Zip Code
Bowling Green KY 42103

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

Name of Employer Occupation
Univ of Tennessee HSC Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010
Transaction ID: SA11AI.38919
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
C Joyce Greathouse
Mailing Address 760 Airport Rd

City State Zip Code
Panama City FL 32405-4003

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

Name of Employer Occupation
Bay Pathology Associates Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010
Transaction ID: SA11AI.38920
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Vito Gulli, Dr.
Mailing Address 1 Channel Dr Unit 1213

City State Zip Code
Monmouth Beach NJ 07750

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: SA11AI.38921

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
A. Jedd Hagen, Dr.
Mailing Address West Central Pathology
PO Box 841

City State Zip Code
Carroll IA 51401

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

Name of Employer St. Anthony Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38922

Amount of Each Receipt this Period
500.00

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

City State Zip Code
Boone NC 28607-1818

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.38923

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 13351 Rosehawk Dr	Transaction ID: SA11AI.38924
	City State Zip Code Morningview KY 41063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kings Daughters Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Rasheed Hammadeh	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1029 Oakwood Dr	Transaction ID: SA11AI.38926
	City State Zip Code Westmont IL 60559-1039	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Advocate Christ Medical Center 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. Daniel Hanson, Dr.	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 5347 Farmington Rd	Transaction ID: SA11AI.38927
	City State Zip Code Toledo OH 43623	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation unaffiliated 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)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Daniel Hanson, Dr.
Mailing Address 5347 Farmington Rd
City Toledo State OH Zip Code 43623
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 09 / 27 / 2010
Transaction ID: SA11AI.38928
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
C. John Harrison, Dr.
Mailing Address 2904 Westcorp Blvd SW Ste 108
City Huntsville State AL Zip Code 35805-6437
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Associates PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38929
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
E James Haswell, Dr.
Mailing Address 11 Greystone Farm Ln
City Westport State CT Zip Code 06880-2750
FEC ID number of contributing federal political committee. **C**
Name of Employer Griffin Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.38930
Amount of Each Receipt this Period 1000.00

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 24 / 67
(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
							17

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

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.38932

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
S David Hewitt, Dr.

Mailing Address 316 S Dunworth St

City State Zip Code
Visalia CA 93292-6702

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

Name of Employer Occupation
Visalia Path Grp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.38935

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
G Thomas Hirose, Dr.

Mailing Address 4061 Davenport Dr

City State Zip Code
Huntington Beach CA 92649-4223

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

Name of Employer Occupation
Good Samaritan 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 Y
09 / 03 / 2010

Transaction ID: SA11AI.38937

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C. David Hoak, Dr.

Mailing Address PO Box 3405

City State Zip Code
Spokane WA 99220-3405

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

Name of Employer Occupation
InCyte Pathology PS Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38938

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
D Pamela Holder, Dr.

Mailing Address 8022 Clarion Way

City State Zip Code
Houston TX 77040-2582

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

Name of Employer Occupation
Laboratory Corporation of America Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.38940

Amount of Each Receipt this Period

500.00

C.

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 Occupation
Sparrow Health Sys Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38941

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ellen Jeanne Hryciuk, Dr.
Mailing Address 4539 A Da Hi Court

City State Zip Code
Hubertus WI 53033

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

Name of Employer Occupation
Wheaton Franciscan Labs Pathologist

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

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010
Transaction ID: SA11AI.38943
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. Robert Hubbard, Dr.
Mailing Address Dept. of Laboratory Service
1805 Medical Center Drive

City State Zip Code
San Bernardino CA 92411

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

Name of Employer Occupation
San Bernardino Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010
Transaction ID: SA11AI.38944
Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Andrew Michael Huening, Dr.
Mailing Address Department of Pathology
WakeMed Health & Hospitals

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Occupation
Raleigh Pathology Lab Ass-oc PA Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010
Transaction ID: SA11AI.38945
Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
O. Dervila Jonas, Dr.
Mailing Address 418 Mosby Dr. S.W.
City Leesburg State VA Zip Code 20175
FEC ID number of contributing federal political committee. **C**
Name of Employer Inova Loudoun Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.38947
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
T. Michael Kafka, Dr.
Mailing Address Department of Pathology
2720 Stone Park Blvd
City Sioux City State IA Zip Code 51104
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Luke's Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 09 / 10 / 2010
Transaction ID: SA11AI.38949
Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
Alexandre Andre Kajdacsy-Balla, Dr.
Mailing Address Dept of Path
840 S Wood St CSN 130
City Chicago State IL Zip Code 60612-4356
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Illinois at Chicago Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38951
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
H Richard Kelty, Dr.

Mailing Address 3664 Twin Lake Ridge

City State Zip Code
Westlake Village CA 91361-3927

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

Name of Employer Occupation
Los Robles Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.38953

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
S Oliver Kim, Dr.

Mailing Address Department of Pathology
450 West Hwy 22

City State Zip Code
Barrington IL 60010

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

Name of Employer Occupation
Good Shepherd Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.38955

Amount of Each Receipt this Period
1000.00

C.

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 Occupation
Boyce & Bynum PS Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38956

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 67
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Nancy Kois, Dr.
Mailing Address 1577 E Holly St
City Boise State ID Zip Code 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 ▼ 250.00
Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.38957
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Shannon Kratzer
Mailing Address 2323 Matador Cir
City Austin State TX Zip Code 78746
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinical Pathology Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2010
Transaction ID: SA11AI.38959
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Alan Levin
Mailing Address Laboratory 1800 SE Tiffany
City Port St Lucie State FL Zip Code 34952
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Lucie Medical Centerr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.38963
Amount of Each Receipt this Period 500.00

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

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

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FOR LINE NUMBER: PAGE 30 / 67
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 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 870
1209 Bishop ST

City State Zip Code
Union City TN 38281-0870

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.38965

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
F. Edward Loeb, Dr.

Mailing Address Lab
1212 Pleasant St Ste LL3

City State Zip Code
Des Moines IA 50309-1460

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

Name of Employer Occupation
Iowa Pathology Assocs, PC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.38969

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
S Judy Lyzak, Dr.

Mailing Address 2434 Interstate Plz Dr

City State Zip Code
Hammond IN 46324

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

Name of Employer Occupation
Alverno Clinical Lab Inc Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.38973

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alan Lawrence Machtinger, Dr.
Mailing Address 14 Oakcliff Dr

City Laguna Niguel State CA Zip Code 92677-5650

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

Name of Employer South Coast Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.38974
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David Daniel Mais, Dr.
Mailing Address Lab
111 Dallas St

City San Antonio State TX Zip Code 78205-1201

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

Name of Employer Baptist Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.38975
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
E Charles Mangum, Dr.
Mailing Address PO Box 1709
North Texas Pathology Laboratories

City Rowlett State TX Zip Code 75030-1709

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

Name of Employer North Texas Path Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38979
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 32 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jean Monna Marolt, Dr.
Mailing Address 25181 Firefly Ave
City Wyoming State MN Zip Code 55092
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Minnesota Med Ctr, Fairview Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.38980
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
A. Carlos Mattioli, Dr.
Mailing Address 900 S. Bryan Rd.
City Mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer Mission Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38983
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
E. John McDonald, Dr.
Mailing Address Dept of Pathology 4401 Booth Calloway
City North Richland Hil State TX Zip Code 76180
FEC ID number of contributing federal political committee. **C**
Name of Employer North Hills Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 13 / 2010
Transaction ID: SA11AI.38986
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W. Philip McGuire, Dr.
Mailing Address 1660 Hogan Avenue
City State Zip Code
Chesterton IN 46304-9378
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Anthony Mem Hlth Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 14 / 2010
Transaction ID: SA11AI.38987
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
A Michelangelo Milano, Dr.
Mailing Address Dept Of Pathology
800 W Central Rd
City State Zip Code
Arlington Heights IL 60005-2349
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 ▼ 250.00
Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.38990
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Gerald Minkowitz
Mailing Address 904 49th St
City State Zip Code
Brooklyn NY 11219
FEC ID number of contributing federal political committee. **C**
Name of Employer Minkowitz Consultant Pathology Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38991
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 67
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
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<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address 2650 Thornhill Drive

City State Zip Code
Flatwoods KY 41139-2402

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

Name of Employer Occupation
Our Lady of Bellefonte Ho- sp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.38993

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Saeid Movahedi-Lankarani

Mailing Address Dept Of Path Internal Zip 11136
800 E 28th St

City State Zip Code
Minneapolis MN 55407-3723

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

Name of Employer Occupation
Abbott Northwestern Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.38994

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Dept of Pathology
8100 Chancellor Dr Ste 130

City State Zip Code
Orlando FL 32809-7664

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.38995

Amount of Each Receipt this Period
500.00

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

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
F. Gary Neitzel, Dr.
 Mailing Address ACL Laboratories
2900 W. Oklahoma Avenue
 City Milwaukee State WI Zip Code 53215-4330
 Date of Receipt 09 / 27 / 2010
Transaction ID: SA11AI.38996
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer St. Luke's Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Irene Lauren O'Brien, Dr.
 Mailing Address Path Clin Lab
100 W California Blvd
 City Pasadena State CA Zip Code 91105-3010
 Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI.39001
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Huntington Mem Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
P Scott Otteson, Dr.
 Mailing Address Dept of Path
801 W Maple St
 City Farmington State NM Zip Code 87401
 Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.39002
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Tres Rios Pathology PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
N. Ronald Padgett, Dr.

Mailing Address PO Box 1089
419 E Prudhomme St

City State Zip Code
Opelousas LA 70571

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

Name of Employer Occupation
Pecot & Padgett APMC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.39003

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
W. Robert Palmer, Dr.

Mailing Address 304 University Avenue

City State Zip Code
Marshall TX 75670

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

Name of Employer Occupation
Marshall Professional Building Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.39004

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Dept of Pathology
651 Willow Grove St

City State Zip Code
Hackettstown NJ 07840-1799

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

Name of Employer Occupation
Hackettstown Regional Medical Center Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.39012

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 37 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Michael Rabkin, Dr.

Mailing Address 419 2nd Ave

City State Zip Code
Tarenum PA 15084

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

Name of Employer: Rabkin Dermatopathology Lab
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.39013

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Anwar Zarina Rasheed, Dr.

Mailing Address Pathology Dept
306 Stanaford Rd

City State Zip Code
Beckley WV 25801-3142

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

Name of Employer: Beckley Appalachian Regional Hospital
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.39017

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
P Richard Regan, Dr.

Mailing Address Dept of Path
800 W Central Rd

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer: Northwest Community Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.39018

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 67

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) D Dennis Reinke, Dr.		Date of Receipt																					
	Mailing Address 1209 Brook 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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	5		2	0	1	0														
	City State Zip Code Wichita Falls TX 76301-4308		Transaction ID: SA11AI.39019																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Pathology Associates		Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

B.	Full Name (Last, First, Middle Initial) G Victoria Reyes, Dr.		Date of Receipt																					
	Mailing Address Dept of Pathology 365 Montauk 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>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	9		2	0	1	0														
	City State Zip Code New London CT 06320-4700		Transaction ID: SA11AI.39020																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00																						
Name of Employer Lawrence & 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																						

C.	Full Name (Last, First, Middle Initial) M. Cliff Richmond, Dr.		Date of Receipt																					
	Mailing Address 9600 Datapoint 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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	5		2	0	1	0														
	City State Zip Code San Antonio TX 78229-2028		Transaction ID: SA11AI.39021																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Path Ref Lab		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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67		
	<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

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

A.	Full Name (Last, First, Middle Initial) H. Linda Riley, Dr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 1116 138th Ave NW		Transaction ID: SA11AI.39022		
	City Andover	State MN	Zip Code 55304	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer United Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mazhar Rishi		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address Department of Pathology 7th and Clayton Streets		Transaction ID: SA11AI.39023		
	City Wilmington	State DE	Zip Code 19805-0500	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Francis Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) A Thomas Roisum, Dr.		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 6000 Hospital Dr		Transaction ID: SA11AI.39025		
	City Hannibal	State MO	Zip Code 63401	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hannibal Reg Hosp	Occupation Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 40 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
F Charles Romberger, Dr.

Mailing Address 555 N. Duke St.
P.O. Box 3555

City Lancaster State PA Zip Code 17604-3555

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: SA11AI.39026
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
A Arno Roscher, Dr.

Mailing Address Corporate Office
22515 La Quilla Dr

City Chatsworth State CA Zip Code 91311-1226

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: 09 / 17 / 2010
Transaction ID: SA11AI.39027
Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Charles Roussel

Mailing Address 325 Waukegan Rd

City Northfield State IL Zip Code 60093-2750

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

Name of Employer College of Ameri Pathologists Occupation CAP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.39029
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3700.00

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 / 67
(check only one)

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

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

A.

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

Mailing Address 9388 Charity Hwy

City State Zip Code
Ferrum VA 24088

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
09 / 03 / 2010

Transaction ID: SA11AI.39030

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
L Rachel Rucker-Schmidt, Dr.

Mailing Address 3413 Southwestern Blvd

City State Zip Code
Dallas TX 75225-7656

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

Name of Employer MD Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.39031

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 4899 Montrose Blvd Apt 1510

City State Zip Code
Houston TX 77006-6170

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

Name of Employer Houston Pathology Associates Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.39032

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A. Peter Scully, Dr.

Mailing Address Laboratory
4230 Burnham Ave

City Las Vegas State NV Zip Code 89119

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

Name of Employer Associated Pathologists Chartered Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.39037

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Suash Sharma

Mailing Address Dept of Pathology, BAE 2575
1120 15th St

City Augusta State GA Zip Code 30912

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

Name of Employer Med College of Georgia Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.39038

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
E. Mark Shertzer, Dr.

Mailing Address 25 Harrington Lane

City Dothan State AL Zip Code 36305

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

Name of Employer Southeast Alabama Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.39039

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 43 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Edward Shumski, Dr.

Mailing Address 1103 Halstead Bayou Drive

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Biloxi Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.39040

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
R. Jami Skrade, Dr.

Mailing Address 4672 S Farm Rd 193

City State Zip Code
Rogersville MO 65742-9290

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

Name of Employer Trilakes Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.39045

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
D Daniel Slagel, Dr.

Mailing Address Mercy Medical Ctr
250 Mercy Dr

City State Zip Code
Dubuque IA 52001-7320

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

Name of Employer United Clinical Laboratories Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.39046

Amount of Each Receipt this Period
500.00

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 44 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Travis Elton Smith, Dr.		Date of Receipt
	Mailing Address 1101 Veramonte Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Matthews	NC	28104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39047
Name of Employer Carolinas Pathology Group		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 ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) B Jeffrey Smith, Dr.		Date of Receipt
	Mailing Address 1395 S Pinellas Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Tarpon Springs	FL	34689-9907
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39048
Name of Employer Helen Ellis Memorial 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 ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) E Joe Snodgrass, Dr.		Date of Receipt
	Mailing Address 2609 North Van Buren		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	Enid	OK	73703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39049
Name of Employer Enid Pathology Consultants		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 ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 67
(check only one)

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

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

A.

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

Mailing Address 4603 21st St

City Lubbock State TX Zip Code 79407-2311

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

Name of Employer AmeriPath Lubbock Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.39050
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Grazia Maria Sparacino, Dr.

Mailing Address PO Box 187

City Cleveland State MS Zip Code 38732-0187

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

Name of Employer Bolivar County Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: SA11AI.39051
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
H. James Spigel, Dr.

Mailing Address Department of Pathology
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.39052
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Shantha Sreekanth		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address Department of Pathology 17800 South Kedzie		Transaction ID: SA11AI.39053
City Hazel Crest	State IL	Zip Code 60429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advocate South Suburban 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) Ray Jesse Stafford, Dr.		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 8 Memorial Medical Ct Ste 1		Transaction ID: SA11AI.39054
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Associates	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) U. Ailyn Tan, Dr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 5025 N Paulina		Transaction ID: SA11AI.39057
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Methodist Hosp of Chicago	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)	▶	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 47 / 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) P. Peter Tomas, Dr.		Date of Receipt		
	Mailing Address Laboratory 333 Madison St		M M / D D / Y Y Y Y 09 / 14 / 2010		
	City Joliet	State IL	Zip Code 60435-8200	Transaction ID: SA11AI.39060	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Provena St. Joseph Med Ctr	Occupation Pathologists			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) V. Devendra Trivedi, Dr.		Date of Receipt		
	Mailing Address Peoria-Tazewell Pathology Group 221 NE Glen Oak Avenue		M M / D D / Y Y Y Y 09 / 27 / 2010		
	City Peoria	State IL	Zip Code 61636	Transaction ID: SA11AI.39061	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Methodist Med Ctr of Illinois	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) Winbern John Turner, Dr.		Date of Receipt		
	Mailing Address 2201 Carbon Hill Dr		M M / D D / Y Y Y Y 09 / 15 / 2010		
	City Midlothian	State VA	Zip Code 23113-2516	Transaction ID: SA11AI.39062	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer Commonwealth Lab Consultants	Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Francis Varga, Dr.

Mailing Address Department of Pathology
1235 E Cherokee St

City Springfield State MO Zip Code 65804-2263

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

Name of Employer St John's Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2010

Transaction ID: SA11AI.39065

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Dept of Path
8200 Walnut Hill Ln

City Dallas State TX Zip Code 75231-4426

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

Name of Employer Presbyterian Hospital Dal- las Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.39068

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Layne Stephen Walter, Dr.

Mailing Address 801 Clarksville Ste C

City Paris State TX Zip Code 75460

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

Name of Employer Red River Valley Path Lab Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.39069

Amount of Each Receipt this Period
2500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

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 Occupation
Northwest Cmnty Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 468.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2010

Transaction ID: SA11AI.39071

Amount of Each Receipt this Period
468.00

B.

Full Name (Last, First, Middle Initial)

F Michael Weiner, Dr.

Mailing Address Dept of Path
500 S University Ave Ste 411

City State Zip Code
Little Rock AR 72205-5329

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

Name of Employer Occupation
Arkansas Path Assoc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2010

Transaction ID: SA11AI.39073

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

H. Michael Weinstein, Dr.

Mailing Address Dept of Pathology
3000 New Bern Ave

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Occupation
Wake Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.39074

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1718.00

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 / 67
(check only one)

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

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

A.

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

Mailing Address 1726 S Beckham

City State Zip Code
Tyler TX 75701-5701

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

Name of Employer Pathology Associates of Tyler Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI.39075

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
W Donald West, Dr.

Mailing Address 3rd Flr Path
1214 Coolidge Blvd

City State Zip Code
Lafayette LA 70503-2621

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

Name of Employer Preferred Anatomic Pathology Services Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.39077

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
M. Thomas Wheeler, Dr.

Mailing Address Department of Pathology
One Baylor Plaza

City State Zip Code
Houston TX 77030

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

Name of Employer Baylor College of Medicine Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI.39078

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
S. David Wilkinson, Dr.

Mailing Address Department of Pathology
PO Box 980662

City Richmond State VA Zip Code 23298-0662

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

Name of Employer VCU Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11AI.39079

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
H Arthur Williams, Dr.

Mailing Address 525 N Garfield Ave

City Monterey Park State CA Zip Code 91754-1205

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

Name of Employer Garfield Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2010

Transaction ID: SA11AI.39081

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
R. Bruce Williams

Mailing Address 2915 Missouri Avenue

City Shreveport State LA Zip Code 71109

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

Name of Employer The Delta Pathology Group, LLP Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.39082

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) J. Michael Wilson		Date of Receipt
	Mailing Address Dept of Path 5900 Byron Center Ave SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	Wyoming	MI	49519
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39083
Name of Employer Metro Health Hospital		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 ▼ 1000.00	1000.00

B.	Full Name (Last, First, Middle Initial) W Reginald Wilson, Dr.		Date of Receipt
	Mailing Address PO Box 1527		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 14 / 2010
	City	State	Zip Code
	Milledgeville	GA	31059-1527
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39084
Name of Employer Oconee Regional 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 ▼ 300.00	300.00

C.	Full Name (Last, First, Middle Initial) R Keith Workman, Dr.		Date of Receipt
	Mailing Address Department of Pathology 1001 Sam Perry Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	Fredericksburg	VA	22401-4453
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.39087
Name of Employer Mary Washington 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 ▼ 250.00	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: PAGE 53 / 67

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
R Moises Zepeda, Dr.

Mailing Address Dept of Path
5240 E Beverly Blvd

City State Zip Code
Los Angeles CA 90022-2002

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

Name of Employer Occupation
East Side Path Assoc Med Pathologist
Grp Inc

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

Date of Receipt

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

Transaction ID: SA11AI.39091

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address Dept of Path
300 Second Ave

City State Zip Code
Long Branch NJ 07740

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

Name of Employer Occupation
Monmouth Med Ctr Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	0

Transaction ID: SA11AI.39092

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

95943.00

**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 54 / 67

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Suntrust Moneris ACH Fee</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.39139</p> <p>Date of Disbursement 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Suntrust Bank Service Charge</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.39140</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 50.50</p>

SUBTOTAL of Disbursements This Page (optional) ►

65.50

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

65.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) 21ST CENTURY MAJORITY FUND <hr/> Mailing Address 6065 Roswell Road BOX 2274 <hr/> City Atlanta State GA Zip Code 30328 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.39120 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	B. Full Name (Last, First, Middle Initial) JOHN ADLER FOR CONGRESS <hr/> Mailing Address 499 SOUTH CAPITOL STREET, SW SUITE 422 <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03
C. Full Name (Last, First, Middle Initial) MIKE ARCURI FOR CONGRESS <hr/> Mailing Address P.O. Box 75214 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24	Transaction ID: SB23.39101 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

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)

PAGE 56 / 67

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

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

A.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: SB23.39103
	Mailing Address PO Box 42169	Date of Disbursement 09 / 29 / 2010
	City ARLINGTON State VA Zip Code 22204	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: IA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Burgess for Congress	Transaction ID: SB23.39106
	Mailing Address P.O. Box 2334	Date of Disbursement 09 / 29 / 2010
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAC - CONTINUING A MAJORITY PARTY ACTION COMMITTEE	Transaction ID: SB23.39108
	Mailing Address 2501 Wisconsin Avenue, NW	Date of Disbursement 09 / 29 / 2010
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 67

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

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

A.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.39109
	Mailing Address P. O. Box 17813	Date of Disbursement 09 / 29 / 2010
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.39107
	Mailing Address 499 South Capitol Street, SW Suite 404	Date of Disbursement 09 / 29 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010	Transaction ID: SB23.39110
	Mailing Address POST OFFICE BOX 977	Date of Disbursement 09 / 29 / 2010
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) COMMON VALUES PAC	Transaction ID: SB23.39111
	Mailing Address 4096 VIRGINIA AVE	Date of Disbursement 09 / 29 / 2010
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.39113
	Mailing Address 8665 WILSHIRE BLVD #220	Date of Disbursement 09 / 29 / 2010
	City BEVERLY HILLS State CA Zip Code 90211	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FARM PAC	Transaction ID: SB23.39114
	Mailing Address 675 N Washington St Suite 410	Date of Disbursement 09 / 29 / 2010
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address 499 South Capitol Street, SW Suite 412 City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39115 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW Mailing Address PO Box 8166 City Savannah State GA Zip Code 31412 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39116 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940 City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.39117 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 3589.90
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7089.90
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS		Transaction ID: SB23.39118	
	Mailing Address PO BOX 586		Date of Disbursement 09 / 29 / 2010	
	City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: MT	District: 00		

B.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS		Transaction ID: SB23.39119	
	Mailing Address 700 12TH STREET NW SUITE 700		Date of Disbursement 09 / 29 / 2010	
	City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: KY	District: 02		

C.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON		Transaction ID: SB23.39122	
	Mailing Address POST OFFICE BOX 250116		Date of Disbursement 09 / 29 / 2010	
	City ATLANTA	State GA	Zip Code 30325	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: GA	District: 00		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.39123 Date of Disbursement
	Mailing Address PO Box U	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GLACIER PAC	Transaction ID: SB23.39124 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE	Transaction ID: SB23.39125 Date of Disbursement
	Mailing Address PO BOX 1000	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS</p> <p>Mailing Address 499 South Capitol Street, SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name _____ Category/Type _____</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39126 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name KIRK FOR SENATE Category/Type _____</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39093 Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS</p> <p>Mailing Address P.O. Box 71 PO BOX 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name _____ Category/Type _____</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39127 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39128 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address PO BOX 8331</p> <p>City FREMONT State CA Zip Code 94537</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39131 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Roskam for Congress</p> <p>Mailing Address 423 W. Wesley Street</p> <p>City Wheaton State IL Zip Code 60189</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.39132 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SHORE PAC	Transaction ID: SB23.39133 Date of Disbursement
	Mailing Address PO. Box 3157	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.39095 Date of Disbursement
	Mailing Address 2501 Wisconsin Avenue, NW #304	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.39134 Date of Disbursement
	Mailing Address 2501 Wisconsin Avenue, NW #304	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND</p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.39135 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS</p> <p>Mailing Address 2336 S. East Ocean Blvd. #313</p> <p>City Stuart State FL Zip Code 34996</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16</p>	<p>Transaction ID: SB23.39129 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US</p> <p>Mailing Address P.O. BOX 490</p> <p>City ST JOSEPH State MI Zip Code 49085</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06</p>	<p>Transaction ID: SB23.39136 Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Transaction ID: SB23.39137

Date of Disbursement

Mailing Address 236 MASSACHUSETTS AVE., NW
SUITE 508

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

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

72089.90

**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 67 / 67

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

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

A.

Full Name (Last, First, Middle Initial)
CATERING W. MILLAR AND COMPANY

Transaction ID: SB29.39096

Date of Disbursement

Mailing Address 1335 14TH STREET, NW

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

City State Zip Code
WASHINGTON DC 20005

Amount of Each Disbursement this Period

410.10

Purpose of Disbursement
IN KIND - FRIENDS OF LOIS CAPPS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

410.10

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

410.10
