

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 07 01 2010 through 07 31 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 08 17 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

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	365154.97									
(c) Total Receipts (from Line 19)	29937.00	230791.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	395091.97	618198.60								
7. Total Disbursements (from Line 31)	15065.50	238172.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380026.47	380026.47								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

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)	23025.00	169735.00
(ii) Unitemized	6912.00	61056.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29937.00	230791.00
(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)	29937.00	230791.00
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))	29937.00	230791.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29937.00	230791.00

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	1481.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	65.50	1481.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	236690.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15065.50	238172.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15065.50	238172.13

DETAILED SUMMARY PAGE
of Disbursements

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)	29937.00	230791.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29937.00	230791.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	65.50	1481.35
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	1481.35

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

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
W Matthew Andres, Dr.
 Mailing Address Lab
1111 Sixth Ave
 City Des Moines State IA Zip Code 50314-2611
 Date of Receipt 07 / 12 / 2010
Transaction ID: SA11AI.38271
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Mercy Med Ctr-Des Moines Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Lintelman Lauren Anthony, Dr.
 Mailing Address 750 S 2nd Apt 302
 City Minneapolis State MN Zip Code 55401
 Date of Receipt 07 / 12 / 2010
Transaction ID: SA11AI.38214
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Allina Med Labs Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
B Julius Askew, Dr.
 Mailing Address 6219 Sugar Hill Dr
 City Houston State TX Zip Code 77057-1144
 Date of Receipt 07 / 15 / 2010
Transaction ID: SA11AI.38254
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Houston Northwest Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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

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

Use separate schedule(s)
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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)
M Janis Atkinson, Dr.

Mailing Address Dept of Path
355 Ridge Ave

City State Zip Code
Evanston IL 60202-3399

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

Name of Employer Occupation
St. Francis Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.38307

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nadarajah Balasubramaniam

Mailing Address Dept. of Pathology
1101 Nott St.

City State Zip Code
Schenectady NY 12308

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

Name of Employer Occupation
Ellis Hospital 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
07 / 02 / 2010

Transaction ID: SA11AI.38244

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) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2010

Transaction ID: SA11AI.38215

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**

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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)
R Donn Burns, Dr.

Mailing Address Dept of Pathology
1 Medical Village Dr

City Edgewood State KY Zip Code 41017-3403

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

Name of Employer St Elizabeth Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.38304
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
A. Desiree Carlson, Dr.

Mailing Address Chief of Pathology
680 Centre Street

City Brockton State MA Zip Code 02302-3395

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

Name of Employer Brockton Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 27 / 2010
Transaction ID: SA11AI.38301
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Riley Deborah Citron, Dr.

Mailing Address Lab/Pathology
1504 Taub Loop

City Houston State TX Zip Code 77030-1608

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

Name of Employer Ben Taub Gen Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: SA11AI.38221
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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

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

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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)
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 ▼ 500.00
Date of Receipt: 07 / 15 / 2010
Transaction ID: SA11AI.38233
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Joan Etzell, Dr.
Mailing Address Clin Lab M524 Box 0100
505 Parnassus Ave
City State Zip Code
San Francisco CA 94143-0100
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Univ of California San Francisco Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 07 / 12 / 2010
Transaction ID: SA11AI.38321
Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
P. Edward Fody, Dr.
Mailing Address Laboratory
602 Michigan Ave
City State Zip Code
Holland MI 49423
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Holland Community Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 07 / 15 / 2010
Transaction ID: SA11AI.38252
Amount of Each Receipt this Period: 1000.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 23
(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)
Lee Cynthia Foss-Bowman, Dr.

Mailing Address CH20 Clinical Lab
27005 76th Ave

City State Zip Code
New Hyde Park NY 11040-1402

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

Name of Employer Occupation
Long Island Jewish Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: SA11AI.38263

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C Juan Gonzalez-Vitale, Dr.

Mailing Address Dept of Path
2801 N Gantenbein Ave

City State Zip Code
Portland OR 97227-1623

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

Name of Employer Occupation
Emanuel Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2010

Transaction ID: SA11AI.38245

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
T. Clarke Harding, Dr.

Mailing Address 85 Evergreen Ln

City State Zip Code
Glen Carbon IL 62034

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2010

Transaction ID: SA11AI.38345

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 23
(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)
T. Clarke Harding, Dr.

Mailing Address 85 Evergreen Ln

City State Zip Code
Glen Carbon IL 62034

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: SA11AI.38354

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2010

Transaction ID: SA11AI.38274

Amount of Each Receipt this Period
225.00

C.

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

Mailing Address Dept of Path/Borwell Bldg
1 Medical Center Dr

City State Zip Code
Lebanon NH 03756

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

Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2010

Transaction ID: SA11AI.38238

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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) Rapp Amy Hudson, Dr.		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 78 Lakeview Dr		Transaction ID: SA11AI.38290
	City State Zip Code Conway AR 72032	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Pathology Labs of Arkansas	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) S. Herman Hurwitz, Dr.		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 1004 Annapolis Lane		Transaction ID: SA11AI.38296
	City State Zip Code Cherry Hill NJ 08003-8003	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Quest Diagnostics Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) R.P. Gareth Johnson, Dr.		Date of Receipt MM / DD / YYYY 07 / 12 / 2010
	Mailing Address 13111 E 57th Street		Transaction ID: SA11AI.38352
	City State Zip Code Kansas City MO 64133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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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FOR LINE NUMBER: PAGE 13 / 23
(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)
Abbott Denise Kennedy, Dr.

Mailing Address Lab
3100 Shore Dr

City State Zip Code
Marinette WI 54143

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

Name of Employer Occupation
Bay Area Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: SA11AI.38220

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
L. Linton Kuchler, Dr.

Mailing Address Dept. of Pathology
743 Spring St. NE

City State Zip Code
Gainesville GA 30501

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

Name of Employer Occupation
Northeast Georgia Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2010

Transaction ID: SA11AI.38281

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M.Y Ronald Lam, Dr.

Mailing Address 800 W Central Rd

City State Zip Code
Arlington Heights IL 60005

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2010

Transaction ID: SA11AI.38283

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23
(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)
K W David Lieu, Dr.

Mailing Address 837 Country Rd.

City Monterey Park State CA Zip Code 91755-4976

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

Name of Employer: Fine Needle Aspiration Med Group
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 23 / 2010
Transaction ID: SA11AI.38246
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
J. Paul McCarthy, Dr.

Mailing Address Department of Pathology
400 W. 16th St.

City Pueblo State CO Zip Code 81003

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

Name of Employer: Parkview Med Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: SA11AI.38287
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
W William Mims, Dr.

Mailing Address Dept of Path
1700 Skylyn Dr

City Spartanburg State SC Zip Code 29304

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

Name of Employer: Mary Black Memorial Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: SA11AI.38268
Amount of Each Receipt this Period: 750.00

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 15 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Stuart Monroe, Dr.

Mailing Address Dept of Path
1840 Amherst St

City Winchester State VA Zip Code 22601-2808

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

Name of Employer Winchester Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010
Transaction ID: SA11AI.38340
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.

Mailing Address 1000 E 21st St Ste 4100

City Sioux Falls State SD Zip Code 57117-5050

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

Name of Employer Physicians Laboratory Ltd Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2010
Transaction ID: SA11AI.38292
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Russell Stephen Nash, Dr.

Mailing Address 7346 S Alton Way Unit 10-E

City Centennial State CO Zip Code 80112-2327

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

Name of Employer Colorado GI Pathology Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 12 / 2010
Transaction ID: SA11AI.38234
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 16 / 23
(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. Laurence Parmer, Dr.
Mailing Address Fairway Court Apt 83D
City Lakewood State NJ Zip Code 08701
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 07 / 12 / 2010
Transaction ID: SA11AI.38353
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
L Carl Parrott, Dr.
Mailing Address 3994 Rose Hill Avenue
City Cincinnati State OH Zip Code 45229-1484
FEC ID number of contributing federal political committee. **C**
Name of Employer Highland District Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 29 / 2010
Transaction ID: SA11AI.38362
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
A Luke Perkocho, Dr.
Mailing Address Dept of Path 1600 Divisadero St B-221
City San Francisco State CA Zip Code 94143-1785
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSF Mount Zion Medical Center Clin Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 29 / 2010
Transaction ID: SA11AI.38319
Amount of Each Receipt this Period 350.00

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 / 23

(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. John Schweitzer, Dr.

Mailing Address Department of Pathology
PO Box 70568

City State Zip Code
Johnson City TN 37614-0568

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

Name of Employer Occupation
East Tennessee State Univ Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.38243

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
S Gregory Severson, Dr.

Mailing Address 1907 S 182nd Circle

City State Zip Code
Omaha NE 68130

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

Name of Employer Occupation
Alegent Health Lakeside 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
07 / 26 / 2010

Transaction ID: SA11AI.38212

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
B. Kailash Sharma, Dr.

Mailing Address Department of Pathology
1350 Walton Way

City State Zip Code
Augusta GA 30910-2629

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

Name of Employer Occupation
Univ Hosp-Augusta Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: SA11AI.38320

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 23
(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)
David Smirnow

Mailing Address Path Dept
310 Sunny View Lane

City State Zip Code
Kalispell MT 59901

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

Name of Employer Occupation
Kalispell Regional Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.38257

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.

Mailing Address 2201 Carbon Hill Dr

City State Zip Code
Midlothian VA 23113-2516

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

Name of Employer Occupation
Commonwealth Lab Consultants Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2010

Transaction ID: SA11AI.38235

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Sunita Vempati

Mailing Address 816 Fairview Ave.
Unit E

City State Zip Code
Arcadia CA 91007

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

Name of Employer Occupation
Queen of the Valley Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.38247

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 23
(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 Emily Volk, Dr.
Mailing Address 219 Lamont Ave
City San Antonio State TX Zip Code 78209-3753
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 07 / 07 / 2010
Transaction ID: SA11AI.38218
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Scott Jeffrey Warren, Dr.
Mailing Address 1715 Newport Creek Dr
City Ann Arbor State MI Zip Code 48103-2207
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of Michigan Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 07 / 26 / 2010
Transaction ID: SA11AI.38324
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Thomas Gerald Wedemeyer, Dr.
Mailing Address 811 Lawman Ave
City Bridgeport State WV Zip Code 26330-1222
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hosp Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 12 / 2010
Transaction ID: SA11AI.38264
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 23
(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)
Stuart Geoffrey Weisbaum, Dr.
Mailing Address 9450 E Broadview Dr
City State Zip Code
Bay Harbor Islands FL 33154-1916
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Broward Gen Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 / 12 / 2010
Transaction ID: SA11AI.38229
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Anne Lisa Wills-Frank, Dr.
Mailing Address 1102 Rostrevor Cir
City State Zip Code
Louisville KY 40205-1742
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Norton Audubon Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 / 16 / 2010
Transaction ID: SA11AI.38285
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
T John Yamashita, Dr.
Mailing Address PO Box 9600
City State Zip Code
Mission Hills CA 91346-9600
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Providence Holy Cross Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 07 / 12 / 2010
Transaction ID: SA11AI.38293
Amount of Each Receipt this Period: 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 23

(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)
Z Nadim Youssef, Dr.

Mailing Address Dept of Path
355 Ridge Ave

City State Zip Code
Evanston IL 60202-3328

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

Name of Employer Occupation
St Francis Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2010

Transaction ID: SA11AI.38306

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
T. Ralph Zade, Dr.

Mailing Address 44201 Dequindre

City State Zip Code
Troy MI 48085

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

Name of Employer Occupation
William Beaumont Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: SA11AI.38339

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W. Richard Zuehl, Dr.

Mailing Address 2721 33rd St

City State Zip Code
Two Rivers WI 54241-1509

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

Name of Employer Occupation
Aurora Med Ctr-Manitowoc County Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2010

Transaction ID: SA11AI.38216

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

23025.00

**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 22 / 23

<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 Bank Moneris ACH</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.38366</p> <p>Date of Disbursement 07 / 06 / 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 Account Analysis 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.38367</p> <p>Date of Disbursement 07 / 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)

PAGE 23 / 23

<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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Transaction ID: SB23.38365

Date of Disbursement

Mailing Address 425 SECOND STREET NE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00

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)

15000.00

TOTAL This Period (last page this line number only)

15000.00