

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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	131308.42									
(c) Total Receipts (from Line 19)	58152.50	278128.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	189460.92	362935.16								
7. Total Disbursements (from Line 31)	39322.74	212796.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150138.18	150138.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	43195.00	197128.00
(ii) Unitemized	14957.50	75250.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	58152.50	272378.50
(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)	58152.50	272378.50
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	5750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58152.50	278128.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58152.50	278128.50

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.....	1642.96	4367.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1642.96	4367.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37679.78	208179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	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))..	39322.74	212796.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39322.74	212796.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	58152.50	272378.50
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58152.50	272128.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1642.96	4367.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1642.96	4367.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.		Date of Receipt		
	Mailing Address Lab 11136 800 E 28th St		M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 9		
	City Minneapolis	State MN	Zip Code 55407-3731	Transaction ID: SA11AI.33821	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Abbott Northwestern Hosp	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) J Ulysses Arretteig, Dr.		Date of Receipt		
	Mailing Address 18931 Sweet Pepper Ct		M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 9		
	City Jupiter	State FL	Zip Code 33458-3753	Transaction ID: SA11AI.34138	
	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

C.	Full Name (Last, First, Middle Initial) Jeffrey Mark Barcelo, Dr.		Date of Receipt		
	Mailing Address Department of Pathology 36000 Euclid Avenue		M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 9		
	City Willoughby	State OH	Zip Code 44094-4625	Transaction ID: SA11AI.33948	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Lake Hosp System - Lakewest	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)	▶	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 7 / 49
(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. Richard Bernert, Dr.		Date of Receipt MM / DD / YYYY 05 / 14 / 2009	
	Mailing Address 1255 W Washington St		Transaction ID: SA11AI.34047	
	City State Zip Code Tempe AZ 85281-1210	Amount of Each Receipt this Period 208.00		
	FEC ID number of contributing federal political committee. C	Name of Employer Occupation Clin-Path Associates, P.C. Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 624.00		

B.	Full Name (Last, First, Middle Initial) W Paul Biddinger, Dr.		Date of Receipt MM / DD / YYYY 05 / 13 / 2009	
	Mailing Address Dept of Path 1120 15th St Rm BAE 2580		Transaction ID: SA11AI.33961	
	City State Zip Code Augusta GA 30912	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C	Name of Employer Occupation Med College of Georgia 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) Lee Gordon Bills, Dr.		Date of Receipt MM / DD / YYYY 05 / 15 / 2009	
	Mailing Address 9293 Witherbone Court		Transaction ID: SA11AI.33908	
	City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 400.00		
	FEC ID number of contributing federal political committee. C	Name of Employer Occupation Good Samaritan Hosp Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	858.00
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 / 49
(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 Thomas Bolton, Dr.

Mailing Address Dept of Path
300 Butler St

City State Zip Code
West Palm Beach FL 33407-6006

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

Name of Employer Occupation
Palm Beach Path Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: SA11AI.34004

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
H. John Burgess, Dr.

Mailing Address Dept of Lab
335 Glessner Ave

City State Zip Code
Mansfield OH 44903-2269

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

Name of Employer Occupation
MedCentral Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.33960

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
G. Alvaro Candel, Dr.

Mailing Address Dept of Pathology
200 Berteau Avenue

City State Zip Code
Elmhurst IL 60126-2966

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

Name of Employer Occupation
Elmhurst Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33898

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49
(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 George Cannon, Dr.

Mailing Address Dept Of Path
5121 Cottonwood St

City Murray State UT Zip Code 84107

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

Name of Employer Utah Pathology Services Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.34106

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
K. Pramod Carpenter, Dr.

Mailing Address Dept of Pathology
700 Broadway

City Ft Wayne State IN Zip Code 46802

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

Name of Employer St. Joseph Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.34067

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
D. Douglas Chausow, Dr.

Mailing Address N118W15490 Catherine Ct

City Germantown State WI Zip Code 53022-2067

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

Name of Employer West Allis Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.33837

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<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) A. Atwell Coleman	Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address Department of Pathology Taylor @ Marion St	Transaction ID: SA11AI.34006
	City State Zip Code Columbia SC 29220	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baptist 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) L. Jeffrey Craver, Dr.	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address Dept of Pathology 200 Portland St	Transaction ID: SA11AI.33856
	City State Zip Code Columbia MO 65201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Boyce & Bynum Pathology Labs PC 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) Herrick Carl Critz, Dr.	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address Dept of Path 6001 Norris Canyon Rd	Transaction ID: SA11AI.34032
	City State Zip Code San Ramon CA 94583	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation San Ramon Regional Med Ctr 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49
(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)
Chandra Rajesh Dash, Dr.

Mailing Address Dept of Path
Box 3712

City State Zip Code
Durham NC 27710

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

Name of Employer Duke Univ Hosp & Health System
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33893

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Christopher Donahue, Dr.

Mailing Address 2201 Wadebridge Rd

City State Zip Code
Midlothian VA 23113

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

Name of Employer Henrico Doctors Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.33918

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Allen Christopher Dowling, Dr.

Mailing Address Spectrum Medical Group
22 Bramhall St

City State Zip Code
Portland ME 04102

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

Name of Employer Maine Medical Center
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.33955

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 12 / 49
(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) David Dusenbery		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address Lab 900 Seton Dr		Transaction ID: SA11AI.34118
City Cumberland	State MD	Zip Code 21502-1854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Western Maryland Hlth Sys	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) N. Richard Eisen, Dr.		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address Department of Pathology 5 Perryridge Rd		Transaction ID: SA11AI.33911
City Greenwich	State CT	Zip Code 06830-4697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenwich Hosp	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) Rosana Eisenberg		Date of Receipt MM / DD / YYYY 05 / 06 / 2009
Mailing Address 472 Summit Oaks Dr		Transaction ID: SA11AI.34080
City Nashville	State TN	Zip Code 37221-1316
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ Hosp of Cleveland	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49
(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 James Elston, Dr.

Mailing Address 9420 Greg Ct

City State Zip Code
River Ridge LA 70123-2520

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

Name of Employer Occupation
East Jefferson Genl Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.33895

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
Evan Grant Eudy, Dr.

Mailing Address 3918 Montclair Rd Ste 100

City State Zip Code
Birmingham AL 35213-2417

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

Name of Employer Occupation
Dermatopathology Services PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.33886

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Anne April Ewton, Dr.

Mailing Address Dept of Path MS 205

City State Zip Code
Houston TX 77030-2703

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

Name of Employer Occupation
The Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.34070

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1325.00**

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 / 49
(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. Carol Fehmian, Dr.
Mailing Address 178 Redwood Court
City Ramsey State NJ Zip Code 07446-1183
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Univ Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.33912
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
H Andrew Fischer, Dr.
Mailing Address 6 Sudbury Rd
City Stow State MA Zip Code 01775-1514
FEC ID number of contributing federal political committee. **C**
Name of Employer UMass Mem Hlth Care Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.34077
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Georg Edgar Fischer, Dr.
Mailing Address Dept of Pathology One University of New Mexico
City Albuquerque State NM Zip Code 87131
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of New Mexico HSC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.34088
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49
(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 Jack Garon, Dr.

Mailing Address Dept of Path
1500 S Calif Ave

City Chicago State IL Zip Code 60608-1797

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

Name of Employer Mt Sinai Hosp Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.33982

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Lee Wayne Garrett, Dr.

Mailing Address 96 Museum Way

City San Francisco State CA Zip Code 94114

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

Name of Employer Doctors Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.34114

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
W. Fredrick Gilkey, Dr.

Mailing Address Department of Pathology
2401 W Belvedere Ave

City Baltimore State MD Zip Code 21215-5271

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

Name of Employer Sinai Hosp of Baltimore Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.34046

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 16 / 49
(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)
Anne Cathryn Goldberg, Dr.

Mailing Address 3938 Glendenning Rd

City Downers Grove State IL Zip Code 60515-2229

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33897

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Dept of Pathology
800 Prudential Dr

City Jacksonville State FL Zip Code 32207

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

Name of Employer Baptist Med Ctr/Wolfson Children's Hos Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.33840

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
A. Manuel Gomez, Dr.

Mailing Address 202 Maplewood Avenue
PO Box 497

City Ronceverte State WV Zip Code 24970-0497

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

Name of Employer Greenbrier Valley Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.33910

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49
(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. Richard Gomez, Dr.

Mailing Address Department of Pathology
1500 SW 10th St

City State Zip Code
Topeka KS 66604

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

Name of Employer Stormont-Vail Reg Health Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.34060

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jackson Andrew Goodwin, Dr.

Mailing Address 22 Bilodeau Ct

City State Zip Code
Burlington VT 05401

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

Name of Employer Northeastern Vermont Reg Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.33995

Amount of Each Receipt this Period
250.00

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

Mailing Address 3301 C St Ste 200E

City State Zip Code
Sacramento CA 95816-3363

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

Name of Employer Diagn Path Med Grp Inc
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.33887

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49
(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)
Frances Mary Hahn, Dr.
 Mailing Address Dept of Path
350 W Thomas Rd
 City State Zip Code
Phoenix AZ 85012
 Date of Receipt
MM / DD / YYYY
05 / 06 / 2009
Transaction ID: SA11AI.34062
 Amount of Each Receipt this Period
800.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
St Josephs Hosp and Med Ctr Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
B Robert Hall, Dr.
 Mailing Address 2318 E Lake Bluff Blvd
 City State Zip Code
Shorewood WI 53211-1763
 Date of Receipt
MM / DD / YYYY
05 / 06 / 2009
Transaction ID: SA11AI.33836
 Amount of Each Receipt this Period
300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Aurora St Luke's Med Ctr Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
J. Daniel Hanson, Dr.
 Mailing Address 5347 Farmington Rd
 City State Zip Code
Toledo OH 43623
 Date of Receipt
MM / DD / YYYY
05 / 29 / 2009
Transaction ID: SA11AI.34130
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
unaffiliated Pathologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49
(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. Don Hemelt, Dr.

Mailing Address 115 Downing Ct

City State Zip Code
Belle Chasse LA 70037-2358

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

Name of Employer Pathology Consultants, LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 08 / 2009
Transaction ID: SA11AI.34014
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
R. Glenn Hessel

Mailing Address 2800 W 95 th Street

City State Zip Code
Evergreen Park IL 60805

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

Name of Employer Little Co. of Mary Hosp. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 29 / 2009
Transaction ID: SA11AI.33952
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
George Michael Hitchcock, Dr.

Mailing Address 3195 Maplewood Ave Ste 102

City State Zip Code
Winston Salem NC 27103-3903

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

Name of Employer Path Diag Lab Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 29 / 2009
Transaction ID: SA11AI.34008
Amount of Each Receipt this Period: 400.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 49
(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. Jonathon Homeister, Dr.

Mailing Address Dept of Pathology
920 Brinkhous-Bullitt Bld, CB 7525

City State Zip Code
Chapel Hill NC 27599-7525

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

Name of Employer Occupation
Univ of North Carolina Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.34089

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Yvonne Sharon Hook, Dr.

Mailing Address 2106 NW 23rd Ter

City State Zip Code
Gainesville FL 32605-3838

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

Name of Employer Occupation
North Florida Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33993

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lee Daniel House, Dr.

Mailing Address 1000 N. 16th Street

City State Zip Code
New Castle IN 47362

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

Name of Employer Occupation
Henry County Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33919

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 49
	<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) J. Robert Hubbard, Dr.		Date of Receipt	
	Mailing Address Dept. of Laboratory Service 1805 Medical Center Drive		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34031
	San Bernardino	CA	92411	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer San Bernardino Community Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Lynn Jessica Jacobson, Dr.		Date of Receipt	
	Mailing Address Blood Bank 11N31A 462 1st Ave		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.33847
	New York	NY	10016-9196	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer Bellevue Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) W Bradden Jensen, Dr.		Date of Receipt	
	Mailing Address Dept of Path PO Box 1600		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34057
	Vancouver	WA	98668-1600	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer Southwest Washington Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 22 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
L. Gordon Johnson, Dr.

Mailing Address Department of Pathology
10101 Forest Hill Blvd

City State Zip Code
West Palm Beach FL 33414

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

Name of Employer Wellington Regional Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.34113

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
P. Roby Joyce, Dr.

Mailing Address 1092 Madeline St

City State Zip Code
New Braunfels TX 78132

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

Name of Employer Village Oaks Pathology
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.34112

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Mail Drop 211C
10666 N Torrey Pines Rd

City State Zip Code
La Jolla CA 92037

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

Name of Employer Scripps Clinic Medical Laboratory
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.34037

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

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FOR LINE NUMBER: PAGE 23 / 49
(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 David Keep, Dr.
 Mailing Address Dept of Path
89 E High St Ste 9
 City Painesville State OH Zip Code 44077
 Date of Receipt 05 / 13 / 2009
Transaction ID: SA11AI.33889
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Drs. Hill & Chapnick Inc Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
H Robert Knapp, Dr.
 Mailing Address 2990 Franklin SW
 City Grandville State MI Zip Code 49418
 Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34015
 Amount of Each Receipt this Period 2000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Pathology Laboratory, PC Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2000.00

C. Full Name (Last, First, Middle Initial)
A Keith Krabill, Dr.
 Mailing Address Pathology - Laboratory Administrat
Kaleida Health
 City Buffalo State NY Zip Code 14203-1154
 Date of Receipt 05 / 08 / 2009
Transaction ID: SA11AI.33860
 Amount of Each Receipt this Period 1050.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Buffalo General Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1050.00

SUBTOTAL of Receipts This Page (optional) **3300.00**
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 / 49
(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. Alyssa Krasinskas, Dr.

Mailing Address Dept of Pathology A610
200 Lothrop St

City Pittsburgh State PA Zip Code 15213

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

Name of Employer UPMC Presbyterian Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.34099

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
F. George Kwass, Dr.

Mailing Address Department of Pathology
140 Lincoln Ave

City Haverhill State MA Zip Code 01830-6700

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

Name of Employer Merrimack Valley Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.33971

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 1950 Mulsanne Drive

City Zionsville State IN Zip Code 46077

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

Name of Employer Covance Central Lab Svcs, Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.33883

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 49
(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 Kathryn Lane, Dr.
 Mailing Address Ste 108
2904 Westcorp Blvd SW
 City Huntsville State AL Zip Code 35805-6436
 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 ▼ 250.00
 Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.34011
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
D Jonathan Levine, Dr.
 Mailing Address Dept of Pathology
28 Crescent St
 City Middletown State CT Zip Code 06457-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middlesex Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.33973
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
W. Kenneth Linville
 Mailing Address 5517 Queensborough Circle
 City Corpus Christi State TX Zip Code 78413-6203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Histopath Inc Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.33924
 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) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 49
(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)
Marie Diane Mackie, Dr.

Mailing Address 5130 Cameron Street

City State Zip Code
La Porte IN 46350

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

Name of Employer Occupation
Community Hosp of Bremen Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.33878

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Calixto Maso, Dr.

Mailing Address Department of Pathology
2900 N Lake Shore Dr

City State Zip Code
Chicago IL 60657-5640

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

Name of Employer Occupation
St Joseph Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.34061

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2243 Kincaid St

City State Zip Code
Eugene OR 97405-3053

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

Name of Employer Occupation
Oregon Medical Laboratori-
es Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.34012

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 27 / 49

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
J. Wendy McLaughlin, Dr.

Mailing Address 10515 E Olla Ave

City State Zip Code
Mesa AZ 85212

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

Name of Employer Occupation
Banner Baywood Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33838

Amount of Each Receipt this Period

400.00

B.

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

Mailing Address 1211 Union Ave

City State Zip Code
Memphis TN 38104-6600

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

Name of Employer Occupation
Duckworth Pathology Group Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.33890

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Adalberto Mendoza

Mailing Address PO Box 10729

City State Zip Code
Ponce PR 00732

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

Name of Employer Occupation
Southern Pathology Services Inc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.33977

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 49
(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)
P Willard Milby, Dr.

Mailing Address 7101 Jahnke Rd

City Richmond State VA Zip Code 23225-4044

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

Name of Employer Chippenham/Johnston-Willis Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.33870

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
S Sidney Murphree, Dr.

Mailing Address 4500 Conaem Dr

City Louisville State KY Zip Code 40213-1961

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

Name of Employer Laboratory Corporation of America Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.33943

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
N. William Nguyen, Dr.

Mailing Address PO Box 18743

City Anaheim State CA Zip Code 92817-8743

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

Name of Employer Corona Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.33880

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan Kent Nickell, Dr.		Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address 1825 Logan Ave		Transaction ID: SA11AI.33823		
	City Waterloo	State IA	Zip Code 50703-1999	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Allen Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jo Amy Owen, Dr.		Date of Receipt MM / DD / YYYY 05 / 04 / 2009		
	Mailing Address 801 Virginia Pl		Transaction ID: SA11AI.33907		
	City Clinton	State MO	Zip Code 64735-3076	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Golden Valley Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) D. Pamela Pierce, Dr.		Date of Receipt MM / DD / YYYY 05 / 13 / 2009		
	Mailing Address Department of Pathology 1701 E 23rd St		Transaction ID: SA11AI.33930		
	City Hutchinson	State KS	Zip Code 67502-7502	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hutchinson Hosp	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

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

FOR LINE NUMBER: PAGE 30 / 49
(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. Christine Piller, Dr.
Mailing Address 18616 Dembridge Dr
City Davidson State NC Zip Code 28036
FEC ID number of contributing federal political committee. **C**
Name of Employer NorthEast Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.33876
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
R. Rafael Ramirez-Weiser, Dr.
Mailing Address G.P.O Box 36-6258
City San Juan State PR Zip Code 00936
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 05 / 29 / 2009
Transaction ID: SA11AI.34127
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Newman Apple Rice, Dr.
Mailing Address Dept of Path 4401 S Western
City Oklahoma City State OK Zip Code 73109
FEC ID number of contributing federal political committee. **C**
Name of Employer Integris Southwest Medical Center Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.33933
Amount of Each Receipt this Period 400.00

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 31 / 49
(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)
Sandner John Rice, Dr.
Mailing Address 3384 Sierra Oaks Dr
City Sacramento State CA Zip Code 95864-5729
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Sacramento Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.33939
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rosemary Diana Rogers, Dr.
Mailing Address 1601 Camino Lindo
City South Pasadena State CA Zip Code 91030-4129
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34136
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
W. David Scharnhorst, Dr.
Mailing Address Department of Pathology SC12
9300 Valley Childrens Place
City Madera State CA Zip Code 93638
FEC ID number of contributing federal political committee. **C**
Name of Employer Children Hosp Central California Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.33867
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 32 / 49
(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)
P. Joseph Semple, Dr.

Mailing Address Laboratory
28 Crescent St

City Middletown State CT Zip Code 06457-3650

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

Name of Employer Middlesex Hosp Occupation Pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33974

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Y. William Shang, Dr.

Mailing Address Department of Pathology
134 Homer Ave

City Cortland State NY Zip Code 13045-1206

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

Name of Employer Cortland Regional Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.33882

Amount of Each Receipt this Period
312.00

C.

Full Name (Last, First, Middle Initial)
Carol Susan Sharp, Dr.

Mailing Address Dept of Path
2210 Troy Rd

City Niskayuna State NY Zip Code 12309

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

Name of Employer Bellevue Woman's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33848

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **812.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 49
(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)
Daniel Charles Short, Dr.
Mailing Address 12855 N 40 Dr Ste 375

City State Zip Code
Saint Louis MO 63141-8657

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

Name of Employer Occupation
Urology Consultants, Ltd Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.34101

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Howard Byron Simmons, Dr.
Mailing Address PO Box 25036

City State Zip Code
Woodbury MN 55125

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

Name of Employer Occupation
Central Reg Pathology Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.33866

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
C. Susan Simonton, Dr.
Mailing Address Department of Pathology
2525 Chicago Ave S

City State Zip Code
Minneapolis MN 55404

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

Name of Employer Occupation
Children's Hosp of Minnea-
polis Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: SA11AI.33868

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 34 / 49
(check only one)

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

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

A.

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

Mailing Address Dept of Path
300 Main St

City Lewiston State ME Zip Code 04240-7027

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

Name of Employer Central Maine Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33865

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Taylor Carl Smedberg, Dr.

Mailing Address 1855 W Hibiscus Blvd

City Melbourne State FL Zip Code 32901-2622

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

Name of Employer Space Coast Pathologists, PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.34058

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
W Eric Stark, Dr.

Mailing Address 3 Castellan Dr

City Lafayette State IN Zip Code 47905-8880

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

Name of Employer Home Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.33927

Amount of Each Receipt this Period
250.00

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 35 / 49						
	(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

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

A.

Full Name (Last, First, Middle Initial) Edward Paul Steele, Dr.		Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Mailing Address Pathology & Lab Med MLC 1010 3333 Burnet Ave		Transaction ID: SA11AI.33871
City Cincinnati	State OH	Zip Code 45229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cincinnati Children's Hosp Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) W. Jan Steiner, Dr.		Date of Receipt MM / DD / YYYY 05 / 06 / 2009
Mailing Address 3410 Vintage Valley Road		Transaction ID: SA11AI.34143
City Ann Arbor	State MI	Zip Code 48105
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	

C.

Full Name (Last, First, Middle Initial) T. Timothy Stenzel, Dr.		Date of Receipt MM / DD / YYYY 05 / 29 / 2009
Mailing Address 2150 Woodward St Ste 100		Transaction ID: SA11AI.33835
City Austin	State TX	Zip Code 78744-1840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Asuragen Inc	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)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 49
	<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) Todd Kevin Stieglbauer, Dr.		Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address Dept of Path 4050 Coon Rapids Blvd		Transaction ID: SA11AI.33967		
	City Coon Rapids	State MN	Zip Code 55433	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Nedjema Sustento-Reodica		Date of Receipt MM / DD / YYYY 05 / 06 / 2009		
	Mailing Address 1 Franklin Town Blvd Apt 1717		Transaction ID: SA11AI.33983		
	City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mt Sinai Hosp Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) E Paula Szytko, Dr.		Date of Receipt MM / DD / YYYY 05 / 20 / 2009		
	Mailing Address Dept of Path 601 N Elm St PO Box HP-5		Transaction ID: SA11AI.33923		
	City High Point	State NC	Zip Code 27261	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer High Point Regional Hosp	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 37 / 49
(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. Benjamin Tancinco, Dr.

Mailing Address Department of Pathology
18697 Bagley Rd.

City Middleburg Heights State OH Zip Code 44130

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

Name of Employer Southwest Gen Hlth Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
05 / 22 / 2009

Transaction ID: SA11AI.34055

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Noel Elmer Thompson, Dr.

Mailing Address Outpatient Diagnostic Center
900 Seton Drive

City Cumberland State MD Zip Code 21502

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

Name of Employer Western Maryland Hlth Sys-tem Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
05 / 13 / 2009

Transaction ID: SA11AI.34119

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
H. Norman Thompson, Dr.

Mailing Address Dept of Pathology
3260 Hospital Dr

City Juneau State AK Zip Code 99801

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

Name of Employer Bartlett Reg Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.33842

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 38 / 49
(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 James Thornbery, Dr.

Mailing Address General Medical Labs
36 S Brooks Street

City Madison State WI Zip Code 53715

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

Name of Employer Meriter Health Services Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.33970

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
E. Stuart VanMeter, Dr.

Mailing Address Department of Pathology
1924 Alcoa Highway

City Knoxville State TN Zip Code 37920

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

Name of Employer Univ of Tennessee Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.33894

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Roman Velez

Mailing Address Dept of Anat Path
Carr 22

City Rio Piedras State PR Zip Code 00935

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

Name of Employer ASEM Occupation pathologists

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.33832

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 49
(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)
E. Stephen Vernon, Dr.

Mailing Address JMH East Tower Rm 2042
1611 NW 12th Ave

City Miami State FL Zip Code 33136-1005

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

Name of Employer Univ of Miami-School of Med Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.33934

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Miluse Vitkova

Mailing Address 1284 Poker Flat Pl

City San Jose State CA Zip Code 95120-1766

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

Name of Employer Kaiser Santa Clara Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.33941

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
A. Thomas Webb, Dr.

Mailing Address 6110 North Oak Leaf Court

City Peoria State IL Zip Code 61615-2240

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

Name of Employer Graham Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.33972

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 49
(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)
Howard John Wolk, Dr.

Mailing Address Department of Pathology
95 Grasslands Rd

City Valhalla State NY Zip Code 10595-1652

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

Name of Employer Westchester Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.34116
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
E Joan Woodward, Dr.

Mailing Address Lab
2001 Medical Pkwy

City Annapolis State MD Zip Code 21401-3280

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

Name of Employer Anne Arundel Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.33831
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
F. George Worsham, Dr.

Mailing Address Department of Pathology
316 S. Calhoun St.

City Charleston State SC Zip Code 29401

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

Name of Employer Roper Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34029
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 41 / 49
(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. Delane Wycoff, Dr.
Mailing Address 500 W Leota
City N Platte State NE Zip Code 69103-1289
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services, PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34018
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
C. James Zimring, Dr.
Mailing Address Department of Pathology
1364 Clifton Rd NE
City Atlanta State GA Zip Code 30322-1059
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory Univ Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.33901
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 500.00
TOTAL This Period (last page this line number only) ► 43195.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34184 Date of Disbursement 05 / 11 / 2009
	Mailing Address P.O. Box 85024	Amount of Each Disbursement this Period 424.62
	City Richmond State VA Zip Code 23285	
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34185 Date of Disbursement 05 / 18 / 2009
	Mailing Address P.O. Box 85024	Amount of Each Disbursement this Period 34.48
	City Richmond State VA Zip Code 23285	
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.34186 Date of Disbursement 05 / 25 / 2009
	Mailing Address P.O. Box 85024	Amount of Each Disbursement this Period 104.21
	City Richmond State VA Zip Code 23285	
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	563.31
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 43 / 49

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

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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Services Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34187 Date of Disbursement 05 / 25 / 2009
	Amount of Each Disbursement this Period 1041.15
B. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34188 Date of Disbursement 05 / 25 / 2009
	Amount of Each Disbursement this Period 38.50

SUBTOTAL of Disbursements This Page (optional) ▶

1079.65

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

1642.96

**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 44 / 49

<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) CITIZENS FOR ALTMIRE</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 <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34157 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN</p> <p>Mailing Address 426 C STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34158 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</p> <p>Mailing Address P.O. Box 65314</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34160 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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) CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</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: FL District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34163</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee</p> <p>Mailing Address P. O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</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: TX District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34164</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DIRIGO PAC</p> <p>Mailing Address PO Box 1355</p> <p>City Alexandria State VA Zip Code 22313</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 State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34165</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Chris Donnellan	Transaction ID: SB23.34190 Date of Disbursement 05 / 15 / 2009
	Mailing Address 1350 I Street, NW Suite 590	Amount of Each Disbursement this Period 179.78
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement In Kind Contribution to Kosmas for Congress	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ERIC PAC	Transaction ID: SB23.34167 Date of Disbursement 05 / 15 / 2009
	Mailing Address 209 Pennsylvania Ave. SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eshoo for Congress	Transaction ID: SB23.34168 Date of Disbursement 05 / 15 / 2009
	Mailing Address 555 Capital Mall Suite 1425	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6179.78
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 FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS State NV Zip Code 89132 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 00	Transaction ID: SB23.34169 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 4201 Northview Drive Suite 307 City Bowie State MD Zip Code 20716 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: SB23.34171 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS Mailing Address 1707 PRINCE STREET, #5 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	Transaction ID: SB23.34173 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.34176 Date of Disbursement 05 / 15 / 2009	
	Mailing Address 430 South Capitol Street, SE 1st Floor		Amount of Each Disbursement this Period 5000.00
	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: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.34175 Date of Disbursement 05 / 15 / 2009	
	Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
	City LONG BRANCH State NJ Zip Code 07740		
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE	Transaction ID: SB23.34161 Date of Disbursement 05 / 15 / 2009	
	Mailing Address PO Box 60405 PO Box 60405		Amount of Each Disbursement this Period 1000.00
	City Worcester State MA Zip Code 01606		
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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 49 / 49

<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)
STABENOW FOR US SENATE

Transaction ID: SB23.34156

Date of Disbursement

Mailing Address 426 C STREET, NE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

37679.78