

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2009 through 06 30 2009

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

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

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 11 19 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	150138.18									
(c) Total Receipts (from Line 19)	36966.50	315095.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	187104.68	399901.66								
7. Total Disbursements (from Line 31)	75898.45	288695.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111206.23	111206.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	27120.00	224248.00
(ii) Unitemized	9846.50	85097.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36966.50	309345.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36966.50	309345.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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))	36966.50	315095.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36966.50	315095.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1398.45	5765.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1398.45	5765.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74500.00	282679.78
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))..	75898.45	288695.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75898.45	288695.43

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)	36966.50	309345.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36966.50	309095.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1398.45	5765.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1398.45	5765.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42
(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)
H. Herbert Anderson, Dr.

Mailing Address 115 Grouse Lane

City State Zip Code
Sewickley PA 15143

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
06 / 09 / 2009

Transaction ID: SA11AI.34379

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paul Bannister

Mailing Address 6339 Riverview Ln

City State Zip Code
Dallas TX 75248-2841

FEC ID number of contributing federal political committee. C

Name of Employer Baylor Med Ctr @ Garland Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2009

Transaction ID: SA11AI.34208

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 94 Old Short Hills Rd

City State Zip Code
Livingston NJ 07039-5672

FEC ID number of contributing federal political committee. C

Name of Employer St Barnabas Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 09 / 2009

Transaction ID: SA11AI.34329

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42
(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.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 832.00

Date of Receipt 06 / 16 / 2009
Transaction ID: SA11AI.34327

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul J. Biggs, MD

Mailing Address 5008 Grand Rock Road

City State Zip Code
Mountain Brook AL 35223

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BMC Pathology Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2009
Transaction ID: SA11AI.34206

Amount of Each Receipt this Period 250.00

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

Mailing Address 5650 SW 29th St

City State Zip Code
Topeka KS 66614-2443

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pathology Services PA Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2009
Transaction ID: SA11AI.34309

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1458.00

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 / 42
(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)
Scott David Brink, Dr.

Mailing Address Department of Pathology
1465 S Grand Blvd

City State Zip Code
St Louis MO 63104-1003

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

Name of Employer SSM Cardinal Glennon Children'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
0	6	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.34328

Amount of Each Receipt this Period
250.00

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

Mailing Address 6800 Pebble Beach Ln

City State Zip Code
Seminole FL 33777-4505

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

Name of Employer Surgical Pathology Laboratories
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
0	6	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.34340

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Andres Candela

Mailing Address 1717 North E St Ste 227

City State Zip Code
Pensacola FL 32901

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

Name of Employer The Pathology Group
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.34343

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 9 / 42
(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. Desiree Carlson, Dr.

Mailing Address Chief of Pathology
680 Centre Street

City State Zip Code
Brockton MA 02302-3395

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

Name of Employer Occupation
Brockton Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11AI.34326

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
B. Lawrence Carr, Dr.

Mailing Address PO Box 213

City State Zip Code
Ross CA 94957-0213

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: SA11AI.34383

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alexander Castiello

Mailing Address Lab
100 North Crest Dr

City State Zip Code
Springfield TN 37172

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

Name of Employer Occupation
NorthCrest Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11AI.34302

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K Samuel Caughron, Dr.
Mailing Address 1605 Cobble Creek Trail

City State Zip Code
Billings MT 59106

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

Name of Employer Occupation
Yellowstone Pathology Ins- Pathologist
titute Inc

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.34378
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
C. Philip Chen, Dr.
Mailing Address 6490 Hazeltine National Dr Ste 170

City State Zip Code
Orlando FL 32822-5155

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

Name of Employer Occupation
Cognoscenti Health Inst Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.34228
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
S. Gregory Collins, Dr.
Mailing Address Department of Pathology
One Genesys Parkway

City State Zip Code
Grand Blanc MI 48439-3699

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

Name of Employer Occupation
Genesys Regional Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9
Transaction ID: SA11AI.34245
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42
(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)
J Timothy Collins, Dr.

Mailing Address Dept of Path
142 W 5th St

City State Zip Code
Cookeville TN 38501-1760

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

Name of Employer Occupation
Cookeville Pathology Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: SA11AI.34233

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
D. Dilipkumar Dharkar, Dr.

Mailing Address 11 E Pleasant Ave

City State Zip Code
Sandwich IL 60548-1100

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

Name of Employer Occupation
Valley West Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: SA11AI.34369

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 200 NW 143rd St

City State Zip Code
Seattle WA 98177-3935

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

Name of Employer Occupation
Northwest Pathology Services, Inc. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: SA11AI.34221

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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 / 42
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Arlene Eisenberg, Dr.

Mailing Address 1074 S La Luna Ave

City Ojai State CA Zip Code 93023-3516

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

Name of Employer Community Pathology Laboratory Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2009

Transaction ID: SA11AI.34229

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
T Brendan Fitzpatrick, Dr.

Mailing Address Dept of Path 1600 Haddon Ave

City Camden State NJ Zip Code 08103-3101

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

Name of Employer Our Lady of Lourdes Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2009

Transaction ID: SA11AI.34306

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
G Kenneth Flanagan, Dr.

Mailing Address Dept of Pathology 1000 Willow Creek Rd

City Prescott State AZ Zip Code 86301-1645

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

Name of Employer Yavapai Reg Méd Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2009

Transaction ID: SA11AI.34377

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 13 / 42
(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)
Elizabeth Mary Fowkes, Dr.

Mailing Address 524 E 20th St Apt 1G

City State Zip Code
New York NY 10009

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

Name of Employer Occupation
NYU Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: SA11AI.34294

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
S. James Heath, Dr.

Mailing Address 1 Prospect St

City State Zip Code
Nashua NH 03060-3900

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

Name of Employer Occupation
Nashua Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: SA11AI.34297

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
L. Alden Hostetter, Dr.

Mailing Address Department of Pathology
235 Cantrell Avenue

City State Zip Code
Harrisonburg VA 22801

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

Name of Employer Occupation
Rockingham Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: SA11AI.34319

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 42
(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)
Loyd James Humphreys, Dr.
Mailing Address 107 Rio Sedona Way
City Helotes State TX Zip Code 78023-4492
FEC ID number of contributing federal political committee. **C**
Name of Employer Ameripath South Texas Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 09 / 2009
Transaction ID: SA11AI.34201
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
F Keith Izban, Dr.
Mailing Address 200 Berteau Ave
City Elmhurst State IL Zip Code 60126-2966
FEC ID number of contributing federal political committee. **C**
Name of Employer Elmhurst Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 11 / 2009
Transaction ID: SA11AI.34239
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
P Wayne Jesse, Dr.
Mailing Address PO Box 80
City Verona State VA Zip Code 24482-0080
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Ridge Pathologists Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 09 / 2009
Transaction ID: SA11AI.34212
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 15 / 42

(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)
O. Dervila Jonas, Dr.

Mailing Address 418 Mosby Dr. S.W.

City	State	Zip Code
Leesburg	VA	20175

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

Name of Employer Inova Loudoun Hosp	Occupation Pathologist
--	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.34262

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L Jon Keller, Dr.

Mailing Address Dept of Path
199 Reedsdale Rd

City	State	Zip Code
Milton	MA	02186-3926

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

Name of Employer Milton Hosp	Occupation Pathologist
---------------------------------	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.34292

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R Paul Kirchgraber, Dr.

Mailing Address 6325 Lawrence Dr

City	State	Zip Code
Indianapolis	IN	46226-1032

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

Name of Employer Covance Central Lab Svcs, Inc	Occupation Pathologist
---	---------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.34235

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 16 / 42

(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)
Vladimirov Petio Kotov, Dr.

Mailing Address Dept of Path
500 Campus Dr

City State Zip Code
Hancock MI 49930

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

Name of Employer Occupation
Portage View Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.34313

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Shannon Kratzer

Mailing Address 2323 Matador Cir

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Clinical Pathology Assoc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.34226

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
D. Ragini Lakhia, Dr.

Mailing Address 1140 Business Ctr Dr 370

City State Zip Code
Houston TX 77043-2737

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

Name of Employer Occupation
Applied Diagnostics, Inc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.34293

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) D. Craig Lariscy, Dr.	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 1354 Lakeland Hills Blvd	Transaction ID: SA11AI.34276
	City State Zip Code Lakeland FL 33805	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lakeland 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	

B.	Full Name (Last, First, Middle Initial) T. John Latham, Dr.	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 122 Parkins Lake Rd	Transaction ID: SA11AI.34214
	City State Zip Code Greenville SC 29607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bon Secours St Francis Health Sys 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) Antonio Manuel Leal, Dr.	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address Department of Pathology 131 SW 15th St	Transaction ID: SA11AI.34295
	City State Zip Code Ocala FL 34471-6529	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Munroe 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)	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 18 / 42
(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)
G.B. Debra Leonard, Dr.

Mailing Address Weill Cornell Med Ctr
525 E 68th St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
New York Presbyterian Hosp Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	9

Transaction ID: SA11AI.34300

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address Laboratory
1200 Pleasant

City State Zip Code
Des Moines IA 50309

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

Name of Employer Occupation
Iowa Methodist Med Ctr Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	9

Transaction ID: SA11AI.34263

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
M. Jerome Loew, Dr.

Mailing Address Department of Pathology
1750 W Harrison St

City State Zip Code
Chicago IL 60612

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

Name of Employer Occupation
Rush University Medical Center Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.34320

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)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<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) Owen Michael Lovell, Dr.		Date of Receipt	
	Mailing Address Path Dept 7700 Floyd Curl Dr		M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34290
	San Antonio	TX	78229-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Methodist Hospital		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) S John McCullough, Dr.		Date of Receipt	
	Mailing Address PO Box 31629		M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34244
	Clarksville	TN	37040-0028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Gateway Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 315 S Manning Blvd		M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.34335
	Albany	NY	12208-1707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2000.00	
Name of Employer St Peter's Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 42
(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. William Newman, Dr.

Mailing Address 4625 Taft Park

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
LSU Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.34282

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

E. Lucien Nochomovitz, Dr.

Mailing Address Path
300 Community Dr

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
North Shore Univ Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.34301

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

E. Robert Petras, Dr.

Mailing Address 7730 First Pl
Ste A

City State Zip Code
Oakwood Village OH 44146

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

Name of Employer Occupation
AmeriPath Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.34198

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 21 / 42
(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 Julie Plumbley, Dr.

Mailing Address Dept of Path
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

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

Name of Employer Blue Ridge Pathologists Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2009
Transaction ID: SA11AI.34213
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mazhar Rishi

Mailing Address 701 N Clayton St

City Wilmington State DE Zip Code 19805

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

Name of Employer St. Francis Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2009
Transaction ID: SA11AI.34331
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
J Gary Roloson, Dr.

Mailing Address Department of Pathology
1305 W Jefferson St Ste 140

City Waxahachie State TX Zip Code 75165-2255

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

Name of Employer Baylor Univ Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2009
Transaction ID: SA11AI.34209
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

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FOR LINE NUMBER: PAGE 22 / 42
(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. David Sadler, Dr.

Mailing Address Dept of Path
5301 E Huron River Dr PO Box 3058

City State Zip Code
Ann Arbor MI 48106

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

Name of Employer St Joseph Mercy Hosp Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 09 / 2009

Transaction ID: SA11AI.34333

Amount of Each Receipt this Period
312.00

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

Mailing Address 1103 Halstead Bayou Drive

City State Zip Code
Ocean Springs MS 39564

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

Name of Employer Biloxi Reg Med Ctr Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: SA11AI.34210

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
N Gregory Sossaman, Dr.

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2483

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

Name of Employer Ochsner Clinic Foundation Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 09 / 2009

Transaction ID: SA11AI.34304

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1562.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 42
(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. William Talbot, Dr.
Mailing Address 1400 Lakeshore Dr.
City Anniston State AL Zip Code 36207
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 06 / 09 / 2009
Transaction ID: SA11AI.34303
Amount of Each Receipt this Period: 1000.00

Name of Employer: Northeast Alabama Reg Med Ctr Occupation: Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

B. Full Name (Last, First, Middle Initial)
U. Dino Vallera, Dr.
Mailing Address 143 Lakeland Drive
City Palos Park State IL Zip Code 60464
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 06 / 09 / 2009
Transaction ID: SA11AI.34256
Amount of Each Receipt this Period: 250.00

Name of Employer: Hinsdale Hosp Occupation: Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

C. 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**

Date of Receipt: 06 / 03 / 2009
Transaction ID: SA11AI.34264
Amount of Each Receipt this Period: 50.00

Name of Employer: Univ of Miami-School of Med Occupation: Pathologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 / 42
(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. Arthur Vogel, Dr.

Mailing Address 6825 216th Street SW
Suite E

City Lynnwood State WA Zip Code 98036-7379

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

Name of Employer Cytolab Pathology Svcs, Inc PS Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: SA11AI.34236

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1115 N Bundy Dr

City Los Angeles State CA Zip Code 90049-1512

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

Name of Employer San Gabriel Valley Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: SA11AI.34322

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
M. Dorothy Willis, Dr.

Mailing Address 533 College St

City Bellaire State TX Zip Code 77401

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

Name of Employer Alliance Path Consultants Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.34196

Amount of Each Receipt this Period
300.00

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 25 / 42	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) J. Michael Wilson		Date of Receipt		
	Mailing Address Dept of Path 5900 Byron Center Ave SW		M M / D D / Y Y Y Y 06 / 24 / 2009		
	City Wyoming	State MI	Zip Code 49519	Transaction ID: SA11AI.34291	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Metro Health Hospital		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	27120.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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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 Service Charges Amex 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.34451 Date of Disbursement 06 / 02 / 2009 Amount of Each Disbursement this Period 55.91
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 Moneris ACH 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.34452 Date of Disbursement 06 / 04 / 2009 Amount of Each Disbursement this Period 886.41
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Services Charges Amex 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.34453 Date of Disbursement 06 / 08 / 2009 Amount of Each Disbursement this Period 176.40

SUBTOTAL of Disbursements This Page (optional) ▶

1118.72

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Services Charges Amex</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.34454</p> <p>Date of Disbursement 06 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 113.78</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Services Charges Amex</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.34455</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 7.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges Account Analysis</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.34456</p> <p>Date of Disbursement 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 74.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

196.16

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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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.34457 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges Amex	<input type="text" value="4.87"/>
	Candidate Name	Category/Type
	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.34458 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Services Charges Amex	<input type="text" value="3.15"/>
	Candidate Name	Category/Type
	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.34459 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Services Charges Amex	<input type="text" value="37.80"/>
	Candidate Name	Category/Type
	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)	<input type="text" value="45.82"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 42

<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.34460
Date of Disbursement

Mailing Address P.O. Box 85024

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

37.75

Purpose of Disbursement
Bank Service Charge - Deposit Slips

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

37.75

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

1398.45

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 30 / 42

<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) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. Box 116 <hr/> City Hyattsville, State MD Zip Code 20781-0116 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34405 Date of Disbursement <input type="text"/> 06 / <input type="text"/> 24 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> 1000.00
B.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas, State NV Zip Code 89121 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34406 Date of Disbursement <input type="text"/> 06 / <input type="text"/> 24 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> 1000.00
C.	Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS <hr/> Mailing Address 830 NE Holladay, #105 <hr/> City Portland, State OR Zip Code 97232 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34409 Date of Disbursement <input type="text"/> 06 / <input type="text"/> 24 / <input type="text"/> 2009 <hr/> Amount of Each Disbursement this Period <input type="text"/> 4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) BLUMENAUER FOR CONGRESS</p> <p>Mailing Address 830 NE Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34410 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 28001 PO BOX 28001</p> <p>City RALEIGH State NC Zip Code 27611</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: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34411 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</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: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34413 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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 32 / 42

<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) Burgess for Congress Mailing Address P.O.Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34415 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) CARPER FOR SENATE Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR City NEW CASTLE State DE Zip Code 19720 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34416 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE Mailing Address P.O. Box 2008 City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34418 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 42

<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)
DAVE CAMP FOR CONGRESS 2000

Mailing Address P.O.BOX 423

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: MI District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.34419

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARRASSO

Mailing Address 406 Virginia Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WY District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.34420

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: GA District: 12

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.34421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I Cincinnati Dayton Road City West Chester State OH Zip Code 45069 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34422 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type

B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER Mailing Address P. O. Box 1996 City Union City State TN Zip Code 38281 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34423 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type

C. Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD Mailing Address PO BOX 812 City BISMARCK State ND Zip Code 58502 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34424 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: SB23.34425 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 1000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.34447 Date of Disbursement 06 / 26 / 2009
	Mailing Address 509 MADISON AVE SUITE 1902	Amount of Each Disbursement this Period 1000.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: SB23.34427 Date of Disbursement 06 / 24 / 2009
	Mailing Address 1415 NORTH TAFT STREET SUITE 477	Amount of Each Disbursement this Period 2500.00
	City ARLINGTON State VA Zip Code 22201	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) GRASSLEY COMMITTEE	Transaction ID: SB23.34428 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 1500.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE	Transaction ID: SB23.34429 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 3000.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: SB23.34430 Date of Disbursement 06 / 24 / 2009
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 Suite 650	Amount of Each Disbursement this Period 2500.00
	City SALT LAKE CITY State UT Zip Code 84101	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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) JOHN LEWIS FOR CONGRESS Mailing Address 2015 Wallace Rd. City Atlanta State GA Zip Code 30331 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34431 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	<input type="text"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOHN SHADEGG FOR CONGRESS Mailing Address P.O. Box 45444 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34432 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	<input type="text"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS Mailing Address P.O. BOX 636 City ANNANDALE State VA Zip Code 22003 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34433 Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2009
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	<input type="text"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (LINC PAC)</p> <p>Mailing Address 227 Massachusetts Ave Suite 101</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 type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.34407 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MARY BONO COMMITTEE</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 44</p>	<p>Transaction ID: SB23.34435 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE</p> <p>Mailing Address 10 G STREE NE SUITE 470</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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 00</p>	<p>Transaction ID: SB23.34437 Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	9500.00
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) OUR FUTURE POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 1155 21ST STREET NW SUITE 300</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 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.34438 Date of Disbursement: 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washingtín State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.34439 Date of Disbursement: 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Pomeroy For Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 00</p>	<p>Transaction ID: SB23.34440 Date of Disbursement: 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</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: GA 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: SB23.34401</p> <p>Date of Disbursement 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</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: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34402</p> <p>Date of Disbursement 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE</p> <p>Mailing Address 76 MAGNOLIA TERRACE</p> <p>City SPRINGFIELD State MA Zip Code 01108</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: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34441</p> <p>Date of Disbursement 06 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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) SCHAKOWSKY FOR CONGRESS	Transaction ID: SB23.34442
	Mailing Address P.O. BOX 5130	Date of Disbursement 06 / 24 / 2009
	City EVANSTON State IL Zip Code 60204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.34403
	Mailing Address 2501 Wisconsin Avenue, NW #304	Date of Disbursement 06 / 17 / 2009
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS	Transaction ID: SB23.34446
	Mailing Address 700 12th Street, NW	Date of Disbursement 06 / 24 / 2009
	City Pttsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE		Transaction ID: SB23.34443	
	Mailing Address P.O. Box 3498		Date of Disbursement 06 / 24 / 2009	
	City PORTLAND	State OR	Zip Code 97208	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: OR	District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

74500.00