

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 Washington DC 20005 Check if different than previously reported. (ACC)

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

5. Covering Period 03 01 2009 through 03 31 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 04 20 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	146094.82									
(c) Total Receipts (from Line 19)	57892.00	129237.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	203986.82	210003.96								
7. Total Disbursements (from Line 31)	97567.98	103585.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106418.84	106418.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45408.00	97583.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	12484.00	26154.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57892.00	123737.00
(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)	57892.00	123737.00
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	5500.00
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))	57892.00	129237.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57892.00	129237.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	1567.98	2235.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1567.98	2235.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96000.00	101000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	100.00
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))..	97567.98	103585.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97567.98	103585.12

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	57892.00	123737.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57892.00	123487.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1567.98	2235.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1567.98	2235.12

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

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

FOR LINE NUMBER: PAGE 6 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Othon Almanza

Mailing Address Hendrick Medical Center
Pathology Department

City Abilene State TX Zip Code 79605

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

Name of Employer Hendrick Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.32799
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ebrahim Amir-Mokri

Mailing Address Department of Pathology
5645 W Addison St

City Chicago State IL Zip Code 60634

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

Name of Employer Our Lady of the Resurrection Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.32880
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Leonor Hazel Awalt, Dr.

Mailing Address Laboratory
18220 State Highway 249 Rm 2285 1

City Houston State TX Zip Code 77070-4347

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

Name of Employer Methodist Willowbrook Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.32854
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 7 / 51

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
N Stephen Bauer, Dr.

Mailing Address Lab
6501 Coyle Ave

City State Zip Code
Carmichael CA 95608-0306

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

Name of Employer Occupation
Mercy San Juan Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.32850

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Chafik Bengana

Mailing Address 2323 N Lake Dr

City State Zip Code
Milwaukee WI 53211

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

Name of Employer Occupation
St. Mary's Hosp of Milwaukee 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	3		1	8		2	0	0	9

Transaction ID: SA11AI.32945

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address Department of Pathology
18901 Lake Shore Blvd

City State Zip Code
Euclid OH 44119-1078

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

Name of Employer Occupation
Euclid Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32779

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

3900.00

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: PAGE 8 / 51

(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 ▼ 208.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.32761

Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
F. Lynn Blake, Dr.

Mailing Address 1601 Ailor Ave

City State Zip Code
Knoxville TN 37921-6702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Medic Regional Blood Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.32840

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mulkey Melissa Blann, Dr.

Mailing Address 3810 152nd St

City State Zip Code
Lubbock TX 79423-6310

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Covenant Med Ctr-Lakeside Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32861

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 9 / 51
(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

<p>A. Full Name (Last, First, Middle Initial) Marco Burenko</p> <p>Mailing Address Laboratory Services PO Box 320069</p> <p>City State Zip Code Cocoa Beach FL 32932-0069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cape Canaveral Hospital Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2009</p> <p>Transaction ID: SA11AI.32750</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Strong Susan Cannon, Dr.</p> <p>Mailing Address Department of Pathology 1220 Jefferson Street</p> <p>City State Zip Code Laurel MS 39441-0607</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation South Central Regional Med Ctr Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2009</p> <p>Transaction ID: SA11AI.32920</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) J. William Castellani, Dr.</p> <p>Mailing Address Department of Pathology 500 University Dr</p> <p>City State Zip Code Hershey PA 17033-2360</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Penn State Hershey Med Ctr Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2009</p> <p>Transaction ID: SA11AI.32885</p> <p>Amount of Each Receipt this Period 250.00</p>
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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 10 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) J. Camilla Cobb, Dr.	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 2085 Shannon Ct #3	Transaction ID: SA11AI.32819
	City State Zip Code Diamond Bar CA 91765	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAC + USC 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) C Carol Cooke-Dittmann, Dr.	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address Dept of Path 3401 W Gore Blvd	Transaction ID: SA11AI.32765
	City State Zip Code Lawton OK 73502	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Comanche County Mem Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) F. William Cox, Dr.	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address Department of Pathology 1024 Central Park Drive	Transaction ID: SA11AI.33046
	City State Zip Code Steamboat Springs CO 80487	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Yampa Valley Medical 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)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 51
(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)
Abou Samer Dola, Dr.

Mailing Address Ingalls Memorial Hospital
Pathology Dept.

City Harvey State IL Zip Code 60426-3558

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

Name of Employer St Luke's Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32937

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Katherine Jane Dry, Dr.

Mailing Address DEpt of Path
1978 Industrial Blvd

City Houma State LA Zip Code 70363

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

Name of Employer Leonard J. Chabert Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.32818

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
I James Duff, Dr.

Mailing Address 1150 N 18th St Ste 102

City Abilene State TX Zip Code 79601-2931

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

Name of Employer Clinical Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32759

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 51
(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)
Tarek Mohamed Elghetany, Dr.

Mailing Address 301 University Blvd

City State Zip Code
Galveston TX 77555-0743

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

Name of Employer Occupation
Univ of Texas Med Branch Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.33001

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
W. Kay Fellows, Dr.

Mailing Address 104 Hanson Ct

City State Zip Code
Interlachen FL 32148-4243

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

Name of Employer Occupation
Putnam Community Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.32893

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R. Marc Filstein, Dr.

Mailing Address Department of Pathology
PO Box 16052

City State Zip Code
Reading PA 19612-6052

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

Name of Employer Occupation
Reading HoSp & Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.32900

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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Christopher Flynn, Dr.

Mailing Address 175 College St

City State Zip Code
Battle Creek MI 49017-3432

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

Name of Employer RML Pathologist, PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: SA11AI.32903

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Sunil Sujata Gaitonde, Dr.

Mailing Address 840 S Wood St Ste 130

City State Zip Code
Chicago IL 60612-4325

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

Name of Employer University of Illinois Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.33013

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W. Daniel Garland, Dr.

Mailing Address Dept of Pathology
2800 Godwin Blvd

City State Zip Code
Suffolk VA 23434

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

Name of Employer Louise Obici Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.32912

Amount of Each Receipt this Period
250.00

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

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 51
(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)
S. John Gerometta, Dr.

Mailing Address 113 E Fourth Street
PO Box 583

City State Zip Code
Michigan City IN 46360

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

Name of Employer Pathology Consultants Inc 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
0	3	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.32881
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
V Michael Grabowski, Dr.

Mailing Address Dept of Pathology
2520 Cherry Ave

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Harrison Medical Center 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
0	3	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.32797
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
M Vito Gulli, Dr.

Mailing Address 1 Channel Dr Unit 1213

City State Zip Code
Monmouth Beach NJ 07750

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

Name of Employer Unaffiliated Occupation Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.33065
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 51
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
L Darren Harris, Dr.

Mailing Address Dept Of Pathology
4605 Maccorkle Ave SW

City State Zip Code
S Charleston WV 25309-1311

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2009

Transaction ID: SA11AI.33071

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paul Jason Heese, Dr.

Mailing Address Dept of Path
900 Illinois Ave

City State Zip Code
Stevens Point WI 54481-3114

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

Name of Employer St. Michaels Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.32941

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Alan Robin Helmuth, Dr.

Mailing Address 8819 Shetland Ln

City State Zip Code
Indianapolis IN 46278-1069

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

Name of Employer Hancock Regional Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2009

Transaction ID: SA11AI.32795

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) E Andrew Horvath, Dr.		Date of Receipt	
	Mailing Address Lab 1100 Central Ave SE		M M / D D / Y Y Y Y Y 03 / 24 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.32888
	Albuquerque	NM	87106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Presbyterian Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Ellen Jeanne Hryciuk, Dr.		Date of Receipt	
	Mailing Address 4539 A Da Hi Court		M M / D D / Y Y Y Y Y 03 / 18 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.33039
	Hubertus	WI	53033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Wheaton Franciscan Labs		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) C Dennis Hwang, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1601 Ygnacio Valley Rd		M M / D D / Y Y Y Y Y 03 / 26 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.32806
	Walnut Creek	CA	94598-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer John Muir Med Ctr-Walnut Creek		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 51
(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)
N. Charles Iknayan, Dr.
Mailing Address E6385 Gheller Dr
City Bessemer State MI Zip Code 49911-9754
FEC ID number of contributing federal political committee. **C**
Name of Employer Grandview Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 26 / 2009
Transaction ID: SA11AI.32791
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
I. Mikhail Kantius, Dr.
Mailing Address 79-18 164th Street
City Jamaica State NY Zip Code 11432
FEC ID number of contributing federal political committee. **C**
Name of Employer Sophora Diagnostic Laboratory Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.32918
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
W Scott Kelley, Dr.
Mailing Address PO Box 2090
City Brookfield State WI Zip Code 53008-2090
FEC ID number of contributing federal political committee. **C**
Name of Employer Dermpathdiagnostics Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32772
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: PAGE 18 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J Daniel Kerr, Dr.

Mailing Address Department of Pathology
820 N. Chelan Avenue

City State Zip Code
Wenatchee WA 98801

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

Name of Employer Occupation
Wenatchee Valley Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.33033

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
C Patrick Kippenbrock, Dr.

Mailing Address 7850 N Illinois St

City State Zip Code
Indianapolis IN 46260-3663

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

Name of Employer Occupation
St John's Hlth Sys Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32930

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R Thomas Kluzak, Dr.

Mailing Address 3219 Keywest Ct

City State Zip Code
Wichita KS 67204-2364

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

Name of Employer Occupation
Via Christi Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.33021

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 51
(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. Cynthia Krueger, Dr.

Mailing Address 1434 Argyle Crescent

City State Zip Code
Ann Arbor MI 48103-2503

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

Name of Employer Occupation
Univ of Michigan Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33058

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
A Barbara Lines, Dr.

Mailing Address Path Dept MC4-265
6720 Bertner

City State Zip Code
Houston TX 77030-2604

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

Name of Employer Occupation
St Lukes Episcopal Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32935

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E Charles Mangum, Dr.

Mailing Address PO Box 1709
North Texas Pathology Laboratories

City State Zip Code
Rowlett TX 75030-1709

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

Name of Employer Occupation
North Texas Path Labs Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.32865

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 20 / 51
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
S. Larry Mapow, Dr.

Mailing Address 1312 Chickadee Lane

City State Zip Code
Millville NJ 08332

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

Name of Employer Occupation
South Jersey Healthcare Pathologist
RMC

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

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.32921

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Francis James Martinchick, Dr.

Mailing Address Dept of Pathology
255 N 30th Street

City State Zip Code
Laramie WY 82072

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

Name of Employer Occupation
Iverson Memorial Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32804

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G. Guillermo Martinez-Torres, Dr.

Mailing Address Department of Pathology
2025 E Newport Ave

City State Zip Code
Milwaukee WI 53211

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

Name of Employer Occupation
Columbia St. Marys Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.32764

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 51
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Roger Mathewson, Dr.

Mailing Address Pathology
401 N Ewing St

City State Zip Code
Lancaster OH 43130-3371

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

Name of Employer Occupation
Fairfield Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.32784

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Daniel Michael McEachin, Dr.

Mailing Address #1105
285 Centennial Olympic Pk Dr

City State Zip Code
Atlanta GA 30313

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

Name of Employer Occupation
Newnan Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.32887

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
W. Philip McGuire, Dr.

Mailing Address 1660 Hogan Avenue

City State Zip Code
Chesterton IN 46304-9378

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

Name of Employer Occupation
St. Anthony Mem Hlth 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 Y
03 / 18 / 2009

Transaction ID: SA11AI.32943

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

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FOR LINE NUMBER: PAGE 22 / 51
(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)
H. Arthur McTighe, Dr.
 Mailing Address Cheif, Dept of Pathology
201 E University Pkwy
 City Baltimore State MD Zip Code 21218-2895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union Memorial Hospital Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 17 / 2009
Transaction ID: SA11AI.32971
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
O Nadia Metwalli, Dr.
 Mailing Address 4444 Giddings Rd
 City Auburn Hills State MI Zip Code 48326-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quest Diagnostics Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.32897
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Maryam Mohammadkhani
 Mailing Address 1000 E Primrose St Ste 300
 City Springfield State MO Zip Code 65807-5178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services of Springfield Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 18 / 2009
Transaction ID: SA11AI.32883
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 51
(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. Edward Moscovic, Dr.
Mailing Address 3077 Cross Bronx Expy Apt 6K
City State Zip Code
Bronx NY 10465
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 ▼ 350.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 24 / 2009
Transaction ID: SA11AI.33057
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
M. Tariq Murad, Dr.
Mailing Address Dept of Pathology
450 W II Route 22
City State Zip Code
Barrington IL 60010-1919
FEC ID number of contributing federal political committee. **C**
Name of Employer Good Shepherd Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 18 / 2009
Transaction ID: SA11AI.32790
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Joseph James Navin, Dr.
Mailing Address 5287 Poola Street
City State Zip Code
Honolulu HI 96821
FEC ID number of contributing federal political committee. **C**
Name of Employer Straub Clinic & Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 27 / 2009
Transaction ID: SA11AI.32768
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 24 / 51
(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. Margaret Neal, Dr.

Mailing Address 1899 Eider Ct

City State Zip Code
Tallahassee FL 32308

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

Name of Employer Occupation
KWB Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.32809

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
T. Lawrence Nelsen, Dr.

Mailing Address Laboratory
1000 First Dr NW

City State Zip Code
Austin MN 55912

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

Name of Employer Occupation
Austin Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2009

Transaction ID: SA11AI.32732

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Susan Mary Olney, Dr.

Mailing Address 115 Blackcherry Ln

City State Zip Code
Chapel Hill NC 27514-1613

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

Name of Employer Occupation
Lab Corp of America 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
03 / 27 / 2009

Transaction ID: SA11AI.32811

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 51
(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)
C Tushar Padhya, Dr.
Mailing Address 1008 Boxwood Dr

City State Zip Code
Munster IN 46321-2841

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

Name of Employer Occupation
Methodist Hosp Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.32852

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. Charles Panchari, Dr.
Mailing Address 2641 Eden Place

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Whittier Hosp Medical Ctr. Pathologist

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

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.33048

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Allen Jodi Parks, Dr.
Mailing Address 340 Great Lakes Cir W Apt A

City State Zip Code
Avon IN 46123-3786

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
03 / 05 / 2009

Transaction ID: SA11AI.33067

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)
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FOR LINE NUMBER: PAGE 26 / 51
(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 Judith Pester, Dr.
Mailing Address 1625 Medical Center St
City El Paso State TX Zip Code 79902-5005
FEC ID number of contributing federal political committee. **C**
Name of Employer Sierra Laboratory Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32916
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Alexander Pliskin
Mailing Address 24068 Depew Ave
City Douglaston State NY Zip Code 11363-1611
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diagnostics Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 18 / 2009
Transaction ID: SA11AI.32899
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
E. Glenn Ramsey, Dr.
Mailing Address Blood Bank, Feinberg 7-301
251 E Huron St
City Chicago State IL Zip Code 60611-2908
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwestern Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 05 / 2009
Transaction ID: SA11AI.32869
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 27 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Anwar Zarina Rasheed, Dr.		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address Pathology Dept 306 Stanaford Rd		Transaction ID: SA11AI.32739
City Beckley	State WV	Zip Code 25801-3142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beckley Appalachian Regional Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.

Full Name (Last, First, Middle Initial) A. James Robb, Dr.		Date of Receipt MM / DD / YYYY 03 / 02 / 2009
Mailing Address 11613 Kensington Ct		Transaction ID: SA11AI.33052
City Boca Raton	State FL	Zip Code 33428-2415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr.		Date of Receipt MM / DD / YYYY 03 / 17 / 2009
Mailing Address Department of Pathology DUMC-3712		Transaction ID: SA11AI.32774
City Durham	State NC	Zip Code 27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Duke Univ Med Ctr	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)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 51
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
C Michael Royer, Dr.

Mailing Address 306 12th St NE

City Washington State DC Zip Code 20002-6320

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

Name of Employer: Walter Reed Army Med Ctr Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 18 / 2009

Transaction ID: SA11AI.33026

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Gerard Stephen Ruby, Dr.

Mailing Address 8 Todor Ct

City Burr Ridge State IL Zip Code 60527

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

Name of Employer: Palos Community Hosp Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 17 / 2009

Transaction ID: SA11AI.32728

Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
W Susan Rusch, Dr.

Mailing Address WFHC
5000 W Chambers St

City Milwaukee State WI Zip Code 53210-1650

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

Name of Employer: St Josephs Hosp Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009

Transaction ID: SA11AI.32932

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 29 / 51
(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. Reinhardt Sahmel, Dr.

Mailing Address Department of Pathology
219 South Washington St

City Easton State MD Zip Code 21601

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

Name of Employer Memorial Hosp at Easton Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.32841

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
M Marguerite Salam, Dr.

Mailing Address 721 Greens

City Dallas State PA Zip Code 18612

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

Name of Employer Sacred Heart Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: SA11AI.32911

Amount of Each Receipt this Period
1000.00

C.

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

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

City Augusta State GA Zip Code 30912

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

Name of Employer Med College of Georgia Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.32831

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 51
(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

<p>A. Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr.</p> <p>Mailing Address 1500 E Sherman Blvd</p> <p>City State Zip Code Muskegon MI 49444-1849</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mercy General Health Partners</p> <p>Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 2 6 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: SA11AI.32847</p> <p>Amount of Each Receipt this Period 250.00</p> </p>	M M / D D / Y Y Y Y	0 3 / 2 6 / 2 0 0 9
M M / D D / Y Y Y Y			
0 3 / 2 6 / 2 0 0 9			

<p>B. Full Name (Last, First, Middle Initial) W. David Smith, Dr.</p> <p>Mailing Address 3 Santa Clara Court</p> <p>City State Zip Code San Rafael CA 94903-3729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kaiser Foundation Hosp</p> <p>Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 0 6 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: SA11AI.32807</p> <p>Amount of Each Receipt this Period 250.00</p> </p>	M M / D D / Y Y Y Y	0 3 / 0 6 / 2 0 0 9
M M / D D / Y Y Y Y			
0 3 / 0 6 / 2 0 0 9			

<p>C. Full Name (Last, First, Middle Initial) M Gregory Smith, Dr.</p> <p>Mailing Address 712 S Cascade St</p> <p>City State Zip Code Fergus Falls MN 56537-2913</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lake Region Hosp</p> <p>Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 3 / 2 6 / 2 0 0 9</td> </tr> </table> <p>Transaction ID: SA11AI.32815</p> <p>Amount of Each Receipt this Period 250.00</p> </p>	M M / D D / Y Y Y Y	0 3 / 2 6 / 2 0 0 9
M M / D D / Y Y Y Y			
0 3 / 2 6 / 2 0 0 9			

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 51
(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)
B Jeffrey Smith, Dr.
Mailing Address 1395 S Pinellas Avenue
City Tarpon Springs State FL Zip Code 34689-9907
FEC ID number of contributing federal political committee. **C**
Name of Employer Helen Ellis Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 24 / 2009
Transaction ID: SA11AI.32798
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
G Roderick Snow, Dr.
Mailing Address Med Specialty Lab
Dept of Path
City San Francisco State CA Zip Code 94133-4851
FEC ID number of contributing federal political committee. **C**
Name of Employer Chinese Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 12 / 2009
Transaction ID: SA11AI.32756
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
D. Eli Sonkin, Dr.
Mailing Address 5000 W Oakland Pk Blvd
City Lauderdale Lakes State FL Zip Code 33313
FEC ID number of contributing federal political committee. **C**
Name of Employer Florida Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 13 / 2009
Transaction ID: SA11AI.32785
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 32 / 51
	<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) Rahima Spanta		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 4537 Walden Dr		Transaction ID: SA11AI.32871
City Bloomfield	State MI	Zip Code 48301-1150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oakwood Southshore Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) S. Charles Stevens, Dr.		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 1122 Austin Hwy		Transaction ID: SA11AI.32922
City San Antonio	State TX	Zip Code 78209-4844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Texas Dermatopathology Lab	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Ann Sue Strayer, Dr.		Date of Receipt MM / DD / YYYY 03 / 05 / 2009
Mailing Address Dept of Pathology 1800 E Lake Shore Dr		Transaction ID: SA11AI.32940
City Decatur	State IL	Zip Code 62521-3810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Mary's Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 51		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

Full Name (Last, First, Middle Initial) S Mark Synovec, Dr.		Date of Receipt MM / DD / YYYY 03 / 01 / 2009
Mailing Address Laboratory 1500 SW 10th Street		Transaction ID: SA11AI.32950
City Topeka	State KS	Zip Code 66606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) V Krishnarao Tangella, Dr.		Date of Receipt MM / DD / YYYY 03 / 18 / 2009
Mailing Address Dept of Path 1400 W Park St		Transaction ID: SA11AI.32890
City Urbana	State IL	Zip Code 61801-2334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Provena Covenant Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) A Mark Van Gorder, Dr.		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
Mailing Address 1451 S Indiana Ave		Transaction ID: SA11AI.32928
City Chicago	State IL	Zip Code 60605-2834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St James Hosp and Hlth Ct-rs	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E Keith Volmar, Dr.

Mailing Address Rex Pathology Associates
Pathology Laboratory

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer Rex Healthcare Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.32905

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Christopher Ward, Dr.

Mailing Address Department Of Pathology
One Gustave L Levy Place

City New York State NY Zip Code 10029-6500

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

Name of Employer Mt. Sinai School of Medicine Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: SA11AI.32857

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Nancy Warner, Dr.

Mailing Address 1065 S San Rafael Ave

City Pasadena State CA Zip Code 91105-2330

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

Name of Employer USC Norris Cancer Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.33020

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 35 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Department of Pathology
One Baylor Plaza

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2009

Transaction ID: SA11AI.32737

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
L Brian Wilkinson, Dr.

Mailing Address Dept of Path
606 22Nd Ave S

City State Zip Code
Meridian MS 39301-6116

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

Name of Employer Occupation
Diagnostic Tissue Cytology Grp 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
03 / 25 / 2009

Transaction ID: SA11AI.32773

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lawrence Jeffrey Winters, Dr.

Mailing Address Div of Transfusion Med
200 First St SW

City State Zip Code
Rochester MN 55905

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

Name of Employer Occupation
Mayo Clinic 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
03 / 26 / 2009

Transaction ID: SA11AI.32829

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) ▶ 45408.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Transfer to Soft Dollars</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.33117</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank 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.33131</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 58.00</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 Charges Moneris ACH</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33129</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 250.44</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1008.44

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 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.33132</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 4.35</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 Charges Acct Analysis Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33130</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank 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.33133</p> <p>Date of Disbursement 03 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 37.06</p>

SUBTOTAL of Disbursements This Page (optional) ▶

91.91

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.33128 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund Paul Hartel	<input type="text" value="250.00"/>
	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.33134 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Amex	<input type="text" value="36.25"/>
	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.33135 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Amex	<input type="text" value="4.48"/>
	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="290.73"/>
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 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 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.33136 Date of Disbursement 03 / 28 / 2009 Amount of Each Disbursement this Period 60.90
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 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.33137 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 76.85
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 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.33138 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 39.15

SUBTOTAL of Disbursements This Page (optional)	176.90
TOTAL This Period (last page this line number only)	1567.98

**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 40 / 51

<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)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address P.O. Box 116

City Hyattsville, State MD Zip Code 20781-0116

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BENNETT ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE
SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

<p>A. Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE</p>	<p>Transaction ID: SB23.33080 Date of Disbursement</p>
<p>Mailing Address 236 Massachusetts Ave., NE Suite 508</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 0 3 / 1 3 / 2 0 0 9</p>
<p>City Washington State DC Zip Code 20002</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p>	<p>5000.00</p>
<p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>B. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. FOR CONGRESS</p>	<p>Transaction ID: SB23.33082 Date of Disbursement</p>
<p>Mailing Address Post Office Box 80126</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 0 3 / 1 3 / 2 0 0 9</p>
<p>City Lafayette State LA Zip Code 70598</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p>	<p>1000.00</p>
<p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07</p>	
<p>C. Full Name (Last, First, Middle Initial) DUNCAN D. HUNTER FOR CONGRESS</p>	<p>Transaction ID: SB23.33085 Date of Disbursement</p>
<p>Mailing Address 9340 Fuerte Drive Suite 302</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 0 3 / 1 3 / 2 0 0 9</p>
<p>City La Mesa State CA Zip Code 91941</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p>	<p>1000.00</p>
<p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 52</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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) EVAN BAYH COMMITTEE</p> <p>Mailing Address 1070 THOMAS JEFFERSON STREET NW SUITE 202</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33087 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FARM PAC</p> <p>Mailing Address 675 N Washington St Suite 410</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33118 Date of Disbursement: 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO</p> <p>Mailing Address 406 Virginia Avenue</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33089 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.33090
	Mailing Address 426 C STREET, NE	Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	City WASHINGTON State DC Zip Code 20002	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 State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: SB23.33083
	Mailing Address 700 12TH STREET NW SUITE 700	Date of Disbursement MM / DD / YYYY 03 / 13 / 2009
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON	Transaction ID: SB23.33119
	Mailing Address POST OFFICE BOX 250116	Date of Disbursement MM / DD / YYYY 03 / 30 / 2009
	City ATLANTA State GA Zip Code 30325	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 State: GA 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) ▶

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)

<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)
GILLIBRAND FOR SENATE

Transaction ID: SB23.33121
Date of Disbursement

Mailing Address P.O. Box 15734

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NY District: 00

B.

Full Name (Last, First, Middle Initial)
GLACIER PAC

Transaction ID: SB23.33092
Date of Disbursement

Mailing Address 236 MASSACHUSETTS AVE, NE
SUITE 603

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

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement

5000.00

Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Transaction ID: SB23.33094
Date of Disbursement

Mailing Address PO BOX 100847

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

City ANCHORAGE State AK Zip Code 99510

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: AK District: 00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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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) LYNN JENKINS FOR CONGRESS</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</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: KS 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: SB23.33095 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) MARY BONO MACK 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="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33097 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS</p> <p>Mailing Address PO Box 636</p> <p>City Annandale State VA Zip Code 22003</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: UT 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: SB23.33098 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33123
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address P.O. BOX 368

City FALLS CHRUCH State VA Zip Code 22040

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: GA District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33143
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
NRCC

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Transaction ID: SB23.33100
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

<p>A. Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH</p> <p>Mailing Address 7804 Evening Lane</p> <p>City Alexandria State VA Zip Code 22306</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 5000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33101 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS</p> <p>Mailing Address PO Box 38585</p> <p>City Dallas State TX Zip Code 75238</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33103 Date of Disbursement 03 / 13 / 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="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: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33104 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	12500.00
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) PRESERVING AMERICA'S TRADITIONS (PATPAC)</p> <p>Mailing Address 610 S. BOULEVARD</p> <p>City TAMPA State FL Zip Code 33606</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.33125 Date of Disbursement: 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06</p>	<p>Transaction ID: SB23.33105 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01</p>	<p>Transaction ID: SB23.33106 Date of Disbursement: 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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) SOUTH DAKOTA FIRST PAC Mailing Address 122 MARYLAND AVENUE, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.33126 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 509 7TH Street, NW 3rd Floor City Washington State DC Zip Code 20004 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.33109 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) The MikeR Fund Mailing Address P.O. Box 2776 City Arlington State VA Zip Code 22202 Purpose of Disbursement Candidate Name Category/Type Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08	Transaction ID: SB23.33146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00

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)

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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) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: SB23.33112 Date of Disbursement 03 / 13 / 2009	
	Mailing Address PO BOX 40385		
	City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS	Transaction ID: SB23.33140 Date of Disbursement 03 / 13 / 2009	
	Mailing Address 2875 TOWERVIEW ROAD SUITE 1000		
	City HERNDON State VA Zip Code 20171	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13		
C.	Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM	Transaction ID: SB23.33113 Date of Disbursement 03 / 13 / 2009	
	Mailing Address 2451 Cumberland Parkway Ste. 3264		
	City Atlanta State GA Zip Code 30339	Amount of Each Disbursement this Period	5000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	11000.00
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)
WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.33115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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