

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2009 through 02 28 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 02 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

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	109222.25									
(c) Total Receipts (from Line 19)	37400.00	71345.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146622.25	152111.96								
7. Total Disbursements (from Line 31)	527.43	6017.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	146094.82	146094.82								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

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	25825.00	52175.00
(i) Itemized (use Schedule A)	6075.00	13670.00
(ii) Unitemized	31900.00	65845.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31900.00	65845.00
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	5500.00	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))	37400.00	71345.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37400.00	71345.00

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.....	277.43	667.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	277.43	667.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
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	250.00	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))	250.00	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))..	527.43	6017.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	527.43	6017.14

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	31900.00	65845.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31650.00	65595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	277.43	667.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	277.43	667.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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) Randa Alsabeh		Date of Receipt MM / DD / YYYY 02 / 12 / 2009		
	Mailing Address 8700 Beverly Blvd Rm 4709		Transaction ID: SA11AI.32566		
	City Los Angeles	State CA	Zip Code 90048-1804	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cedars-Sinai Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) R. Richard Anderson, Dr.		Date of Receipt MM / DD / YYYY 02 / 17 / 2009		
	Mailing Address Department of Pathology 801 S Washington St		Transaction ID: SA11AI.32585		
	City Naperville	State IL	Zip Code 60566-7060	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Edward Hosp	Occupation Pathologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) R. Thomas Arejola, Dr.		Date of Receipt MM / DD / YYYY 02 / 26 / 2009		
	Mailing Address 1128 Parklane Dr NW		Transaction ID: SA11AI.32684		
	City New Philadelphia	State OH	Zip Code 44663-1345	Amount of Each Receipt this Period 325.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Union Hosp	Occupation Pathologist	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
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 / 23

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Meera Bansal

Mailing Address Department of Pathology
1000 N Village Avenue

City State Zip Code
Rockville Center NY 11570

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

Name of Employer Occupation
Mercy 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
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.32624

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address UC Davis Medical Center
Dept of Medical Pathology

City State Zip Code
Sacramento CA 95817

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

Name of Employer Occupation
UC Davis Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32683

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
W. Alan Cashell, Dr.

Mailing Address Dept of Path
PO Box 1484

City State Zip Code
Elkins WV 26241-1484

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

Name of Employer Occupation
Davis Memorial Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32579

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
S Earle Collum, Dr.

Mailing Address **Anatomic Path**
350 W Thomas Rd

City **Phoenix** State **AZ** Zip Code **85013-4409**

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

Name of Employer **St Josephs Hosp and Med Ctr** Occupation **Pathologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 28 / 2009**
Transaction ID: SA11AI.32667
Amount of Each Receipt this Period **1000.00**

B.

Full Name (Last, First, Middle Initial)
S Gretchen Crary, Dr.

Mailing Address **Dept of Pathology**
Mail Code-PL

City **Minneapolis** State **MN** Zip Code **55415-1623**

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

Name of Employer **Hennepin Crty Med Ctr** Occupation **Pathologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 17 / 2009**
Transaction ID: SA11AI.32597
Amount of Each Receipt this Period **250.00**

C.

Full Name (Last, First, Middle Initial)
M James Crawford, Dr.

Mailing Address **Dept of Path and Lab Med**
10 Nevada Drive

City **Lake Success** State **NY** Zip Code **11042-1114**

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

Name of Employer **North Shore LIJ Core Lab** Occupation **Pathologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **02 / 28 / 2009**
Transaction ID: SA11AI.32633
Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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 9 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Clay Christopher Danenhowe, Dr.		Date of Receipt
	Mailing Address 1219 Kelly Rd		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bellingham	WA	98226-9778
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32636
Name of Employer Northwest Pathology, P.S.		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) G Stanley Eilers, Dr.		Date of Receipt
	Mailing Address 1911 1st Ave SE		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cedar Rapids	IA	52402-5320
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32693
Name of Employer Weland Clinical Lab PC		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Conrad Robert Forsythe, Dr.		Date of Receipt
	Mailing Address PO Box 9019		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boulder	CO	80301-9019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32558
Name of Employer Boulder Cmnty Hosp		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A James Frost, Dr.

Mailing Address 2805 5th St Ste 210

City State Zip Code
Rapid City SD 57701-7330

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

Name of Employer Occupation
Clinical Lab of the Black Hills Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32576

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
A. Gary Gochman, Dr.

Mailing Address Dept of Pathology
9400 E. Rosecrans Avenue

City State Zip Code
Bellflower CA 90706

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

Name of Employer Occupation
Kaiser Permanente 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 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.32609

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address Dept of Path
650 Addison Ave W

City State Zip Code
Twin Falls ID 83301-5444

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

Name of Employer Occupation
St Luke's Magic Valley Reg Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32669

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
C Robert Hackman, Dr.

Mailing Address Dept of Pathology G7-910
825 Eastlake Ave E

City State Zip Code
Seattle WA 98109-1023

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

Name of Employer Occupation
Seattle Cancer Care Alliance Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11AI.32656

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
H Paul Hartel, Dr.

Mailing Address Dept of Path
Reed St & Gorman Ave

City State Zip Code
Elkins WV 26241

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

Name of Employer Occupation
Davis Memorial Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.32581

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E. Thomas Higgins, Dr.

Mailing Address Department of Pathology
400 E Main St

City State Zip Code
Mt Kisco NY 10549

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

Name of Employer Occupation
Northern Westchester Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: SA11AI.32634

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Neil Ernest Holburt, Dr.		Date of Receipt MM / DD / YYYY 02 / 26 / 2009		
	Mailing Address Dept of Path 25470 Medical Center Dr		Transaction ID: SA11AI.32621		
	City Murrieta	State CA	Zip Code 92562-4901	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Med Lab Svcs	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) J Peter Howanitz, Dr.		Date of Receipt MM / DD / YYYY 02 / 16 / 2009		
	Mailing Address Department of Pathology 450 Clarkson Ave		Transaction ID: SA11AI.32677		
	City Brooklyn	State NY	Zip Code 11203	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SUNY Downstate Med Ctr	Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) P. Michael Johnson, Dr.		Date of Receipt MM / DD / YYYY 02 / 05 / 2009		
	Mailing Address Dept of Pathology 503 E Thomason Cir		Transaction ID: SA11AI.32614		
	City Opelika	State AL	Zip Code 36801	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lee Pathology Lab, PA	Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Doug Knapman

Mailing Address 325 Waukegan Rd

City Northfield State IL Zip Code 60093

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

Name of Employer College of American Path. Occupation Employee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 26 / 2009
Transaction ID: SA11AI.32577
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
C Frederick Lancet, Dr.

Mailing Address Department of Pathology
2001 W 68th St

City Hialeah State FL Zip Code 33016-1801

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

Name of Employer Palmetto General Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2009
Transaction ID: SA11AI.32641
Amount of Each Receipt this Period 250.00

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

Mailing Address 3502 Franklin Ave

City Bismarck State ND Zip Code 58503-0761

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

Name of Employer Pathology Consultants, P.-C. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2009
Transaction ID: SA11AI.32648
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 14 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) I Teresa Limjoco, Dr.	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address 233 11th Ave W	Transaction ID: SA11AI.32690
	City State Zip Code Huntington WV 25701-3025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ Pathology Services	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) L. Fernando Lomba, Dr.	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address Department of Pathology 2500 Harbor Blvd	Transaction ID: SA11AI.32649
	City State Zip Code Port Charlotte FL 33952	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Peace River Regional Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) A. Joseph Lombardo, Dr.	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address Department of Pathology 300 1st Capitol Dr	Transaction ID: SA11AI.32664
	City State Zip Code Saint Charles MO 63301-2844	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Joseph Hlth Ctr	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)	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: PAGE 15 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Patricia Moore, Dr.
Mailing Address 147 S Abram Cir

City State Zip Code
The Woodlands TX 77382-2035

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

Name of Employer Southeast Texas Forensic Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: SA11AI.32659
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
W. Dwight Morrow, Dr.
Mailing Address Department of Pathology
801 S Washington

City State Zip Code
Naperville IL 60566-7060

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: SA11AI.32584
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Aziz Marwan Nasir, Dr.
Mailing Address 9800 Pagewood Ln Apt 2705

City State Zip Code
Houston TX 77042-5531

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

Name of Employer Tejas Pathology Associates Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: SA11AI.32679
Amount of Each Receipt this Period: 3000.00

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 23
(check only one)

<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)
Janet Piscitelli

Mailing Address 1 Malcolm Ave

City State Zip Code
Teterboro NJ 07608-1011

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

Name of Employer Occupation
Quest Diagnostics Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.32651

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
D William Power, Dr.

Mailing Address 3132 Rowena Dr

City State Zip Code
Los Alamitos CA 90720-5230

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

Name of Employer Occupation
Brotman Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.32561

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
I. Dennis Pullins, Dr.

Mailing Address 810 Parkway Ave

City State Zip Code
Bluefield WV 24701-4253

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

Name of Employer Occupation
Bluefield Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.32554

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 17 / 23
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
F Jay Schamberg, Dr.

Mailing Address S47 W22060 Lawnsdale Rd

City State Zip Code
Waukesha WI 53189

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

Name of Employer Occupation
Aurora Health Care Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2009

Transaction ID: SA11AI.32550

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Zhou Rulong Shen, Dr.

Mailing Address S305 Rhodes Hall
450 W 10th Ave

City State Zip Code
Columbus OH 43210

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

Name of Employer Occupation
Ohio State Univ Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11AI.32639

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Paul Sims, Dr.

Mailing Address 620 Skyline Dr

City State Zip Code
Jackson TN 38301-3923

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
02 / 05 / 2009

Transaction ID: SA11AI.32701

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 23
	(check only one)	
<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) E Rosalyn Stahl, Dr.		Date of Receipt MM / DD / YYYY 02 / 26 / 2009		
	Mailing Address Path Lab - LL1 350 Engle St		Transaction ID: SA11AI.32587		
	City Englewood	State NJ	Zip Code 07631-1808	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Englewood 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) A Vilmos Thomazy, Dr.		Date of Receipt MM / DD / YYYY 02 / 12 / 2009		
	Mailing Address 5610 Lymbar Dr		Transaction ID: SA11AI.32688		
	City Houston	State TX	Zip Code 77096-4904	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of TX-Houston Med School		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

C.	Full Name (Last, First, Middle Initial) W Richard Trepeta, Dr.		Date of Receipt MM / DD / YYYY 02 / 17 / 2009		
	Mailing Address Dept of Path 350 W Thomas Rd		Transaction ID: SA11AI.32665		
	City Phoenix	State AZ	Zip Code 85013	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Josephs Hosp and 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)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
D Louis Wright, Dr.
 Mailing Address PO Box 998
 City Charleston State SC Zip Code 29402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Services Associates LLC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 02 / 16 / 2009
Transaction ID: SA11AI.32645
 Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
T Herman Yee, Dr.
 Mailing Address Dept of Pathology 462 1st Ave
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellevue Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 02 / 12 / 2009
Transaction ID: SA11AI.32552
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ► 25825.00

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

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

FOR LINE NUMBER: PAGE 20 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
GENE (RAYMOND E.) GREEN

Mailing Address PO Box 16128

City State Zip Code
Houston TX 77222

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

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

Transaction ID: SA16.32726

Amount of Each Receipt this Period
3000.00

Refund

B. Full Name (Last, First, Middle Initial)
SUZANNE KOSMAS

Mailing Address 257 Minorca Beach Way

City State Zip Code
New Smyrna Beach FL 32169

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: SA16.32725

Amount of Each Receipt this Period
2500.00

Refund

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

TOTAL This Period (last page this line number only) ► **5500.00**

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32710 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>14.50</td></tr></table>	14.50																		
14.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32711 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>151.13</td></tr></table>	151.13																		
151.13																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32712 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	9												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>46.40</td></tr></table>	46.40																		
46.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>212.03</td></tr></table>	212.03
212.03		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</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.32713</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 62.50</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 Service Charges</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.32714</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2.90</p>

SUBTOTAL of Disbursements This Page (optional) ►

65.40

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

277.43

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

L. Robert Hunter, Dr.

Transaction ID: SB28A.32716

Date of Disbursement

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

Mailing Address Department of Pathology
6431 Fannin

City Houston State TX Zip Code 77030-2017

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Refund of Contribution

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Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00