

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 08 01 2009 through 08 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 11 19 2009

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

Table with 7 columns and 1 row for 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 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 84806.66 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 162239.05 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 67328.00 | 435272.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 229567.05 | 520078.66 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 5088.97 | 295600.58 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 224478.08 | 224478.08 | | | | | | | | |
| 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 52207.00 | 316192.00 |
| (ii) Unitemized | 15121.00 | 113330.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 67328.00 | 429522.00 |
| (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) | 67328.00 | 429522.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5750.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 67328.00 | 435272.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 67328.00 | 435272.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 1088.97 | 7670.80 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 1088.97 | 7670.80 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 4000.00 | 287679.78 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 250.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 250.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 5088.97 | 295600.58 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5088.97 | 295600.58 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 67328.00 | 429522.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 67328.00 | 429272.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1088.97 | 7670.80 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1088.97 | 7670.80 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 45
(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 James Albro, Dr.

Mailing Address 5252 Intermountain Dr

City State Zip Code
Murray UT 84107-5700

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

Name of Employer Intermountain Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2009

Transaction ID: SA11AI.34891

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
M Kenneth Algino, Dr.

Mailing Address 3610 Colonial Green Cir

City State Zip Code
Roanoke VA 24018

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

Name of Employer Carilion Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34806

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
W Ashley Allison, Dr.

Mailing Address 3918 Montclair Rd Ste 100

City State Zip Code
Birmingham AL 35213-2410

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

Name of Employer Dermatopathology Services PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34836

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **1208.00**

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 7 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A.

Full Name (Last, First, Middle Initial)
P. James Almas, Dr.

Mailing Address 171 Winged Foot Circle

City State Zip Code
Jackson MS 39211

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

Name of Employer St. Dominic-Jackson Memorial Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35043

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
B. Howard Altman, Dr.

Mailing Address 4303 Richmond Rd

City State Zip Code
Easton PA 18040-7025

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

Name of Employer Warren Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34774

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lee Vicki Altmeyer, Dr.

Mailing Address 242 Blackberry Drive

City State Zip Code
Stamford CT 06903-1202

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

Name of Employer Greenwich Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: SA11AI.34859

Amount of Each Receipt this Period
300.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 45 |
| | <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) Paul Bachner | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| Mailing Address Dept of Path & Lab Med MS 119 | Transaction ID: SA11AI.35098 |
| City Lexington State KY Zip Code 40536-0298 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Univ of Kentucky Hosp Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |

B.

| | |
|---|---|
| Full Name (Last, First, Middle Initial) A. Richard Bernert, Dr. | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| Mailing Address 1255 W Washington St | Transaction ID: SA11AI.35034 |
| City Tempe State AZ Zip Code 85281-1210 | Amount of Each Receipt this Period 208.00 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Clin-Path Associates, P.C. Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1248.00 |

C.

| | |
|---|---|
| Full Name (Last, First, Middle Initial) L Robert Bernstein, Dr. | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| Mailing Address Dept of Path 855 N Westhaven Dr | Transaction ID: SA11AI.34791 |
| City Oshkosh State WI Zip Code 54904 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Aurora Med Ctr of Oshkosh Inc 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) | 1208.00 |
| 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 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

M Ian Birkett, Dr.

Mailing Address 1 St Vincent Cir #160

City State Zip Code
Little Rock AR 72205

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

Name of Employer
Arkansas 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
08 / 06 / 2009

Transaction ID: SA11AI.34788

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. Richard Boatsman, Dr.

Mailing Address Department of Pathology
Box 129

City State Zip Code
Lawton OK 73502

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

Name of Employer
Comanche County Mem Hosp

Occupation
Pathologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2009

Transaction ID: SA11AI.34827

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Miller Alyson Booth, Dr.

Mailing Address 1840 Wealthy St SE

City State Zip Code
Grand Rapids MI 49506-2921

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

Name of Employer
Spectrum Health

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
08 / 14 / 2009

Transaction ID: SA11AI.35042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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 / 45
(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)
Steven Jody Brahney, Dr.
Mailing Address 1829 Franklin Blvd

City Portsmouth State OH Zip Code 45662-3158

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

Name of Employer Southern Ohio Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.35040
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
A. Philip Branton, Dr.
Mailing Address Laboratory Services
3300 Gallows Road

City Falls Church State VA Zip Code 22042-3300

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

Name of Employer Inova Fairfax Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.34886
Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
D Linda Burkhardt, Dr.
Mailing Address 151 S 297th Pl

City Federal Way State WA Zip Code 98003-3629

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

Name of Employer Puget Sound Inst of Pathology PLLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.35015
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr. | Date of Receipt MM / DD / YYYY 08 / 27 / 2009 |
| | Mailing Address Dept of Path 1 SHIRCLIFF WAY. | Transaction ID: SA11AI.35065 |
| | City Jacksonville State FL Zip Code 32204 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer St Vincent's 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) R Brian Carlson, Dr. | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| | Mailing Address 4733 Andrew Jackson Pkwy Ste G1 | Transaction ID: SA11AI.34980 |
| | City Hermitage State TN Zip Code 37076 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Pathologists Laboratory, PC 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) Riley Deborah Citron, Dr. | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| | Mailing Address Lab/Pathology 1504 Taub Loop | Transaction ID: SA11AI.34799 |
| | City Houston State TX Zip Code 77030-1608 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Ben Taub Gen 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) | 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 12 / 45
(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 Gary Cooper, Dr.

Mailing Address 501 20th St Ste G3

City State Zip Code
Knoxville TN 37916-1890

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

Name of Employer Innovative Pathology Services Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34885

Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Nicholas Patrick Costello, Dr.

Mailing Address Dept of Pathology
400 N State of Franklin Rd

City State Zip Code
Johnson City TN 37604

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

Name of Employer Johnson City Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.35121

Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
H Robert Crabtree, Dr.

Mailing Address Dept of Path
18697 Bagley Rd

City State Zip Code
Middleburg Heights OH 44130

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

Name of Employer Southwest Gen Hlth Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35041

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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 / 45

(check only one)

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

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

| | | | | | |
|-----------|--|-------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) P. James Craig, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 | | |
| | Mailing Address Pathology Department 900 East Oak Hill Avenue | | Transaction ID: SA11AI.35059 | | |
| | City Knoxville | State TN | Zip Code 37917 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer St. Mary's Health System | | Occupation Pathologist | | |

| | | | | | |
|-----------|--|-------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) J Michael Crossey, Dr. | | Date of Receipt MM / DD / YYYY 08 / 27 / 2009 | | |
| | Mailing Address Hospital Laboratory 1100 Central Ave SE | | Transaction ID: SA11AI.35084 | | |
| | City Albuquerque | State NM | Zip Code 87106-4930 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 1000.00 | | |
| | Name of Employer Tricare Ref Labs | | Occupation Pathologist | | |

| | | | | | |
|-----------|--|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 | | |
| | Mailing Address Laboratory 6100 Harris Parkway | | Transaction ID: SA11AI.34863 | | |
| | City Ft Worth | State TX | Zip Code 76132 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| | Name of Employer Harris Methodist Southwest | | Occupation Pathologist | | |

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: (check only one) | PAGE 14 / 45 |
| | <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. Rosemary Detweiler, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 | | |
| | Mailing Address Department of Pathology 6100 Harris Pkwy | | Transaction ID: SA11AI.34862 | | |
| | City Ft Worth | State TX | Zip Code 76132 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| | Name of Employer Harris Methodist Southwest | | Occupation Pathologist | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) B Kevin Dole, Dr. | | Date of Receipt MM / DD / YYYY 08 / 11 / 2009 | | |
| | Mailing Address Department of Pathology 2100 Dorchester Avenue | | Transaction ID: SA11AI.34809 | | |
| | City Boston | State MA | Zip Code 02124 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| | Name of Employer Carney Hosp | | Occupation Pathologist | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) M. Adam Dubin, Dr. | | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 | | |
| | Mailing Address Department of Pathology 120 N Oak St | | Transaction ID: SA11AI.34874 | | |
| | City Hinsdale | State IL | Zip Code 60521-3829 | Amount of Each Receipt this Period 312.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 312.00 | | |
| | Name of Employer Hinsdale Hosp | | Occupation Pathologist | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1312.00 |
| 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 15 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) G Paul Ellerbeck, Dr. | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| | Mailing Address 250 Mercy Dr RM PO Box 731 | Transaction ID: SA11AI.34985 |
| | City State Zip Code Dubuque IA 52004-0731 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Pathology Associates Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) F. Kevin Forsthoefel, Dr. | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| | Mailing Address Department of Pathology 3535 Olentangy River Road | Transaction ID: SA11AI.35023 |
| | City State Zip Code Columbus OH 43214 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Grant Med Ctr/Riverside Methodist Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) J Frank Foss | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| | Mailing Address 304 Belle Ave | Transaction ID: SA11AI.34917 |
| | City State Zip Code Mankato MN 56001 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer LCM Pathologists PC Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 45
(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)
Almond Robert Fouty, Dr.

Mailing Address 24217 96th Place SW

City State Zip Code
Vashon WA 98070

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

Name of Employer Occupation
Med Lab Assoc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2009

Transaction ID: SA11AI.34941

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A. Robert Frazier, Dr.

Mailing Address 801 Boush St

City State Zip Code
Norfolk VA 23510

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

Name of Employer Occupation
Dominion Pathology Laboratories 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
08 / 20 / 2009

Transaction ID: SA11AI.34841

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
F. Alan Frigy, Dr.

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City State Zip Code
Decatur IL 62521-2521

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

Name of Employer Occupation
St. Mary's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2009

Transaction ID: SA11AI.35060

Amount of Each Receipt this Period
500.00

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 17 / 45
(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. Keith Fulling, Dr.

Mailing Address Department of Lab Medicine
615 South New Ballas Road

City State Zip Code
St Louis MO 63141-8277

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

Name of Employer Occupation
St. Johns Mercy Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.35048

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd
Ste 101A

City State Zip Code
Lakeland FL 33801-5845

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34954

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
King Polly Gauthier, Dr.

Mailing Address Path Dept MC4-265
6720 Bertner St

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35055

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 18 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Alexandra Gillespie, Dr.
Mailing Address 3111 Beverly Dr

City State Zip Code
Dallas TX 75205-2922

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

Name of Employer Occupation
PathAdvantage Assoc Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34975

Amount of Each Receipt this Period
600.00

B.

Full Name (Last, First, Middle Initial)
F. Eric Glassy, Dr.
Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503-1738

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

Name of Employer Occupation
Little Company of Mary Ho-sp-Torrance Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 18 / 2009

Transaction ID: SA11AI.34775

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
C Joyce Greathouse
Mailing Address 760 Airport Rd

City State Zip Code
Panama City FL 32405-4003

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

Name of Employer Occupation
Bay Pathology Associates Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: SA11AI.34795

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

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 19 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) J. Phillip Haberman, Dr. | Date of Receipt MM / DD / YYYY 08 / 13 / 2009 |
| | Mailing Address 2301 House Ave. Suite 108 | Transaction ID: SA11AI.34785 |
| | City Cheyenne State WY Zip Code 82001-3177 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Anapath Diagnostics, Inc 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. Jedd Hagen, Dr. | Date of Receipt MM / DD / YYYY 08 / 27 / 2009 |
| | Mailing Address West Central Pathology PO Box 841 | Transaction ID: SA11AI.35066 |
| | City Carroll State IA Zip Code 51401 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer St. Anthony Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) E Richard Halbert, Dr. | Date of Receipt MM / DD / YYYY 08 / 27 / 2009 |
| | Mailing Address 1801 16th St # DEPART | Transaction ID: SA11AI.34968 |
| | City Greeley State CO Zip Code 80631-5154 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer North Colorado Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 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 20 / 45
(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) Sue Hammond | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| Mailing Address Lab Admin 700 Chlds Dr | | Transaction ID: SA11AI.34964 |
| City Columbus | State OH | Zip Code 43205-2696 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 208.00 |
| Name of Employer Nationwide Children's Hosp | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 208.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John Harrison, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| Mailing Address 2904 Westcorp Blvd SW Ste 108 | | Transaction ID: SA11AI.34989 |
| City Huntsville | State AL | Zip Code 35805-6437 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Pathology Associates PC | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr. | | Date of Receipt MM / DD / YYYY 08 / 25 / 2009 |
| Mailing Address 7941 Katy Freeway #530 | | Transaction ID: SA11AI.35154 |
| City Houston | State TX | Zip Code 77024 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Unaffiliated | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 858.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 45

(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)
D Lawrence Henry, Dr.

Mailing Address Dept of Path
200 Portland

City State Zip Code
Columbia MO 65205

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

Name of Employer
Boyce & Byrum Pathology
Labs PC

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34803

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address The Pathology Center
8303 Dodge St

City State Zip Code
Omaha NE 68114

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

Name of Employer
Methodist Hospital

Occupation
Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.34948

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
G. Melvin Hoshiko, Dr.

Mailing Address Pathology Department
2801 Atlantic Ave

City State Zip Code
Long Beach CA 90801-1428

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

Name of Employer
Long Beach Memorial Med
Ctr

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
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34925

Amount of Each Receipt this Period

500.00

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 22 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
W Jerry Hussong, Dr.

Mailing Address Apt PH 1
8888 W 3rd

City State Zip Code
Los Angeles CA 90048-3232

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

Name of Employer Occupation
Cedars-Sinai Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34816

Amount of Each Receipt this Period
312.00

B.

Full Name (Last, First, Middle Initial)
G. Megha Joshi, Dr.

Mailing Address 2 Dana Ave

City State Zip Code
Winchester MA 01890-1010

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

Name of Employer Occupation
Lawrence General Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.34916

Amount of Each Receipt this Period
38.00

C.

Full Name (Last, First, Middle Initial)
T. Michael Kafka, Dr.

Mailing Address Department of Pathology
2720 Stone Park Blvd

City State Zip Code
Sioux City IA 51104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.35057

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 23 / 45 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) D Joseph Khoury, Dr. | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| | Mailing Address Dept of Path 4230 Burnham Ave | Transaction ID: SA11AI.35016 |
| | City State Zip Code Las Vegas NV 89119-5408 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Quest Diag Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) N. Sophia Kotliar, Dr. | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| | Mailing Address Dept of Path 3rd Flr MSB 7th and Clayton Street | Transaction ID: SA11AI.35046 |
| | City State Zip Code Wilmington DE 19805 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: St. Francis Hosp Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Hongmei Li | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| | Mailing Address 1380 Soldiers Field Rd Ste 100 | Transaction ID: SA11AI.34839 |
| | City State Zip Code Brighton MA 02135-1028 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: DermPath New England, LLC Occupation: Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 45
(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. Karl Loomis, Dr.

Mailing Address 603 N Kalamazoo Av

City Marshall State MI Zip Code 49068-9068

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

Name of Employer Regional Med Laboratories Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.35140

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
S. Judy Lyzak, Dr.

Mailing Address Department of Pathology
1201 S Main St

City Crown Point State IN Zip Code 46307

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

Name of Employer St. Anthony Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.35067

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Maria-Laura Mancianti

Mailing Address 7277 Woodrow Dr

City Oakland State CA Zip Code 94611-1434

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

Name of Employer Alta Bates Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2009

Transaction ID: SA11AI.34779

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45
(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 Michelangelo Milano, Dr.

Mailing Address Dept Of Pathology
800 W Central Rd

City State Zip Code
Arlington Heights IL 60005-2349

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

Name of Employer Occupation
Northwest Cmnty Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34971

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
T. Rodney Miller, Dr.

Mailing Address Immunohistochemistry Division
8267 Elmbrook Drive

City State Zip Code
Dallas TX 75247

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

Name of Employer Occupation
Propath Laboratory, Inc. Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A Jeffrey Mossler, Dr.

Mailing Address Dept of Path
2650 N Shadeland Ave Ste A

City State Zip Code
Indianapolis IN 46219

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

Name of Employer Occupation
AmeriPath Indiana Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2009

Transaction ID: SA11AI.34782

Amount of Each Receipt this Period
1000.00

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 26 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.
Mailing Address 1000 E 21st St Ste 4100

City State Zip Code
Sioux Falls SD 57117-5050

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

Name of Employer Occupation
Physicians Laboratory Ltd Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009
Transaction ID: SA11AI.35006
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Edward Jonathan Musicant, Dr.
Mailing Address Path Lab
1650 Creekside Dr

City State Zip Code
Folsom CA 95630

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

Name of Employer Occupation
Mercy Hosp of Folsom Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009
Transaction ID: SA11AI.34944
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James Michael Myhre, Dr.
Mailing Address 1151 Miller St

City State Zip Code
Boise ID 83702-6965

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

Name of Employer Occupation
IDX Pathology, PA Pathologist

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

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009
Transaction ID: SA11AI.34881
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 27 / 45
(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)
Joseph James Navin, Dr.
Mailing Address 5287 Poola Street
City Honolulu State HI Zip Code 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 ▼ 500.00
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.34829
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
K. Mario Ngan, Dr.
Mailing Address Panorama City Laboratory
13652 Cantara St
City Panorama City State CA Zip Code 91402-5423
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Panorama City Med Ct Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.34901
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Frank Steven O'Sheal, Dr.
Mailing Address 1004 1st ST N
SUITE 200
City ALABASTER State AL Zip Code 35007-8796
FEC ID number of contributing federal political committee. **C**
Name of Employer Cytology & Pathology Services Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 08 / 13 / 2009
Transaction ID: SA11AI.34828
Amount of Each Receipt this Period 700.00

SUBTOTAL of Receipts This Page (optional) ► 1158.00
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 28 / 45 |
| | <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) Ross Donald Peven, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 | | |
| | Mailing Address Dept of Pathology 44405 Woodward Ave | | Transaction ID: SA11AI.35050 | | |
| | City Pontiac | State MI | Zip Code 48341-2985 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer St. Joseph Mercy Oakland | | Occupation Pathologist | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) N. David Pope, Dr. | | Date of Receipt MM / DD / YYYY 08 / 12 / 2009 | | |
| | Mailing Address 1 St. Vincent Circle PO Box 55148 | | Transaction ID: SA11AI.34787 | | |
| | City Little Rock | State AR | Zip Code 72215-5148 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 | | |
| | Name of Employer St Vincent Infirmary | | Occupation Pathologist | | |

| | | | | | |
|-----------|--|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) C. James Quigley, Dr. | | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 | | |
| | Mailing Address Department of Pathology PO Box 2923 | | Transaction ID: SA11AI.35029 | | |
| | City Shawnee Mission | State KS | Zip Code 66201 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 500.00 | | |
| | Name of Employer Shawnee Mission Med Ctr | | Occupation Pathologist | | |

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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 29 / 45
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
M Charles Reese, Dr.

Mailing Address 5440 S St Ste 200

City Lincoln State NE Zip Code 68506

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

Name of Employer Pathology Med Svcs PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 27 / 2009
Transaction ID: SA11AI.34997
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
H. Linda Riley, Dr.

Mailing Address 1116 138th Ave NW

City Andover State MN Zip Code 55304

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

Name of Employer United Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 14 / 2009
Transaction ID: SA11AI.35095
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Randolph David Rizzuto, Dr.

Mailing Address 10384 SE 41st Ter

City Belleview State FL Zip Code 34420-6848

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

Name of Employer Leesburg Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2009
Transaction ID: SA11AI.34918
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 45
(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) L Kenneth Rock, Dr. | | Date of Receipt MM / DD / YYYY 08 / 14 / 2009 |
| Mailing Address Dept of Pathology 55 Lake Ave N | | Transaction ID: SA11AI.35089 |
| City Worcester | State MA | |
| Zip Code 01655-0002 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UMass Memorial Health Care | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) W. Milton Roggenkamp, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| Mailing Address 144 Arrowhead Dr | | Transaction ID: SA11AI.35138 |
| City West Lafayette | State IN | |
| Zip Code 47906-2105 | | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 300.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) G Denise Ross, Dr. | | Date of Receipt MM / DD / YYYY 08 / 27 / 2009 |
| Mailing Address 1404 Blue Heron Rd | | Transaction ID: SA11AI.35028 |
| City Virginia Beach | State VA | |
| Zip Code 23454 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Sentara Virginia Beach Ho- sp | Occupation Pathologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45
(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 Demaretta Rush, Dr.

Mailing Address Lab Admin - Rm 3275
1600 SW Archer Rd

City Gainesville State FL Zip Code 32610

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

Name of Employer VA Med Ctr-Gainesville Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35097

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
G Wilson Russell, Dr.

Mailing Address Dept of Path
3333 Silas Creek Pkwy

City Winston Salem State NC Zip Code 27103-7103

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

Name of Employer Forsyth Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34851

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Weldon Sanford

Mailing Address PO Box 5528

City Manchester State NH Zip Code 03108-5528

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

Name of Employer Catholic Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34814

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 45
(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)
K. Sateesh Satchidanand, Dr.

Mailing Address Department of Pathology
2605 Harlem Road

City State Zip Code
Cheektowaga NY 14225

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.35068

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
E. Mark Shertzer, Dr.

Mailing Address 18 Harrington Ln

City State Zip Code
Dothan AL 36305-9732

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

Name of Employer Occupation
Southeast Alabama Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.35037

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
C. William Silberman, Dr.

Mailing Address 30 Orchard Cove Ln

City State Zip Code
Callao VA 22435

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

Name of Employer Occupation
unaffiliated Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35139

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 45
(check only one)

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

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

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) E Karim Sirgi, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| Mailing Address Dept of Path 6116 E Warren Ave | | Transaction ID: SA11AI.35093 |
| City Denver | State CO | Zip Code 80222 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer UniPath, LLC | 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) D Daniel Slagel, Dr. | | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| Mailing Address Mercy Medical Ctr 250 Mercy Dr | | Transaction ID: SA11AI.35094 |
| City Dubuque | State IA | Zip Code 52001-7320 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer United Clinical Laboratories | 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) Perry Daniel Snower, Dr. | | Date of Receipt MM / DD / YYYY 08 / 06 / 2009 |
| Mailing Address Laboratory 22101 Moross Road | | Transaction ID: SA11AI.35047 |
| City Detroit | State MI | Zip Code 48236 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer St. John 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 ▼ 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 34 / 45
(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 Joseph Sonnier, Dr.
Mailing Address 4603 21st St

City Lubbock State TX Zip Code 79407-2311

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

Name of Employer AmeriPath Lubbock Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 27 / 2009
Transaction ID: SA11AI.34784
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Robert James Spencer, Dr.
Mailing Address 2001 Webber St.

City Sarasota State FL Zip Code 34239-4239

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

Name of Employer Sarasota Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 14 / 2009
Transaction ID: SA11AI.35027
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Ray Jesse Stafford, Dr.
Mailing Address 8 Memorial Medical Ct Ste 1

City Greenville State SC Zip Code 29605

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

Name of Employer Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: SA11AI.34990
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
K. Brian Stewart, Dr.
Mailing Address 1348 NE Cushing Drive
City State Zip Code
Bend OR 97701-3876
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Central Oregon Path Cnslt Pathologist
PC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.34820
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
T. David Stewart, Dr.
Mailing Address 1899 Eider Court
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 ▼ 500.00
Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.34909
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.
Mailing Address PO Box 925
City State Zip Code
Russellville AR 72811
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pathology Services Lab, PA Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 14 / 2009
Transaction ID: SA11AI.34998
Amount of Each Receipt this Period 500.00

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 36 / 45

(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)
Raman V Sukumar, Dr.

Mailing Address 1253 College Park Dr

City State Zip Code
Dover DE 19904-8713

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

Name of Employer Occupation
Doctors Path Svcs Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.34840

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
D. Jason Sutherland, Dr.

Mailing Address Laboratory
501 East Hampden

City State Zip Code
Englewood CO 80110

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

Name of Employer Occupation
HealthOne Swedish 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
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34868

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
C. Richard Szumel, Dr.

Mailing Address 106 Bow St

City State Zip Code
Elkton MD 21921-5544

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

Name of Employer Occupation
Union Hosp- Elkton 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 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.35091

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1035.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 45

(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 Maureen Trotter, Dr.

Mailing Address 1150 N 18th St Ste 102

City State Zip Code
Abilene TX 79601-2931

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

Name of Employer Occupation
Clinical Pathology Associates 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 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34826

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Ghayas Uddin

Mailing Address Dept of Path
5900 Byron Center Ave SW

City State Zip Code
Wyoming MI 49519-9606

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

Name of Employer Occupation
Metro Health Hospital 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 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34950

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address Department of Pathology
1924 Alcoa Highway

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
Univ of Tennessee 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 8 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.35104

Amount of Each Receipt this Period

500.00

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 38 / 45
(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. Michael Waldron, Dr.

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Propath Laboratory, Inc. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35010

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Anthony Paul Walker, Dr.

Mailing Address Dept of path
160 N Midland Ave

City State Zip Code
Nyack NY 10960

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

Name of Employer Nyack Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34972

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
M. Timothy Wallace, Dr.

Mailing Address 21155 Ann Rita Dr

City State Zip Code
Brookfield WI 53045-4035

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

Name of Employer St. Luke's South Shore Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2009

Transaction ID: SA11AI.34792

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **970.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E. Scott Wang, Dr.

Mailing Address Department of Pathology
11 Friendship Street

City State Zip Code
Newport RI 02840-2299

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

Name of Employer Occupation
Newport Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.34967

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1115 N Bundy Dr

City State Zip Code
Los Angeles CA 90049-1512

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

Name of Employer Occupation
San Gabriel Valley Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2009

Transaction ID: SA11AI.35026

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James Harold Williams, Dr.

Mailing Address 1011 Royal Oaks Dr

City State Zip Code
Morgantown WV 26508-4473

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

Name of Employer Occupation
West Virginia Univ Hosp Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2009

Transaction ID: SA11AI.35125

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **708.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 45
(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 Felix Williamson, Dr.

Mailing Address Dept of Path
620 Skyline Dr

City Jackson State TN Zip Code 38301-3901

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

Name of Employer Jackson-Madison Cnty Gen Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2009

Transaction ID: SA11AI.34892

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
L. Sherry Woodhouse, Dr.

Mailing Address 1440 Coral Ridge Dr #296

City Coral Springs State FL Zip Code 33071

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

Name of Employer Pathology Consultants of S Broward Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2009

Transaction ID: SA11AI.34993

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
D. Ronald Workman, Dr.

Mailing Address Department of Pathology
2200 River Plaza Drive

City Sacramento State CA Zip Code 95833

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

Name of Employer Sutter Health Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2009

Transaction ID: SA11AI.35072

Amount of Each Receipt this Period 500.00

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 41 / 45 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|-----------|---|--|--|--|
| A. | Full Name (Last, First, Middle Initial) R Moises Zepeda, Dr. | | Date of Receipt | |
| | Mailing Address Dept of Path 5240 E Beverly Blvd | | M M / D D / Y Y Y Y 08 / 20 / 2009 | |
| | City State Zip Code Los Angeles CA 90022-2002 | | Transaction ID: SA11AI.34844 | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| | Name of Employer Occupation East Side Path Assoc Med Grp Inc Pathologist | | Aggregate Year-to-Date ▼ 500.00 | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 52207.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges 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.35161 Date of Disbursement 08 / 03 / 2009 Amount of Each Disbursement this Period 138.61 |
| B. | Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.35162 Date of Disbursement 08 / 05 / 2009 Amount of Each Disbursement this Period 533.86 |
| 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 Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.35163 Date of Disbursement 08 / 10 / 2009 Amount of Each Disbursement this Period 125.06 |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 797.53 |
| 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 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.35164</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 49.08</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.35166</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 94.39</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</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.35167</p> <p>Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 38.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

181.97

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 45

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

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges 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.35168 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 18.90 |
| 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 Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.35169 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 82.69 |

SUBTOTAL of Disbursements This Page (optional) ►

101.59

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

1081.09

**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 45 / 45

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) PRICE FOR CONGRESS | | Transaction ID: SB23.35160 | |
| | Mailing Address P.O. Box 425 | | Date of Disbursement 08 / 18 / 2009 | |
| | City Roswell | State GA | Zip Code 30077 | Amount of Each Disbursement this Period 4000.00 |
| | Purpose of Disbursement | | Category/ Type | |
| | Candidate Name | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | State: GA | District: 06 | | |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

4000.00