

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80766.96
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	121943.72									
(c) Total Receipts (from Line 19)	58152.50	277878.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180096.22	358645.46								
7. Total Disbursements (from Line 31)	51122.74	229671.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128973.48	128973.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43195.00	197128.00
(i) Itemized (use Schedule A)	14957.50	75250.50
(ii) Unitemized	58152.50	272378.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	58152.50	272378.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58152.50	277878.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58152.50	277878.50

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1642.96	5067.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1642.96	5067.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37679.78	208179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	11800.00	16175.00
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))..	51122.74	229671.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51122.74	229671.98

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	58152.50	272378.50
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58152.50	272128.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1642.96	5067.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1642.96	5067.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.		Date of Receipt																					
	Mailing Address Lab 11136 800 E 28th St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	0	9														
	City State Zip Code Minneapolis MN 55407-3731		Transaction ID: SA11AI.33821																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation Abbott Northwestern Hosp Pathologist		Aggregate Year-to-Date ▼ 1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) J Ulysses Arretteig, Dr.		Date of Receipt																					
	Mailing Address 18931 Sweet Pepper Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	0	9														
	City State Zip Code Jupiter FL 33458-3753		Transaction ID: SA11AI.34138																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation unaffiliated Pathologist		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) Jeffrey Mark Barcelo, Dr.		Date of Receipt																					
	Mailing Address Department of Pathology 36000 Euclid Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	9		2	0	0	9														
	City State Zip Code Willoughby OH 44094-4625		Transaction ID: SA11AI.33948																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Lake Hosp System - Lakewest Pathologist		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
A. Richard Bernert, Dr.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.34047

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
W Paul Biddinger, Dr.

Mailing Address Dept of Path
1120 15th St Rm BAE 2580

City State Zip Code
Augusta GA 30912

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

Name of Employer Occupation
Med College of Georgia Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33961

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lee Gordon Bills, Dr.

Mailing Address 9293 Witherbone Court

City State Zip Code
Cincinnati OH 45242

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

Name of Employer Occupation
Good Samaritan Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.33908

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **858.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50
(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 Thomas Bolton, Dr.

Mailing Address Dept of Path
300 Butler St

City State Zip Code
West Palm Beach FL 33407-6006

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

Name of Employer Occupation
Palm Beach Path Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34004

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Dept of Lab
335 Glessner Ave

City State Zip Code
Mansfield OH 44903-2269

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

Name of Employer Occupation
MedCentral Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33960

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Dept of Pathology
200 Berteau Avenue

City State Zip Code
Elmhurst IL 60126-2966

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

Name of Employer Occupation
Elmhurst Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.33898

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 50
(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 George Cannon, Dr.

Mailing Address Dept Of Path
5121 Cottonwood St

City Murray State UT Zip Code 84107

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

Name of Employer Utah Pathology Services Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34106
Amount of Each Receipt this Period 250.00

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

Mailing Address Dept of Pathology
700 Broadway

City Ft Wayne State IN Zip Code 46802

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

Name of Employer St. Joseph Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2009
Transaction ID: SA11AI.34067
Amount of Each Receipt this Period 250.00

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

Mailing Address N118W15490 Catherine Ct

City Germantown State WI Zip Code 53022-2067

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

Name of Employer West Allis Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2009
Transaction ID: SA11AI.33837
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50
(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. Atwell Coleman

Mailing Address Department of Pathology
Taylor @ Marion St

City State Zip Code
Columbia SC 29220

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

Name of Employer Occupation
Baptist Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: SA11AI.34006

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L. Jeffrey Craver, Dr.

Mailing Address Dept of Pathology
200 Portland St

City State Zip Code
Columbia MO 65201

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

Name of Employer Occupation
Boyce & Bynum Pathology Labs PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33856

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Herrick Carl Critz, Dr.

Mailing Address Dept of Path
6001 Norris Canyon Rd

City State Zip Code
San Ramon CA 94583

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

Name of Employer Occupation
San Ramon Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34032

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Chandra Rajesh Dash, Dr.

Mailing Address Dept of Path
Box 3712

City State Zip Code
Durham NC 27710

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

Name of Employer Duke Univ Hosp & Health System
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33893

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2201 Wadebridge Rd

City State Zip Code
Midlothian VA 23113

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

Name of Employer Henrico Doctors Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33918

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Spectrum Medical Group
22 Bramhall St

City State Zip Code
Portland ME 04102

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

Name of Employer Maine Medical Center
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33955

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Dusenbery

Mailing Address Lab
900 Seton Dr

City State Zip Code
Cumberland MD 21502-1854

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

Name of Employer Occupation
Western Maryland Hlth Sys 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 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.34118

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
N. Richard Eisen, Dr.

Mailing Address Department of Pathology
5 Perryridge Rd

City State Zip Code
Greenwich CT 06830-4697

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

Name of Employer Occupation
Greenwich Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33911

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Rosana Eisenberg

Mailing Address 472 Summit Oaks Dr

City State Zip Code
Nashville TN 37221-1316

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

Name of Employer Occupation
Univ Hosp of Cleveland 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 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.34080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50
(check only one)

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

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

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

Mailing Address 9420 Greg Ct

City State Zip Code
River Ridge LA 70123-2520

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

Name of Employer Occupation
East Jefferson Genl Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: SA11AI.33895

Amount of Each Receipt this Period
75.00

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

Mailing Address 3918 Montclair Rd Ste 100

City State Zip Code
Birmingham AL 35213-2417

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

Name of Employer Occupation
Dermatopathology Services PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33886

Amount of Each Receipt this Period
250.00

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

Mailing Address Dept of Path
MS 205

City State Zip Code
Houston TX 77030-2703

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

Name of Employer Occupation
The Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.34070

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Carol Fehmian, Dr.
Mailing Address 178 Redwood Court

City State Zip Code
Ramsey NJ 07446-1183

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

Name of Employer Hackensack Univ Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 22 / 2009
Transaction ID: SA11AI.33912
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
H Andrew Fischer, Dr.
Mailing Address 6 Sudbury Rd

City State Zip Code
Stow MA 01775-1514

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

Name of Employer UMass Mem Hlth Care Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 22 / 2009
Transaction ID: SA11AI.34077
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Georg Edgar Fischer, Dr.
Mailing Address Dept of Pathology
One University of New Mexico

City State Zip Code
Albuquerque NM 87131

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

Name of Employer Univ of New Mexico HSC Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 29 / 2009
Transaction ID: SA11AI.34088
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
E Jack Garon, Dr.

Mailing Address Dept of Path
1500 S Calif Ave

City Chicago State IL Zip Code 60608-1797

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

Name of Employer Mt Sinai Hosp Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.33982

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 96 Museum Way

City San Francisco State CA Zip Code 94114

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

Name of Employer Doctors Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 20 / 2009

Transaction ID: SA11AI.34114

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address Department of Pathology
2401 W Belvedere Ave

City Baltimore State MD Zip Code 21215-5271

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

Name of Employer Sinai Hosp of Baltimore Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.34046

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Anne Cathryn Goldberg, Dr.

Mailing Address 3938 Glendenning Rd

City Downers Grove State IL Zip Code 60515-2229

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2009

Transaction ID: SA11AI.33897

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address Dept of Pathology
800 Prudential Dr

City Jacksonville State FL Zip Code 32207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 08 / 2009

Transaction ID: SA11AI.33840

Amount of Each Receipt this Period 300.00

C.

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

Mailing Address 202 Maplewood Avenue
PO Box 497

City Ronceverte State WV Zip Code 24970-0497

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

Name of Employer Greenbrier Valley Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2009

Transaction ID: SA11AI.33910

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50
(check only one)

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

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

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

Mailing Address Department of Pathology
1500 SW 10th St

City State Zip Code
Topeka KS 66604

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

Name of Employer Stormont-Vail Reg Health Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.34060

Amount of Each Receipt this Period
500.00

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

Mailing Address 22 Bilodeau Ct

City State Zip Code
Burlington VT 05401

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

Name of Employer Northeastern Vermont Reg Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33995

Amount of Each Receipt this Period
250.00

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

Mailing Address 3301 C St Ste 200E

City State Zip Code
Sacramento CA 95816-3363

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

Name of Employer Diagn Path Med Grp Inc
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33887

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Frances Mary Hahn, Dr.

Mailing Address Dept of Path
350 W Thomas Rd

City State Zip Code
Phoenix AZ 85012

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

Name of Employer St Josephs Hosp and Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.34062

Amount of Each Receipt this Period
800.00

B.

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

Mailing Address 2318 E Lake Bluff Blvd

City State Zip Code
Shorewood WI 53211-1763

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

Name of Employer Aurora St Luke's Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.33836

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 5347 Farmington Rd

City State Zip Code
Toledo OH 43623

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

Name of Employer unaffiliated
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.34130

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 50
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	<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) M. Don Hemelt, Dr.	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 115 Downing Ct	Transaction ID: SA11AI.34014
	City State Zip Code Belle Chasse LA 70037-2358	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pathology Consultants, 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) R. Glenn Hessel	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 2800 W 95 th Street	Transaction ID: SA11AI.33952
	City State Zip Code Evergreen Park IL 60805	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Little Co. of Mary 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) George Michael Hitchcock, Dr.	Date of Receipt MM / DD / YYYY 05 / 29 / 2009
	Mailing Address 3195 Maplewood Ave Ste 102	Transaction ID: SA11AI.34008
	City State Zip Code Winston Salem NC 27103-3903	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Path Diag Lab	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50
(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)
W. Jonathon Homeister, Dr.

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

City Chapel Hill State NC Zip Code 27599-7525

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

Name of Employer Univ of North Carolina Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34089

Amount of Each Receipt this Period: 250.00

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

Mailing Address 2106 NW 23rd Ter

City Gainesville State FL Zip Code 32605-3838

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

Name of Employer North Florida Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.33993

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1000 N. 16th Street

City New Castle State IN Zip Code 47362

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

Name of Employer Henry County Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.33919

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Robert Hubbard, Dr.

Mailing Address Dept. of Laboratory Service
1805 Medical Center Drive

City State Zip Code
San Bernardino CA 92411

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

Name of Employer San Bernardino Community Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.34031

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lynn Jessica Jacobson, Dr.

Mailing Address Blood Bank 11N31A
462 1st Ave

City State Zip Code
New York NY 10016-9196

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

Name of Employer Bellevue Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.33847

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
W Bradden Jensen, Dr.

Mailing Address Dept of Path
PO Box 1600

City State Zip Code
Vancouver WA 98668-1600

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

Name of Employer Southwest Washington Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.34057

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Department of Pathology
10101 Forest Hill Blvd

City State Zip Code
West Palm Beach FL 33414

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

Name of Employer Wellington Regional Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.34113

Amount of Each Receipt this Period
300.00

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

Mailing Address 1092 Madeline St

City State Zip Code
New Braunfels TX 78132

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

Name of Employer Village Oaks Pathology Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.34112

Amount of Each Receipt this Period
500.00

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

Mailing Address Mail Drop 211C
10666 N Torrey Pines Rd

City State Zip Code
La Jolla CA 92037

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

Name of Employer Scripps Clinic Medical Laboratory Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34037

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
J David Keep, Dr.

Mailing Address Dept of Path
89 E High St Ste 9

City Painesville State OH Zip Code 44077

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

Name of Employer Drs. Hill & Chapnick Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33889

Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 2990 Franklin SW

City Grandville State MI Zip Code 49418

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

Name of Employer Pathology Laboratory, PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11AI.34015

Amount of Each Receipt this Period: 2000.00

C.

Full Name (Last, First, Middle Initial)
A Keith Krabill, Dr.

Mailing Address Pathology - Laboratory Administrat
Kaleida Health

City Buffalo State NY Zip Code 14203-1154

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

Name of Employer Buffalo General Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

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

Transaction ID: SA11AI.33860

Amount of Each Receipt this Period: 1050.00

SUBTOTAL of Receipts This Page (optional) ► 3300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50
(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. Alyssa Krasinskas, Dr.

Mailing Address Dept of Pathology A610
200 Lothrop St

City Pittsburgh State PA Zip Code 15213

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

Name of Employer UPMC Presbyterian Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.34099

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Department of Pathology
140 Lincoln Ave

City Haverhill State MA Zip Code 01830-6700

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

Name of Employer Merrimack Valley Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33971

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1950 Mulsanne Drive

City Zionsville State IN Zip Code 46077

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

Name of Employer Covance Central Lab Svcs, Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33883

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Kathryn Lane, Dr.
 Mailing Address Ste 108
2904 Westcorp Blvd SW
 City Huntsville State AL Zip Code 35805-6436
 Date of Receipt MM / DD / YYYY 05 / 22 / 2009
Transaction ID: SA11AI.34011
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathology Associates PC Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

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

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Marie Diane Mackie, Dr.

Mailing Address 5130 Cameron Street

City State Zip Code
La Porte IN 46350

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

Name of Employer Occupation
Community Hosp of Bremen Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33878

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
2900 N Lake Shore Dr

City State Zip Code
Chicago IL 60657-5640

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

Name of Employer Occupation
St Joseph Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34061

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2243 Kincaid St

City State Zip Code
Eugene OR 97405-3053

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

Name of Employer Occupation
Oregon Medical Laboratori- Pathologist
es

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: SA11AI.34012

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50
(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. Wendy McLaughlin, Dr.
Mailing Address 10515 E Olla Ave
City State Zip Code
Mesa AZ 85212
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Banner Baywood Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.33838
Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
E. Richard McLendon, Dr.
Mailing Address 1211 Union Ave
City State Zip Code
Memphis TN 38104-6600
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Duckworth Pathology Group Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9
Transaction ID: SA11AI.33890
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Adalberto Mendoza
Mailing Address PO Box 10729
City State Zip Code
Ponce PR 00732
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Southern Pathology Services Inc Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9
Transaction ID: SA11AI.33977
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
P Willard Milby, Dr.

Mailing Address 7101 Jahnke Rd

City State Zip Code
Richmond VA 23225-4044

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

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

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

Date of Receipt

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

Transaction ID: SA11AI.33870

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 4500 Conaem Dr

City State Zip Code
Louisville KY 40213-1961

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

Name of Employer Occupation
Laboratory Corporation of Pathologist
America

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

Date of Receipt

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

Transaction ID: SA11AI.33943

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address PO Box 18743

City State Zip Code
Anaheim CA 92817-8743

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

Name of Employer Occupation
Corona Reg Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Alan Kent Nickell, Dr.

Mailing Address 1825 Logan Ave

City Waterloo State IA Zip Code 50703-1999

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

Name of Employer Allen Memorial Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009

Transaction ID: SA11AI.33823

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Jo Amy Owen, Dr.

Mailing Address 801 Virginia Pl

City Clinton State MO Zip Code 64735-3076

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

Name of Employer Golden Valley Mem Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2009

Transaction ID: SA11AI.33907

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
D. Pamela Pierce, Dr.

Mailing Address Department of Pathology
1701 E 23rd St

City Hutchinson State KS Zip Code 67502-7502

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

Name of Employer Hutchinson Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2009

Transaction ID: SA11AI.33930

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50

(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. Christine Piller, Dr.

Mailing Address 18616 Dembridge Dr

City State Zip Code
Davidson NC 28036

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

Name of Employer Occupation
NorthEast Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33876

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
R. Rafael Ramirez-Weiser, Dr.

Mailing Address G.P.O Box 36-6258

City State Zip Code
San Juan PR 00936

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

Name of Employer Occupation
unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.34127

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Newman Apple Rice, Dr.

Mailing Address Dept of Path
4401 S Western

City State Zip Code
Oklahoma City OK 73109

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

Name of Employer Occupation
Integris Southwest Medical Center Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33933

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50

(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)
Sandner John Rice, Dr.

Mailing Address 3384 Sierra Oaks Dr

City State Zip Code
Sacramento CA 95864-5729

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

Name of Employer Occupation
Kaiser Permanente Sacramento Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33939

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Rosemary Diana Rogers, Dr.

Mailing Address 1601 Camino Lindo

City State Zip Code
South Pasadena CA 91030-4129

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) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.34136

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
W. David Scharnhorst, Dr.

Mailing Address Department of Pathology SC12
9300 Valley Childrens Place

City State Zip Code
Madera CA 93638

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

Name of Employer Occupation
Children Hosp Central California Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33867

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 50
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
P. Joseph Semple, Dr.

Mailing Address Laboratory
28 Crescent St

City Middletown State CT Zip Code 06457-3650

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

Name of Employer Middlesex Hosp Occupation Pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33974

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
134 Homer Ave

City Cortland State NY Zip Code 13045-1206

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

Name of Employer Cortland Regional Medical Center Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.33882

Amount of Each Receipt this Period
312.00

C.

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

Mailing Address Dept of Path
2210 Troy Rd

City Niskayuna State NY Zip Code 12309

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

Name of Employer Bellevue Woman's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33848

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Daniel Charles Short, Dr.
Mailing Address 12855 N 40 Dr Ste 375

City State Zip Code
Saint Louis MO 63141-8657

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

Name of Employer Occupation
Urology Consultants, Ltd Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.34101

Amount of Each Receipt this Period
250.00

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

City State Zip Code
Woodbury MN 55125

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

Name of Employer Occupation
Central Reg Pathology Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33866

Amount of Each Receipt this Period
250.00

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

City State Zip Code
Minneapolis MN 55404

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33868

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 50
(check only one)

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

A.

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

Mailing Address Dept of Path
300 Main St

City Lewiston State ME Zip Code 04240-7027

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

Name of Employer Central Maine Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: SA11AI.33865

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1855 W Hibiscus Blvd

City Melbourne State FL Zip Code 32901-2622

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

Name of Employer Space Coast Pathologists, PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: SA11AI.34058

Amount of Each Receipt this Period
2000.00

C.

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

Mailing Address 3 Castellan Dr

City Lafayette State IN Zip Code 47905-8880

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

Name of Employer Home Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.33927

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50
(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)
Edward Paul Steele, Dr.

Mailing Address Pathology & Lab Med MLC 1010
3333 Burnet Ave

City State Zip Code
Cincinnati OH 45229

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

Name of Employer Cincinnati Children's Hosp Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33871

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. Jan Steiner, Dr.

Mailing Address 3410 Vintage Valley Road

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer unaffiliated
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.34143

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
T. Timothy Stenzel, Dr.

Mailing Address 2150 Woodward St Ste 100

City State Zip Code
Austin TX 78744-1840

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

Name of Employer Asuragen Inc
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33835

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 50
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Todd Kevin Stieglbauer, Dr.

Mailing Address Dept of Path
4050 Coon Rapids Blvd

City Coon Rapids State MN Zip Code 55433

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

Name of Employer Mercy Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33967

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Nedjema Sustento-Reodica

Mailing Address 1 Franklin Town Blvd
Apt 1717

City Philadelphia State PA Zip Code 19103

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

Name of Employer Mt Sinai Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33983

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E Paula Szytko, Dr.

Mailing Address Dept of Path
601 N Elm St PO Box HP-5

City High Point State NC Zip Code 27261

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

Name of Employer High Point Regional Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA11AI.33923

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
F. Benjamin Tancinco, Dr.

Mailing Address Department of Pathology
18697 Bagley Rd.

City Middleburg Heights State OH Zip Code 44130

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

Name of Employer Southwest Gen Hlth Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 22 / 2009
Transaction ID: SA11AI.34055
Amount of Each Receipt this Period 300.00

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

Mailing Address Outpatient Diagnostic Center
900 Seton Drive

City Cumberland State MD Zip Code 21502

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

Name of Employer Western Maryland Hlth Sys-tem Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2009
Transaction ID: SA11AI.34119
Amount of Each Receipt this Period 250.00

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

Mailing Address Dept of Pathology
3260 Hospital Dr

City Juneau State AK Zip Code 99801

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

Name of Employer Bartlett Reg Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.33842
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 50
(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)
M James Thornbery, Dr.

Mailing Address General Medical Labs
36 S Brooks Street

City Madison State WI Zip Code 53715

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

Name of Employer Meriter Health Services Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33970

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Department of Pathology
1924 Alcoa Highway

City Knoxville State TN Zip Code 37920

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

Name of Employer Univ of Tennessee Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.33894

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Dept of Anat Path
Carr 22

City Rio Piedras State PR Zip Code 00935

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

Name of Employer ASEM Occupation pathologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.33832

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 50
(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. Stephen Vernon, Dr.

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

City Miami State FL Zip Code 33136-1005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.33934
Amount of Each Receipt this Period 50.00

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

Mailing Address 1284 Poker Flat Pl

City San Jose State CA Zip Code 95120-1766

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

Name of Employer Kaiser Santa Clara Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2009
Transaction ID: SA11AI.33941
Amount of Each Receipt this Period 250.00

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

Mailing Address 6110 North Oak Leaf Court

City Peoria State IL Zip Code 61615-2240

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

Name of Employer Graham Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.33972
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50
(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)
Howard John Wolk, Dr.

Mailing Address Department of Pathology
95 Grasslands Rd

City Valhalla State NY Zip Code 10595-1652

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

Name of Employer Westchester Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

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

Mailing Address Lab
2001 Medical Pkwy

City Annapolis State MD Zip Code 21401-3280

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

Name of Employer Anne Arundel Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

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

Mailing Address Department of Pathology
316 S. Calhoun St.

City Charleston State SC Zip Code 29401

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

Name of Employer Roper Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2009
Transaction ID: SA11AI.34029
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 50

(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. Delane Wycoff, Dr.

Mailing Address 500 W Leota

City State Zip Code
N Platte NE 69103-1289

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

Name of Employer Occupation
Pathology Services, PC 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	5		0	6		2	0	0	9

Transaction ID: SA11AI.34018

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

C. James Zimring, Dr.

Mailing Address Department of Pathology
1364 Clifton Rd NE

City State Zip Code
Atlanta GA 30322-1059

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

Name of Employer Occupation
Emory Univ Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.33901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

43195.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)	▶	563.31
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 50

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Services Charges</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.34187</p> <p>Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1041.15</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.34188</p> <p>Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 38.50</p>

SUBTOTAL of Disbursements This Page (optional) ►

1079.65

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

1642.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 50

<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) CITIZENS FOR ALTMIRE	Transaction ID: SB23.34157 Date of Disbursement 05 / 15 / 2009
	Mailing Address 499 South Capitol Street, SW Suite 404	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.34158 Date of Disbursement 05 / 15 / 2009
	Mailing Address 426 C STREET, NE	Amount of Each Disbursement this Period 1500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE	Transaction ID: SB23.34160 Date of Disbursement 05 / 15 / 2009
	Mailing Address P.O. Box 65314	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE <hr/> Mailing Address P. O. Box 47025 <hr/> City State Zip Code St. Petersburg FL 33743 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34163 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee <hr/> Mailing Address P. O. Box 1444 <hr/> City State Zip Code Ennis TX 75120 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34164 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DIRIGO PAC <hr/> Mailing Address PO Box 1355 <hr/> City State Zip Code Alexandria VA 22313 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34165 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Chris Donnellan</p> <p>Mailing Address 1350 I Street, NW Suite 590</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement In Kind Contribution to Kosmas for Congress</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: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p>Transaction ID: SB23.34190 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 179.78</p>
<p>B. Full Name (Last, First, Middle Initial) ERIC PAC</p> <p>Mailing Address 209 Pennsylvania Ave. SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34167 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Eshoo for Congress</p> <p>Mailing Address 555 Capital Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34168 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6179.78

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.34169
	Mailing Address P.O. BOX 19163	Date of Disbursement 05 / 15 / 2009
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.34171
	Mailing Address 4201 Northview Drive Suite 307	Date of Disbursement 05 / 15 / 2009
	City Bowie State MD Zip Code 20716	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.34173
	Mailing Address 1707 PRINCE STREET, #5	Date of Disbursement 05 / 15 / 2009
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 430 South Capitol Street, SE 1st Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34176</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34175</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE</p> <p>Mailing Address PO Box 60405 PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34161</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE		Transaction ID: SB23.34156	
	Mailing Address 426 C STREET, NE		Date of Disbursement 05 / 13 / 2009	
	City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: MI	District: 00		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

37679.78

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 50 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State IL Zip Code 60093 Purpose of Disbursement Transfer from Hard Dollars to Soft Dollars 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: SB29.34155 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period 10250.00
B.	Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State IL Zip Code 60093 Purpose of Disbursement Transfer Hard Dollars to Soft Dollars 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: SB29.34182 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9 Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State IL Zip Code 60093 Purpose of Disbursement Transfer Hard Dollars to Soft Dollars 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: SB29.34183 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9 Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional) ▶	11800.00
TOTAL This Period (last page this line number only) ▶	11800.00