

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2009 through 02 28 2009

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

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

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	113261.95									
(c) Total Receipts (from Line 19)	37400.00	71345.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150661.95	156151.66								
7. Total Disbursements (from Line 31)	427.43	5917.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150234.52	150234.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	25825.00	52175.00
(ii) Unitemized	6075.00	13670.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31900.00	65845.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31900.00	65845.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5500.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37400.00	71345.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37400.00	71345.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	277.43	667.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	277.43	667.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	250.00	250.00
29. Other Disbursements.....	-100.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	427.43	5917.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	427.43	5917.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31900.00	65845.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31650.00	65595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	277.43	667.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	277.43	667.14

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

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Meera Bansal	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address Department of Pathology 1000 N Village Avenue	Transaction ID: SA11AI.32624
	City State Zip Code Rockville Center NY 11570	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) W John Bishop, Dr.	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address UC Davis Medical Center Dept of Medical Pathology	Transaction ID: SA11AI.32683
	City State Zip Code Sacramento CA 95817	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UC Davis Med Ctr 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) W. Alan Cashell, Dr.	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address Dept of Path PO Box 1484	Transaction ID: SA11AI.32579
	City State Zip Code Elkins WV 26241-1484	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Davis Memorial Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 8 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Anatomic Path
350 W Thomas Rd

City State Zip Code
Phoenix AZ 85013-4409

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

Name of Employer St Josephs Hosp and Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 9
Transaction ID: SA11AI.32667
 Amount of Each Receipt this Period
1000.00

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

Mailing Address Dept of Pathology
Mail Code-PL

City State Zip Code
Minneapolis MN 55415-1623

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

Name of Employer Hennepin Crty Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 0 9
Transaction ID: SA11AI.32597
 Amount of Each Receipt this Period
250.00

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

Mailing Address Dept of Path and Lab Med
10 Nevada Drive

City State Zip Code
Lake Success NY 11042-1114

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

Name of Employer North Shore LIJ Core Lab
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 9
Transaction ID: SA11AI.32633
 Amount of Each Receipt this Period
2500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Clay Christopher Danenhowe, Dr.
Mailing Address 1219 Kelly Rd

City Bellingham State WA Zip Code 98226-9778

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

Name of Employer Northwest Pathology, P.S. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2009
Transaction ID: SA11AI.32636
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
G Stanley Eilers, Dr.
Mailing Address 1911 1st Ave SE

City Cedar Rapids State IA Zip Code 52402-5320

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

Name of Employer Weland Clinical Lab PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2009
Transaction ID: SA11AI.32693
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Conrad Robert Forsythe, Dr.
Mailing Address PO Box 9019

City Boulder State CO Zip Code 80301-9019

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

Name of Employer Boulder Cmnty Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2009
Transaction ID: SA11AI.32558
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A James Frost, Dr.
Mailing Address 2805 5th St Ste 210
City State Zip Code
Rapid City SD 57701-7330
FEC ID number of contributing federal political committee. **C**
Name of Employer: Clinical Lab of the Black Hills
Occupation: Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 / 06 / 2009
Transaction ID: SA11AI.32576
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
A. Gary Gochman, Dr.
Mailing Address Dept of Pathology
9400 E. Rosecrans Avenue
City State Zip Code
Bellflower CA 90706
FEC ID number of contributing federal political committee. **C**
Name of Employer: Kaiser Permanente
Occupation: Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 / 02 / 2009
Transaction ID: SA11AI.32609
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
B John Gray, Dr.
Mailing Address Dept of Path
650 Addison Ave W
City State Zip Code
Twin Falls ID 83301-5444
FEC ID number of contributing federal political committee. **C**
Name of Employer: St Luke's Magic Valley Reg Med Ctr
Occupation: Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 02 / 12 / 2009
Transaction ID: SA11AI.32669
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

A.

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

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

City State Zip Code
Seattle WA 98109-1023

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

Name of Employer Occupation
Seattle Cancer Care Alliance Pathologist

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

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

Transaction ID: SA11AI.32656

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Dept of Path
Reed St & Gorman Ave

City State Zip Code
Elkins WV 26241

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

Name of Employer Occupation
Davis Memorial Hosp Pathologist

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

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

Transaction ID: SA11AI.32581

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Department of Pathology
400 E Main St

City State Zip Code
Mt Kisco NY 10549

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

Name of Employer Occupation
Northern Westchester Hosp Pathologist

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

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

Transaction ID: SA11AI.32634

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 23
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Neil Ernest Holburt, Dr.

Mailing Address Dept of Path
25470 Medical Center Dr

City Murrieta State CA Zip Code 92562-4901

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

Name of Employer Med Lab Svcs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.32621

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J Peter Howanitz, Dr.

Mailing Address Department of Pathology
450 Clarkson Ave

City Brooklyn State NY Zip Code 11203

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

Name of Employer SUNY Downstate Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.32677

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
P. Michael Johnson, Dr.

Mailing Address Dept of Pathology
503 E Thomason Cir

City Opelika State AL Zip Code 36801

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

Name of Employer Lee Pathology Lab, PA Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11AI.32614

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: (check only one)	PAGE 13 / 23		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

Full Name (Last, First, Middle Initial) Doug Knapman		Date of Receipt MM / DD / YYYY 02 / 26 / 2009
Mailing Address 325 Waukegan Rd		Transaction ID: SA11AI.32577
City Northfield	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer College of American Path.	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) C Frederick Lancet, Dr.		Date of Receipt MM / DD / YYYY 02 / 12 / 2009
Mailing Address Department of Pathology 2001 W 68th St		Transaction ID: SA11AI.32641
City Hialeah	State FL	Zip Code 33016-1801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Palmetto General Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) John Michael Laszewski, Dr.		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
Mailing Address 3502 Franklin Ave		Transaction ID: SA11AI.32648
City Bismarck	State ND	Zip Code 58503-0761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Consultants, P.-C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
I Teresa Limjoco, Dr.
Mailing Address 233 11th Ave W
City State Zip Code
Huntington WV 25701-3025
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ Pathology Services Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.32690
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
L. Fernando Lomba, Dr.
Mailing Address Department of Pathology
2500 Harbor Blvd
City State Zip Code
Port Charlotte FL 33952
FEC ID number of contributing federal political committee. **C**
Name of Employer Peace River Regional Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9
Transaction ID: SA11AI.32649
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
A. Joseph Lombardo, Dr.
Mailing Address Department of Pathology
300 1st Capitol Dr
City State Zip Code
Saint Charles MO 63301-2844
FEC ID number of contributing federal political committee. **C**
Name of Employer St Joseph Hlth Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9
Transaction ID: SA11AI.32664
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 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

City State Zip Code
The Woodlands TX 77382-2035

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

Name of Employer Southeast Texas Forensic Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

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

City State Zip Code
Naperville IL 60566-7060

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

City State Zip Code
Houston TX 77042-5531

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

Name of Employer Tejas Pathology Associates Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
Janet Piscitelli

Mailing Address 1 Malcolm Ave

City State Zip Code
Teterboro NJ 07608-1011

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

Name of Employer Quest Diagnostics Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32651

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3132 Rowena Dr

City State Zip Code
Los Alamitos CA 90720-5230

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

Name of Employer Brotman Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32561

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 810 Parkway Ave

City State Zip Code
Bluefield WV 24701-4253

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

Name of Employer Bluefield Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32554

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 23
(check only one)

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

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

A.

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

Mailing Address S47 W22060 Lawnsdale Rd

City State Zip Code
Waukesha WI 53189

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

Name of Employer Occupation
Aurora Health Care Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11AI.32550

Amount of Each Receipt this Period
1500.00

B.

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

Mailing Address S305 Rhodes Hall
450 W 10th Ave

City State Zip Code
Columbus OH 43210

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

Name of Employer Occupation
Ohio State Univ Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.32639

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 620 Skyline Dr

City State Zip Code
Jackson TN 38301-3923

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11AI.32701

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) E Rosalyn Stahl, Dr.		Date of Receipt																					
	Mailing Address Path Lab - LL1 350 Engle 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>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	6		2	0	0	9														
	City Englewood State NJ Zip Code 07631-1808		Transaction ID: SA11AI.32587																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Englewood Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00																								

B.	Full Name (Last, First, Middle Initial) A Vilmos Thomazy, Dr.		Date of Receipt																					
	Mailing Address 5610 Lymbar Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	2		2	0	0	9														
	City Houston State TX Zip Code 77096-4904		Transaction ID: SA11AI.32688																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00																						
Name of Employer Univ of TX-Houston Med School Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00																								

C.	Full Name (Last, First, Middle Initial) W Richard Trepeta, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 350 W Thomas Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	7		2	0	0	9														
	City Phoenix State AZ Zip Code 85013		Transaction ID: SA11AI.32665																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer St Josephs Hosp and Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00																								

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 23
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
D Louis Wright, Dr.

Mailing Address PO Box 998

City Charleston State SC Zip Code 29402

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

Name of Employer Pathology Services Associates LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11AI.32645

Amount of Each Receipt this Period: 2500.00

B.

Full Name (Last, First, Middle Initial)
T Herman Yee, Dr.

Mailing Address Dept of Pathology
462 1st Ave

City New York State NY Zip Code 10016

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

Name of Employer Bellevue Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.32552

Amount of Each Receipt this Period: 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 23
	<input 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 checked="" 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) GENE (RAYMOND E.) GREEN		Date of Receipt MM / DD / YYYY 02 / 06 / 2009
Mailing Address PO Box 16128		Transaction ID: SA16.32726
City Houston	State TX	Zip Code 77222
FEC ID number of contributing federal political committee. C H2TX29030	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) SUZANNE KOSMAS		Date of Receipt MM / DD / YYYY 02 / 26 / 2009
Mailing Address 257 Minorca Beach Way		Transaction ID: SA16.32725
City New Smyrna Beach	State FL	Zip Code 32169
FEC ID number of contributing federal political committee. C H8FL24026	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.32710 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 14.50
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.32711 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 151.13
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.32712 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 46.40

SUBTOTAL of Disbursements This Page (optional)	212.03
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 22 / 23

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

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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.32713 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 62.50
B. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.32714 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2.90

SUBTOTAL of Disbursements This Page (optional)	▶	65.40
TOTAL This Period (last page this line number only)	▶	277.43

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

L. Robert Hunter, Dr.

Transaction ID: SB28A.32716

Date of Disbursement

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

Mailing Address Department of Pathology
6431 Fannin

City Houston State TX Zip Code 77030-2017

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Refund of Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

250.00
