

# 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 08 01 2008 through 08 31 2008

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 09 18 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	144751.53									
(c) Total Receipts (from Line 19) .....	22365.00	328729.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167116.53	465065.88								
7. Total Disbursements (from Line 31) .....	56034.01	353983.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	111082.52	111082.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	15550.00	233547.00
(i) Itemized (use Schedule A) .....	6815.00	95182.00
(ii) Unitemized .....	22365.00	328729.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	22365.00	328729.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
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)) .....	22365.00	328729.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22365.00	328729.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	314.01	5236.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	314.01	5236.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	55720.00	344610.48
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	4136.41
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))..	56034.01	353983.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56034.01	353983.36

**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) .....	22365.00	328729.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22365.00	328729.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	314.01	5236.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	314.01	5236.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Leonor Hazel Awalt, Dr.

Mailing Address Laboratory  
18220 Tomball Pkwy Rm 2285 1

City Houston State TX Zip Code 77070-4347

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

Name of Employer Methodist Willowbrook Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 28 / 2008  
Transaction ID: SA11AI.30705  
Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address Laboratory  
6501 Coyle Ave.

City Carmichael State CA Zip Code 95608

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

Name of Employer Mercy San Juan Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 15 / 2008  
Transaction ID: SA11AI.30678  
Amount of Each Receipt this Period: 2500.00

**C.**

Full Name (Last, First, Middle Initial)  
S Edgar Cooper, Dr.

Mailing Address Dept of Path  
3600 Florida Blvd

City Baton Rouge State LA Zip Code 70806

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

Name of Employer Baton Rouge General Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 29 / 2008  
Transaction ID: SA11AI.30657  
Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24  
(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

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)  
K Darwin Edwards, Dr.  
Mailing Address 1326 Leighton Cir

City State Zip Code  
Louisville KY 40222-5653

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

Name of Employer Occupation  
Med Lab Consultants PLLC Pathologist

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

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** SA11AI.30653

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Tarek Mohamed Elghetany, Dr.  
Mailing Address 301 University Blvd

City State Zip Code  
Galveston TX 77555-0743

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

Name of Employer Occupation  
Univ of Texas Med Branch Pathologist

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

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

**Transaction ID:** SA11AI.30741

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
F. Alan Frigy, Dr.  
Mailing Address Department of Pathology  
1800 East Lakeshore Drive

City State Zip Code  
Decatur IL 62521-2521

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

Name of Employer Occupation  
St. Mary's Hosp Pathologist

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

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** SA11AI.30690

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 8 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Santosh Bharati Helekar, Dr.  
Mailing Address 6711 Gable Wing  
City State Zip Code  
Sugarland TX 77479  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Baylor College of Medicine Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 08 / 14 / 2008  
Transaction ID: SA11AI.30808  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
M. Donald Henrikson, Dr.  
Mailing Address 11374 Marjon Drive  
City State Zip Code  
Nevada City CA 95959-9629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Placer Cnty Sheriff Coron-er Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 08 / 14 / 2008  
Transaction ID: SA11AI.30735  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Loyd James Humphreys, Dr.  
Mailing Address 107 Rio Sedona Way  
City State Zip Code  
Helotes TX 78023-4492  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Ameripath South Texas Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 08 / 28 / 2008  
Transaction ID: SA11AI.30777  
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 9 / 24  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Ramanlal Vilkes Jaiswal, Dr.

Mailing Address 1304 Yellowstone Ln

City State Zip Code  
Carrollton TX 75006

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

Name of Employer Harris Methodist Ft Worth Hospital  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

Transaction ID: SA11AI.30804

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Teresa Kathryn Knight, Dr.

Mailing Address 208 S Goose Hill Rd

City State Zip Code  
Rocky Face GA 30740

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

Transaction ID: SA11AI.30723

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
J. Wayne Lenington, Dr.

Mailing Address 4321 Carothers Pkwy

City State Zip Code  
Franklin TN 37067-8542

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

Name of Employer Williamson Med Ctr  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2008

Transaction ID: SA11AI.30743

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) A. Peter McCue, Dr.		Date of Receipt		
	Mailing Address Department of Pathology 132 S 11th St		M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8		
	City Philadelphia	State PA	Zip Code 19107	<b>Transaction ID:</b> SA11AI.30693	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Thomas Jefferson Univ Hosp Occupation Pathologist		Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) H. Arthur McTighe, Dr.		Date of Receipt		
	Mailing Address Cheif, Dept of Pathology 201 E University Pkwy		M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 8		
	City Baltimore	State MD	Zip Code 21218-2895	<b>Transaction ID:</b> SA11AI.30669	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Union Memorial Hospital Occupation Pathologist		Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) R. Benton Middleman, Dr.		Date of Receipt		
	Mailing Address 5211 Meaders Ln		M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 8		
	City Dallas	State TX	Zip Code 75229	<b>Transaction ID:</b> SA11AI.30770	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Baylor Med Ctr @ Garland Occupation Pathologist		Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 / 24  
(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

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)  
C. Martin Mihm, Dr.

Mailing Address Dept of Dermatopathology  
Warren 827

City State Zip Code  
Boston MA 02114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Massachusetts Gen Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 14 / 2008  
**Transaction ID:** SA11AI.30708

Amount of Each Receipt this Period 750.00

**B.**

Full Name (Last, First, Middle Initial)  
R. James Morris, Dr.

Mailing Address 2650 Thornhill Drive

City State Zip Code  
Flatwoods KY 41139-2402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Our Lady of Bellefonte Ho-sp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2008  
**Transaction ID:** SA11AI.30680

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Shahla Moshiri

Mailing Address Department of Pathology  
110 Old Padonia Rd Ste 301

City State Zip Code  
Baltimore MD 21030-1030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Chesapeake Diagnostics Lab Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2008  
**Transaction ID:** SA11AI.30712

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<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)  
H. Margaret Neal, Dr.

Mailing Address 1899 Eider Ct

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
KWB Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2008

**Transaction ID:** SA11AI.30713

Amount of Each Receipt this Period  
1500.00

**B.**

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

Mailing Address 2215 Canyon Drive

City State Zip Code  
Colton CA 92324

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

Name of Employer Occupation  
Loma Linda Univ Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2008

**Transaction ID:** SA11AI.30745

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Kirk Peterson, Dr.

Mailing Address 1254 Kanaka Rapids Rd

City State Zip Code  
Buhl ID 83316-5171

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** SA11AI.30781

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 24  
(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

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)  
Y Jae Ro, Dr.

Mailing Address Dept of Path  
6565 Fannin

City State Zip Code  
Houston TX 77030

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

Name of Employer Occupation  
The Methodist Hospital Pathologists

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.30814

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
W. Kenneth Ryder, Dr.

Mailing Address 350 11th street Rm 6016

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation  
Clarian Path Lab Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.30671

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 State Zip Code  
High Point NC 27261

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

Name of Employer Occupation  
High Point Regional Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.30714

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 14 / 24  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
E William Titman, Dr.

Mailing Address 7830 sw 117th Street

City State Zip Code  
Pinecrest FL 33156

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

Name of Employer Doctor's Hospital Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2008

Transaction ID: SA11AI.30727

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen Emily Volk, Dr.

Mailing Address Department of Pathology  
44201 Dequindre Rd

City State Zip Code  
Troy MI 48085

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

Name of Employer William Beaumont Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2008

Transaction ID: SA11AI.30771

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address Department of Pathology  
One Baylor Plaza

City State Zip Code  
Houston TX 77030

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

Name of Employer Baylor College of Medicine Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2008

Transaction ID: SA11AI.30686

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15550.00

# 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

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

<p><b>A.</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><b>Transaction ID:</b> SB21B.30844</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 242.16</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.30845</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 33.35</p>
<p><b>C.</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 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><b>Transaction ID:</b> SB21B.30846</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 38.50</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>314.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>314.01</b>

**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

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) <b>BEN CARDIN FOR SENATE</b>	Transaction ID: SB23.30630 Date of Disbursement 08 / 07 / 2008
	Mailing Address 38 Ivy Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR ALTMIRE</b>	Transaction ID: SB23.30632 Date of Disbursement 08 / 07 / 2008
	Mailing Address 499 South Capitol Street, SW Suite 404	
	City Washington State DC Zip Code 20003	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: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>COLLINS FOR SENATOR</b>	Transaction ID: SB23.30634 Date of Disbursement 08 / 07 / 2008
	Mailing Address PO BOX 1096	
	City BANGOR State ME Zip Code 04402	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: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 17 / 24

<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

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) <b>CONGRESSMAN BART GORDON COMMITTEE</b>	<b>Transaction ID:</b> SB23.30635
	Mailing Address P.O. Box 2008	Date of Disbursement MM / DD / YYYY 08 / 07 / 2008
	City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period 2220.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>DENALI LEADERSHIP PAC</b>	<b>Transaction ID:</b> SB23.30638
	Mailing Address 900 19th Street, NW 8th Floor	Date of Disbursement MM / DD / YYYY 08 / 07 / 2008
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 1000.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FARM PAC</b>	<b>Transaction ID:</b> SB23.30637
	Mailing Address 675 N Washington St Suite 410	Date of Disbursement MM / DD / YYYY 08 / 07 / 2008
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5720.00</b>
<b>TOTAL</b> 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 18 / 24

<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

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) FRIENDS OF CONNIE MACK	Transaction ID: SB23.30640 Date of Disbursement 08 / 07 / 2008
	Mailing Address P.O. Box 519 PMB 388	Amount of Each Disbursement this Period 1000.00
	City Naples State FL Zip Code 34106	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.30642 Date of Disbursement 08 / 07 / 2008
	Mailing Address 900 19th Street, NW 8th Floor	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: SB23.30644 Date of Disbursement 08 / 07 / 2008
	Mailing Address PO BOX 860096	Amount of Each Disbursement this Period 1000.00
	City PLANO State TX Zip Code 75086	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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 19 / 24

<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>JOHN SULLIVAN FOR CONGRESS INC</b></p> <p>Mailing Address Post Office Box 651374</p> <p>City Potomac Falls, State VA Zip Code 20165</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</p> <p>State: OK District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.30835</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LARSON FOR CONGRESS</b></p> <p>Mailing Address 29 RUFF CIRCLE</p> <p>City GLASTONBURY State CT Zip Code 06033</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</p> <p>State: CT District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.30645</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LATHAM FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 71 PO BOX 71</p> <p>City Clarion State IA Zip Code 50525</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</p> <p>State: IA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.30647</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 24

<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

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)  
Leahy for US Senator

Transaction ID: SB23.30815  
Date of Disbursement

Mailing Address PO BOX 1042

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

City MONTPELIER State VT Zip Code 05601

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name

Category/  
Type

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

B.

Full Name (Last, First, Middle Initial)  
MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND  
A.K.A MIKE R FUND

Transaction ID: SB23.30853  
Date of Disbursement

Mailing Address PO Box 2485

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
MARY'S PAC

Transaction ID: SB23.30817  
Date of Disbursement

Mailing Address 1155 21ST STREET NW  
SUITE 300

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

City WASHINGTON State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

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

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)  
MARY BONO MACK COMMITTEE

Mailing Address P.O. Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 45  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.30828  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
PAC TO THE FUTURE

Mailing Address 430 South Capitol Street, SE  
1st Floor

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.30820  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City State Zip Code  
GREAT BEND KS 67530

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: KS District: 00  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.30823  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PORTER FOR CONGRESS</b> <hr/> Mailing Address PO Box 26087 <hr/> City Las Vegas State NV Zip Code 89126 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.30822 <b>Date of Disbursement</b> <input type="text"/> 0 8 / <input type="text"/> 0 7 / <input type="text"/> 2 0 0 8 <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>SEARCHLIGHT LEADERSHIP FUND</b> <hr/> Mailing Address 426 C Street, NE Rear Bldg <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.30829 <b>Date of Disbursement</b> <input type="text"/> 0 8 / <input type="text"/> 0 7 / <input type="text"/> 2 0 0 8 <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SNOW PAC</b> <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.30831 <b>Date of Disbursement</b> <input type="text"/> 0 8 / <input type="text"/> 0 7 / <input type="text"/> 2 0 0 8 <hr/> <b>Amount of Each Disbursement this Period</b> <input type="text"/> 3000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text"/> 6500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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)  
STEPHANIE FOR SOUTH DAKOTA

Transaction ID: SB23.30834

Date of Disbursement

Mailing Address P.O. BOX 75214

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

City State Zip Code  
WASHINGTON DC 20013

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name  
STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

B.

Full Name (Last, First, Middle Initial)  
STUPAK FOR CONGRESS

Transaction ID: SB23.30843

Date of Disbursement

Mailing Address PO BOX 143

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

City State Zip Code  
MENOMINEE MI 49858

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

C.

Full Name (Last, First, Middle Initial)  
Tim Johnson for South Dakota

Transaction ID: SB23.30840

Date of Disbursement

Mailing Address P.O. Box 1859

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

City State Zip Code  
Sioux Falls SD 57101

Amount of Each Disbursement this Period

Purpose of Disbursement

2000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: SD District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00
---------

**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

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)  
**TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)**

Mailing Address P.O. Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement

Candidate Name  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB23.30837  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**VIC SNYDER FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 250998

City LITTLE ROCK State AR Zip Code 72225

Purpose of Disbursement

Candidate Name  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: AR District: 02

**Transaction ID:** SB23.30833  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**WYOMING VALUES PAC**

Mailing Address 406 Virginia Avenue

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name  Category/Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB23.30841  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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