

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 11 04 2008 in the State of IL
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 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 R. Renee Ellerbroek, Dr.

Signature of Treasurer Electronically Filed by R. Renee Ellerbroek, Dr. Date 10 23 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							
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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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	102869.78									
(c) Total Receipts (from Line 19)	48439.00	416563.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151308.78	552899.88								
7. Total Disbursements (from Line 31)	556.29	402147.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150752.49	150752.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	43890.00	311057.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4549.00	103506.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48439.00	414563.00
(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)	48439.00	414563.00
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	2000.00
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))	48439.00	416563.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48439.00	416563.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	556.29	6147.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	556.29	6147.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	391863.59
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))..	556.29	402147.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	556.29	402147.39

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)	48439.00	414563.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48439.00	414563.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	556.29	6147.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	556.29	6147.39

**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 / 30
	<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) M Barry Benisch, Dr.	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address Dept of Path 865 Stone St	Transaction ID: SA11AI.31141
	City State Zip Code Rahway NJ 07065	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation R Wood Johnson Univ Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) W. David Bernard, Dr.	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address Department of Pathology 6565 Fannin	Transaction ID: SA11AI.31117
	City State Zip Code Houston TX 77030-7030	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Methodist Hospital 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) M Ian Birkett, Dr.	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 1 St Vincent Cir #160	Transaction ID: SA11AI.31043
	City State Zip Code Little Rock AR 72205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Arkansas Pathology Associates 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)	▶	1950.00
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 / 30
(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 Robert Blanchard, Dr.

Mailing Address Department of Pathology
1000 Mar Walt Drive

City State Zip Code
Ft Walton Beach FL 32547

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

Name of Employer Occupation
Fort Walton Beach Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31078

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
O. Cathy Blight, Dr.

Mailing Address Department of Pathology
One Hurley Plaza

City State Zip Code
Flint MI 48503

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

Name of Employer Occupation
Hurley Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31090

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
J. Donna Boden, Dr.

Mailing Address 1812 Bent Tree Court

City State Zip Code
Bowling Green KY 42103-0900

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

Name of Employer Occupation
Greenview Reg Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31084

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1785.00**

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 8 / 30
(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)
M David Borel, Dr.
Mailing Address 5650 SW 29th St
City Topeka State KS Zip Code 66614-2443
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 09 / 2008
Transaction ID: SA11AI.31135
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
S. Michael Brown, Dr.
Mailing Address 2900 12th Ave North Suite 260W
City Billings State MT Zip Code 59101
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Consultants Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 02 / 2008
Transaction ID: SA11AI.31194
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
L. Lee Cafferty, Dr.
Mailing Address Dept of Path 301 SW Becker Ave
City Willmar State MN Zip Code 56201-3395
FEC ID number of contributing federal political committee. **C**
Name of Employer Rice Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 10 / 02 / 2008
Transaction ID: SA11AI.31144
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) J. Thomas Carroll, Dr.		Date of Receipt MM / DD / YYYY 10 / 12 / 2008
Mailing Address St. Luke's Reg. Med. Ctr. Pathology Department		Transaction ID: SA11AI.31152
City Sioux City	State IA	Zip Code 51104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Luke's Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Q. Jack Causey, Dr.		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
Mailing Address Laboratory 4500 13th St		Transaction ID: SA11AI.31108
City Gulfport	State MS	Zip Code 39501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Memorial Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) D Terry Clark, Dr.		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
Mailing Address Dept of Path 290 Big Run Rd		Transaction ID: SA11AI.31128
City Lexington	State KY	Zip Code 40503-2903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
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 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J Michael Crossey, Dr.

Mailing Address Hospital Laboratory
1100 Central Ave SE

City Albuquerque State NM Zip Code 87106-4930

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

Name of Employer Tricare Ref Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 03 / 2008

Transaction ID: SA11AI.31166

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
E.G. Georgan DeBlois, Dr.

Mailing Address Department of Pathology
1401 Johnston-Willis Dr.

City Richmond State VA Zip Code 23235-4789

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

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2008

Transaction ID: SA11AI.31058

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
H. Phillip Deos, Dr.

Mailing Address 2625 Coffee Road

City Modesto State CA Zip Code 95355

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

Name of Employer Yosemite Pathology Med Grp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 10 / 2008

Transaction ID: SA11AI.31195

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) H Justin Ekuon, Dr.		Date of Receipt	
	Mailing Address Path 27700 Medical Center Rd		M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8	
	City State Zip Code Mission Viejo CA 92691-6426		Transaction ID: SA11AI.31115	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Occupation Mission Hosp & Reg Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Edward Ewing		Date of Receipt	
	Mailing Address Lab 405 W Grand Ave		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
	City State Zip Code Dayton OH 45459		Transaction ID: SA11AI.31080	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Grandview Hosp 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) Ellen Stephany Fiore, Dr.		Date of Receipt	
	Mailing Address 4800 Broadway Ste 100		M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8	
	City State Zip Code Sacramento CA 95820-1541		Transaction ID: SA11AI.31060	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation County of Sacramento Coroner's Office 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 12 / 30
(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)
Michael Christopher Flynn, Dr.
Mailing Address 175 College St

City State Zip Code
Battle Creek MI 49017-3432

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

Name of Employer Occupation
RML Pathologist, PC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.31143

Amount of Each Receipt this Period
500.00

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

City State Zip Code
Torrance CA 90503-1738

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.31036

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
A. Laurel Krause, Dr.
Mailing Address 20305 Manor Rd

City State Zip Code
Shorewood MN 55331-8783

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

Name of Employer Occupation
United Hosp of St Paul Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.31167

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) A. Karen Miller, Dr.		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address Lab 1255 W Washington St		Transaction ID: SA11AI.31055		
	City Tempe	State AZ	Zip Code 85281-1210	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clin-Path Associates, P.C.		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Deepak Mohan		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address Medical Lab Director 500 W Hospital Rd		Transaction ID: SA11AI.31145		
	City French Camp	State CA	Zip Code 95231	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer San Joaquin General Hospital		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00			

C.	Full Name (Last, First, Middle Initial) E. Julia Mooney, Dr.		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address 2145 Court Street		Transaction ID: SA11AI.31118		
	City Redding	State CA	Zip Code 96001	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northern Diagnostic Pathology		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00			

SUBTOTAL of Receipts This Page (optional)	▶	2070.00
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 / 30
(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)
T Ann Moriarty, Dr.

Mailing Address 2560 N Shadeland Ave Ste A

City Indianapolis State IN Zip Code 46219

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

Name of Employer AmeriPath Indiana Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2008
Transaction ID: SA11AI.31039
 Amount of Each Receipt this Period 500.00

B.

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

Mailing Address Dept of Path
2650 N Shadeland Ave Ste A

City Indianapolis State IN Zip Code 46219

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

Name of Employer AmeriPath Indiana Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2008
Transaction ID: SA11AI.31038
 Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
K. Rejeana Mullins, Dr.

Mailing Address 27 Pebblebrook Court

City Bloomington State IL Zip Code 61704-6300

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

Name of Employer OSF St. Joseph Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2008
Transaction ID: SA11AI.31121
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<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) James Michael Myhre, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8		
	Mailing Address 1151 Miller St		Transaction ID: SA11AI.31091		
	City Boise	State ID	Zip Code 83702-6965	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IDX Pathology, PA		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8		
	Mailing Address 5287 Poola St		Transaction ID: SA11AI.31063		
	City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cytopath Inc		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) C. John Neff, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8		
	Mailing Address Dept of Path 1924 Alcoa Hwy		Transaction ID: SA11AI.31178		
	City Knoxville	State TN	Zip Code 37920-1511	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Tennessee Med Ctr Knoxville		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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) O. Robert Newbury, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 8
Mailing Address Department of Pathology 3020 Childrens Way MC 5007		Transaction ID: SA11AI.31142
City San Diego	State CA	Zip Code 92123-4282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Rady Children's Hosp-San Diego	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) R. Michael O'Leary, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 8
Mailing Address 1304 Buckley Rd		Transaction ID: SA11AI.31100
City Syracuse	State NY	Zip Code 13212-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lab Alliance of Central New York	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) James Ogburn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 8
Mailing Address 134 Rosedale Dr		Transaction ID: SA11AI.31073
City Athens	State TX	Zip Code 75751-3625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Texas Path Labs	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 17 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
H. Ruth Oneson, Dr.

Mailing Address Dept of Pathology
3509 French Park Dr Ste D

City State Zip Code
Edmond OK 73034

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

Name of Employer Occupation
Heartland Pathology Consultants PC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31085

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
P Scott Otteson, Dr.

Mailing Address Dept of Path
801 W Maple St

City State Zip Code
Farmington NM 87401

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

Name of Employer Occupation
Tres Rios Pathology PC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31164

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
A. Stephen Ovanessoff, Dr.

Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281

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

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31056

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 30

(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)

Norman Robert Page, Dr.

Mailing Address 315 Erin Dr

City State Zip Code
Knoxville TN 37919-6202

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

Name of Employer Occupation
Knoxville Dermatopathology Pathologist
Laboratorie

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.31098

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

W Thomas Panke, Dr.

Mailing Address Department of Pathology
375 Dixmyth Ave

City State Zip Code
Cincinnati OH 45220-2489

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

Name of Employer Occupation
Good Samaritan Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31079

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cheng John Pui, Dr.

Mailing Address Dept of Path
32669 W Warren Ste 10

City State Zip Code
Garden City MI 48135

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

Name of Employer Occupation
Hilbrich Dermatopathology Pathologist
Laboratory

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

Date of Receipt

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

Transaction ID: SA11AI.31086

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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) Richard Donald Pulitzer, Dr.		Date of Receipt																					
	Mailing Address 9 Tallowood Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	3		2	0	0	8														
	City Greensboro State NC Zip Code 27455-3418		Transaction ID: SA11AI.31083																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Greensboro Pathology Assoc PA Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1000.00																						

B.	Full Name (Last, First, Middle Initial) A. Felipe Querimit, Dr.		Date of Receipt																					
	Mailing Address Clinical Laboratories 25 Pocono 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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	2		2	0	0	8														
	City Denville State NJ Zip Code 07834		Transaction ID: SA11AI.31149																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer St. Clare's Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		500.00																						

C.	Full Name (Last, First, Middle Initial) J. Stanley Robboy, Dr.		Date of Receipt																					
	Mailing Address Department of Pathology DUMC-3712		<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>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	3		2	0	0	8														
	City Durham State NC Zip Code 27710-0001		Transaction ID: SA11AI.31067																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Duke Univ 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		1000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 30
(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)
M Leeann Rock, Dr.
Mailing Address 5812 Western View Pl
City State Zip Code
Mt Airy MD 21771
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Frederick Mem 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 Y
1 0 / 0 3 / 2 0 0 8
Transaction ID: SA11AI.31077
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Gerard Stephen Ruby, Dr.
Mailing Address 12251 S 80th Ave
City State Zip Code
Palos Heights IL 60463-0930
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Palos Community 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 Y
1 0 / 0 3 / 2 0 0 8
Transaction ID: SA11AI.31122
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
C David Schlosnagle, Dr.
Mailing Address 510 Old Path Crossing
City State Zip Code
Roswell GA 30075
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
WellStar Kennestone Hosp Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8
Transaction ID: SA11AI.31192
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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. Mark Shertzer, Dr.	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 25 Harrington Lane	Transaction ID: SA11AI.31148
	City Dothan State AL Zip Code 36305	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southeast Alabama Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Henry Simpkins	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address Lab 1 Edgewater St Ste 1	Transaction ID: SA11AI.31154
	City Staten Island State NY Zip Code 10305-4900	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Staten Island Univ Hosp-Pouch Terminal Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Joy Snell	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 5405 SW Daun Dr	Transaction ID: SA11AI.31034
	City Lawton State OK Zip Code 73505	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Pathology Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 750.00	

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 22 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) E Joe Snodgrass, Dr.		Date of Receipt	
	Mailing Address 2609 North Van Buren		M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31075
	Enid	OK	73703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Enid Pathology Consultants		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 Joseph Sonnier, Dr.		Date of Receipt	
	Mailing Address 5507 50th St Apt 1301		M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31041
	Lubbock	TX	79414-1626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer AmeriPath Lubbock		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.		Date of Receipt	
	Mailing Address 1514 Jefferson Hwy		M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31119
	New Orleans	LA	70121-2483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Ochsner Clinic Foundation		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 23 / 30
(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)
G John Steigerwald, Dr.
Mailing Address 11911 Bunday Dr

City State Zip Code
Jerome MI 49249-9758

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

Name of Employer Hillsdale Community Health Cen
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
1 0 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.31088

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Cyril James Steinmetz, Dr.
Mailing Address PO Box 1270

City State Zip Code
Scranton PA 18501-1270

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

Name of Employer Moses Taylor Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Eric Christopher Stevens, Dr.
Mailing Address Dept of Path
602 W 2nd St

City State Zip Code
Bloomington IN 47403-2318

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

Name of Employer Bloomington Hosp & Hlthcr Sys
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
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31053

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 24 / 30
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E Stephen Sturdivant, Dr.

Mailing Address Parkview Med Off Bldg
1 Saint Vincent Cir Ste 160

City State Zip Code
Little Rock AR 72205-5406

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

Name of Employer Occupation
Arkansas Pathology Associates Pathologists

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31045

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Raman V Sukumar, Dr.

Mailing Address 1253 College Park Dr

City State Zip Code
Dover DE 19904-8713

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

Name of Employer Occupation
Doctors Path Svcs Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31064

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
Strimel Kathleen Sunshine, Dr.

Mailing Address 7617 SE Maple Ave

City State Zip Code
Vancouver WA 98664-1736

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

Name of Employer Occupation
The Vancouver Clinic Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31161

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1535.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 30
(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)
R. James Taylor, Dr.

Mailing Address Department of Pathology
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer Pathology Laboratory Assoc Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31150

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Justin Eric Thompson, Dr.

Mailing Address 501 Alameda St Ste B

City State Zip Code
Norman OK 73071-5465

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

Name of Employer Pathology Consultation Services Inc 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
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31132

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Andrew Michael Todd, Dr.

Mailing Address 611 Alcorn Dr

City State Zip Code
Corinth MS 38834-9321

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

Name of Employer Michael A Todd, MD, PA 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
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31113

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 30
(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)
Olguta Diana Treaba, Dr.

Mailing Address 630 Smithfield Rd
Apt 1201

City N Providence State RI Zip Code 02904

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

Name of Employer PhenoPath Labs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31104

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A. Joseph Tworek, Dr.

Mailing Address Dept of Path
5301 E Huron River Dr

City Ann Arbor State MI Zip Code 48106-0995

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

Name of Employer St. Joseph Mercy Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31151

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J. Melvin Van Boven, Dr.

Mailing Address Department of Pathology
744 W 9th St

City Tulsa State OK Zip Code 74127

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

Name of Employer Oklahoma State Univ Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31120

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 30
(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)
Habegger Gail Vance, Dr.

Mailing Address Dept of Medical and Molecular Gene
975 Walnut Street

City Indianapolis State IN Zip Code 46202

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

Name of Employer Indiana University Medical School Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 03 / 2008
Transaction ID: SA11AI.31092
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mark Thomas Wallace, Dr.

Mailing Address 1 Wyoming St

City Dayton State OH Zip Code 45409-2722

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

Name of Employer Miami Valley Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 03 / 2008
Transaction ID: SA11AI.31111
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
G Patricia Wasserman, Dr.

Mailing Address 270-05 76th Ave

City New Hyde Park State NY Zip Code 11040

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

Name of Employer Long Island Jewish Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2008
Transaction ID: SA11AI.31105
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 30
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
L. Ronald Weiss, Dr.

Mailing Address Dept of Pathology
500 Chipeta Way

City State Zip Code
Salt Lake City UT 84108-4108

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

Name of Employer Occupation
ARUP Clinical Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.31046

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Le Michael Woltman, Dr.

Mailing Address Lab
701 10th St SE

City State Zip Code
Cedar Rapids IA 52403-1292

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

Name of Employer Occupation
Mercy Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.31109

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
E Jan Woods, Dr.

Mailing Address 8490 Upland Dr

City State Zip Code
Englewood CO 80112

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

Name of Employer Occupation
Lab Corp of America Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.31101

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Department of Pathology
2200 River Plaza Drive

City State Zip Code
Sacramento CA 95833

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

Name of Employer Occupation
Sutter Health Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2008

Transaction ID: SA11AI.31155

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Shourong Zhao

Mailing Address PO Box 0951
710 Center St

City State Zip Code
Columbus GA 31902-0951

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

Name of Employer Occupation
The Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2008

Transaction ID: SA11AI.31157

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
R. Philip Zollars, Dr.

Mailing Address 1255 W Washington Street

City State Zip Code
Tempe AZ 85281-1210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2008

Transaction ID: SA11AI.31057

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ► 43890.00

**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)

PAGE 30 / 30

<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 <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Bank Charges Candidate Name <hr/> 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.31198 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 137.32
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Bank Charges Candidate Name <hr/> 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.31199 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 102.23
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Suntrust Bank Charges Candidate Name <hr/> 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.31200 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 316.74
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	556.29
TOTAL This Period (last page this line number only) ▶	556.29