

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 01 01 2008 through 01 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. Alfred Wray Campbell

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 02 20 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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

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	136336.88									
(c) Total Receipts (from Line 19)	13988.00	13988.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150324.88	150324.88								
7. Total Disbursements (from Line 31)	14572.80	14572.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135752.08	135752.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

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	7300.00	7300.00
(i) Itemized (use Schedule A)	6688.00	6688.00
(ii) Unitemized	13988.00	13988.00
(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)	13988.00	13988.00
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))	13988.00	13988.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13988.00	13988.00

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.....	72.80	72.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	72.80	72.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	14500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14572.80	14572.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14572.80	14572.80

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	13988.00	13988.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13988.00	13988.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72.80	72.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72.80	72.80

**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 / 14
	<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 Rao Andavolu, Dr.	Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address Department of Pathology 253 Witherspoon Street	Transaction ID: SA11AI.28317
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Univ Med Ctr at Princeton Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) R. Richard Anderson, Dr.	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address Department of Pathology 801 S Washington St	Transaction ID: SA11AI.28243
	City State Zip Code Naperville IL 60566-7060	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Edward Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) R Brian Carlson, Dr.	Date of Receipt MM / DD / YYYY 01 / 04 / 2008
	Mailing Address 4733 Andrew Jackson Pkwy Ste G1	Transaction ID: SA11AI.28283
	City State Zip Code Hermitage TN 37076	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pathologists Laboratory, PC 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 7 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
S. Paul Dickman, Dr.

Mailing Address Department of Pathology/Laboratory
1919 E Thomas Rd

City Phoenix State AZ Zip Code 85016-7710

FEC ID number of contributing federal political committee. C

Name of Employer Phoenix Children's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2008
Transaction ID: SA11AI.28292
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
B Kevin Dole, Dr.

Mailing Address Department of Pathology
2100 Dorchester Avenue

City Boston State MA Zip Code 02124

FEC ID number of contributing federal political committee. C

Name of Employer Carney Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2008
Transaction ID: SA11AI.28227
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
V. Steven Foster, Dr.

Mailing Address Department of Pathology
1441 N Beckley Ave

City Dallas State TX Zip Code 75203

FEC ID number of contributing federal political committee. C

Name of Employer Methodist Dallas Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2008
Transaction ID: SA11AI.28269
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: (check only one)	PAGE 8 / 14
	<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) B James Hannah, Dr.		Date of Receipt	
	Mailing Address 3701 S Higuera St		M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.28230
	San Luis Obispo	CA	93401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Central Coast Pathology Consultants		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) S Gregory Henderson, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 2520 Cherry Avenue		M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.28281
	Bremerton	WA	98310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer PAKC/DSL		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Norman Robert Page, Dr.		Date of Receipt	
	Mailing Address 315 Erin Dr		M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.28259
	Knoxville	TN	37919-6202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Knoxville Dermatopathology Laboratorie		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)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
D. Mark Pool, Dr.

Mailing Address Department of Pathology
350 N Wall Street

City State Zip Code
Kankakee IL 60901-2901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Riverside Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
01 / 18 / 2008

Transaction ID: SA11AI.28297

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
B Jeffrey Smith, Dr.

Mailing Address 1395 S Pinellas Avenue

City State Zip Code
Tarpon Springs FL 34689-9907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Helen Ellis Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
01 / 15 / 2008

Transaction ID: SA11AI.28250

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
N Gregory Sossaman, Dr.

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2483

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ochsner Clinic Foundation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
01 / 02 / 2008

Transaction ID: SA11AI.28279

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 10 / 14
	<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)
M. Susan Strate, Dr.

Mailing Address 2627 San Simeon

City State Zip Code
Wichita Falls TX 76308

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

Name of Employer Occupation
Kell West 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 Y
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28257

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
W. George Thomas, Dr.

Mailing Address 7101 Jahnke Rd.

City State Zip Code
Richmond VA 23225

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28235

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Occupation
Propath Laboratory, Inc. 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
0 1 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28293

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14
(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. Thomas Williams, Dr.

Mailing Address Pathology Department
8303 Dodge Street

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11AI.28270

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	7300.00

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

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

A.	Full Name (Last, First, Middle Initial) ANDREWS FOR CONGRESS COMMITTEE	Transaction ID: SB23.28390
	Mailing Address 215 Fourth Avenue SUITE 200	Date of Disbursement 01 / 16 / 2008
	City Haddon Heights State NJ Zip Code 08035	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name ROBERT E ANDREWS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.28358
	Mailing Address 120 MARYLAND AVENUE NE	Date of Disbursement 01 / 31 / 2008
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	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) DONNA CHRISTENSEN CAMPAIGN	Transaction ID: SB23.28392
	Mailing Address PO Box 5197	Date of Disbursement 01 / 31 / 2008
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	
	Candidate Name DONNA M CHRISTENSEN	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.28343 Date of Disbursement
	Mailing Address 301 4th Street, NE	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.28352 Date of Disbursement
	Mailing Address 10 G Street NE SUITE 470	<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	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) GLACIER PAC	Transaction ID: SB23.28355 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	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) ▼

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)

PAGE 14 / 14

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

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

A.

Full Name (Last, First, Middle Initial)
JESSE JACKSON JR. FOR CONGRESS

Transaction ID: SB23.28391

Date of Disbursement

Mailing Address 499 S Capital Street, SW
Suite 412

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

--

Candidate Name
JESSE L JR JACKSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 02

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

14500.00
