FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		mple:If typing r the lines	, type			
College of America	n Pathologists I	Political Action Cor						
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previousl reported. (ACC	ent L	Guite 590					20005	-
2. FEC IDENTIFICAT	ION NUMBER	₩ ₩	CITY 🛋		S	TATE	ZIPCO	de 🔺
C00274944			3. IS THIS REPORT		NEW N) <b>OR</b>	AN (A)	IENDED	
July 15 Quarterly October Quarterly January 3	orts: Report(Q1) Report(Q2) 5 Report(Q3)	(b) Monthly Report Due On: (c) 12-Day PRE-Elec Report for	the:			Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 31 M Report(N Year Only	on-election	(d) 30-Day <b>Post</b> -Ele Report for		General (30G	a)	Runoff (3	OR) In the State of	Special (30S)
5. Covering Period	09	01 20	0 8	through	09	30	2008	
I certify that I have exam Type or Print Name of T	reasurer _	R. Renee Ellerbroe	k, Dr.					
Signature of Treasurer	Electronically	yriieu by K. Kei	nee Ellerbroek, E	л.	Da	ate 10	20	2008
NOTE : Submission of f	alse, erroneous	s, or incomplete info	ormation may su	bject the perso	on signing this	Report to the	penalties of 2 U.	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20	

## 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 MM D D Y W м м D D 09 01 2008 09 30 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date 6. (a) Cash on Hand 2008 136336.88 January 1 (b) Cash on Hand at 111082.52 Begining of Reporting Period ..... 39395.00 368124.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 150477.52 504460.88 6(a) and 6(c) for Column B) ..... 47607.74 401591.10 7. Total Disbursements (from Line 31) ..... Cash on Hand at Close of 8. **Reporting Period** 102869.78 102869.78 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FE6AN026

**DETAILED SUMMARY PAGE** OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name College of American Pathologists Political Action Committee м м 09 0<sup>D</sup>1 <sup>м</sup> м 0 9 3<sup>D</sup>0 D 2008<sup>°</sup> D 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 267167.00 33620.00 (i) Itemized (use Schedule A) ..... 3775.00 98957.00 (ii) Unitemized ..... (iii) TOTAL (add 37395.00 366124.00 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 37395.00 366124.00

Totals to Line 33, page 5) 🕨	37395.00	366124.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	2000.00	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
<ol> <li>Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	39395.00	368124.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39395.00	368124.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal Activity (from Schedule H4)</li> <li>(i) Federal Share</li> </ul> </li> </ol>	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	354.63	5591.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	354.63	5591.10
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
<ol> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ol>	47253.11	391863.59
<ol> <li>Independent Expenditure (use Schedule E)</li> </ol>	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
<ol> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other Than Political Committees</li> </ul> </li> </ol>	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
9. Other Disbursements	0.00	4136.41
<ol> <li>Federal Election Activity (2 U.S.C 431(20))         <ul> <li>(a) Shared Federal Election Activity</li> <li>(from Schedule H6)</li> </ul> </li> </ol>		
(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
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</li> </ol>	47607.74	401591.10
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	47607.74	401591.10

# DETAILED SUMMARY PAGE

	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)	37395.00	366124.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	37395.00	366124.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	354.63	5591.10
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	354.63	5591.10

FE6AN026

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 29
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
ľ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action	Committee	
A.	, Full Name (Last, First, Middle Initial) Charles Larry Alexander, Dr.			Date of Receipt
	Mailing Address Dept of Path 305 S State St			M M / D D / Y Y Y Y 09 12 2008
	City	State	Zip Code	Transaction ID: SA11AI.30884
	Aberdeen	SD	57401-4527	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		270.00
	Name of Employer Avera St. Luke's Hosp	Occupation Patholog		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	Ayyreyall		1
	Other (specify) ▼		270.00	
_		0.0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.			Date of Receipt
	Mailing Address Dept of Lab Med			M M / D D / Y Y Y Y
	2799 W Grand Blvd # I	-		09 04 2008
	City	State	Zip Code	Transaction ID: SA11AI.30865
	Detroit	MI	48202-2608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Henry Ford Health System	Occupatio		
		Patholog	gist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	1
	Other (specify)	0 0		
с.	Full Name (Last, First, Middle Initial) L. Bryan Bartlett, Dr.			Date of Receipt
	Mailing Address 1424 Plantation Dr N			09 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.30949
	Colleyville	ТХ	76034	Amount of Each Receipt this Period
	FEC ID number of contributing	0		1000.00
	federal political committee.	C		
	Name of Employer Baylor-All Saints Medical	Occupation Patholog		7
	Center Receipt For:	_ · · ``		
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify) $\bigtriangledown$		1000.00	
	SUBTOTAL of Receipts This Page (optional)			1770.00
ŀ	,			-
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 29 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c $12$
			Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action	Committee	
<i>А</i> .	Full Name (Last, First, Middle Initial) F. Peter Bernhardt, Dr.	Date of Receipt		
	Mailing Address Department of Patholo 800 Biesterfield Rd	gу		M M / D D / Y Y Y Y Y 09 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.30910
	Elk Grove Village	IL	60007-3397	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alexian Brothers Med Ctr	Occupation Patholog		
	Receipt For:		e Year-to-Date V	_
	Primary General	33 - 3		1
_	Other (specify)	0 0	500.00	
-	Full Name (Last, First, Middle Initial)			Data of Descipt
В.	K. James Billman, Dr. Mailing Address 1520 7th St 6th Floor			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.30869
	Moline	IL	61265-2986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Metropolitan Medical Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	]
C.	Full Name (Last, First, Middle Initial) J. David Blomberg, Dr.			Date of Receipt
0.	Mailing Address 1314 South Ridge Rd			0 9 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.30857
	Duluth	MN	55804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Arrowhead Pathologists PA	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	]
	SUBTOTAL of Receipts This Page (optional)	I	<b>`</b>	1500.00
	<b>TOTAL</b> This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 / 29 (check only one)
ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
College of American Pathologists Po	blitical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard J. Boatsman		Date of Receipt
Mailing Address Department of Patho 3401 W. Gore Boule	vard	09 / 19 / Y Y Y Y 08 / 19 / 2008
City	State Zip Code	Transaction ID: SA11AI.30965
Lawton	OK 73505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1000.00	
Other (specify)		
Full Name (Last, First, Middle Initial) A. Philip Branton, Dr.		Date of Receipt
Mailing Address Laboratory Services 3300 Gallows Road		0 9 / D D / Y Y Y Y 0 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.30866
Falls Church	VA 22042-3300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Inova Fairfax Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date	
Primary     General       Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Philip Thomas Brien, Dr.		Date of Receipt
Mailing Address Dept of Path Lab 2525 DeSales Ave		M M / D D / Y Y Y Y 09 12 2008
City	State Zip Code	Transaction ID: SA11AI.30891
Chattanooga	TN 37404-1102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Memorial Hosp-Chattanooga	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
		3500.00
SUBTOTAL of Receipts This Page (optional)	····· •	
TOTAL This Period (last page this line numb	er only)	

	1	FOR LINE NUMBER: PAGE 9/29
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 29 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
College of American Pathologists Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.		Date of Receipt
Mailing Address 501 20th St Ste G3		M · M         /         D · D         Y         Y · Y · Y         Y           0 9         1 2         2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.30888
Knoxville	TN 37916-1890	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Innovative Pathology Serv-	Occupation	-
ices	Pathologist	4
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) A. Craig Dise, Dr.		Date of Receipt
Mailing Address Department of Patholog 100 Madison Ave	ду	M         M         /         D         D         /         Y
City	State Zip Code	Transaction ID: SA11AI.30880
Morristown	NJ 07960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b>	1000.00
Name of Employer Morristown Memorial Hosp	Occupation Pathologist	-
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	1000.00	
Other (specify)		
Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr.		Date of Receipt
Mailing Address Dept of Path/Lab 4500 13th St		09 / D D / Y Y Y Y 2008
City	State Zip Code	Transaction ID: SA11AI.30915
Gulfport	MS 39501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Hosp @ Gulfport	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary     General       Other (specify) ▼	500.00	
		2500.00
SUBTOTAL of Receipts This Page (optional)	•••••	2500.00
1		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 29           (check only one)
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	itical Action C	Committee	
<u>ب</u> م.	Full Name (Last, First, Middle Initial) Jane Laura Gardner, Dr.			Date of Receipt
	Mailing Address 417 Edgar Road			09 / 06 / Y Y Y Y 09 / 06
	City	State	Zip Code	Transaction ID: SA11AI.30879
	Webster Groves FEC ID number of contributing federal political committee.	C	63119	Amount of Each Receipt this Period 400.00
	Name of Employer St. Louis Univ HSC	Occupation Pathologi		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 500.00	]
 B.	Full Name (Last, First, Middle Initial) L Meryl Goldstein, Dr. Mailing Address 44 Kimberly Ave			Date of Receipt
	City	State	Zip Code	0 9 1 9 2 0 0 8 Transaction ID: SA11AI.30917
	Asheville	NC	28804-3607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Pathologists Med Lab PA	Occupation Pathologi	st	
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date 300.00	]
 ).	Full Name (Last, First, Middle Initial) R. Richard Gomez, Dr.			Date of Receipt
	Mailing Address Dept of Path 1500 SW 10Th St			M M         /         D D         /         Y Y         Y Y         Y
	City Topeka	State KS	Zip Code	Transaction ID: SA11AI.30901
	FEC ID number of contributing federal political committee.	C	66604-1301	Amount of Each Receipt this Period
	Name of Employer St Francis Hith Ctr	Occupation Pathologi		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 500.00	]
s	UBTOTAL of Receipts This Page (optional)			1200.00
т	OTAL This Period (last page this line number	r only)		

			[	
9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 29 (check only one)
	TEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions
k	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action	Committee	
∡ ۹.	Full Name (Last, First, Middle Initial) Sylvester Michael Graff, Dr.			Date of Receipt
	Mailing Address 290 Big Run Rd			M M / D D / Y Y Y Y 09 / 19 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.30918
	Lexington	KY	40503-2903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Pathology & Cytology Labs Inc	Occupation Patholog		
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General	- <u>3</u> 3, egal		
	Other (specify) ▼		1000.00	
- 3.	Full Name (Last, First, Middle Initial) V. William Harrer, Dr.			Date of Receipt
	Mailing Address 129 The Mews			M M / D D / Y Y Y Y 09 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.30881
	Haddonfield	NJ	08033-1344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Our Lady of Lourdes Med	Occupatio	on	
	Ctr	Patholog	•	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	]
-	Full Name (Last, First, Middle Initial) E Andrew Horvath, Dr.			Date of Receipt
	Mailing Address Lab 1100 Central Ave SE			M M / D D / Y Y Y Y 09 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.30937
	Albuquerque	NM	87106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Presbyterian Hosp	Occupation Patholog		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	500.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		2500.00
⊢	COLICIAL OF HOUSING THIS I AGE (Optional)			
	TOTAL This Period (last page this line number	only)		

c				FOR LINE NUMBER: PAGE 12/29
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16
A or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politi	ical Action	Committee	
Z				
	Full Name (Last, First, Middle Initial) D Fausto Imbing, Dr.			Date of Receipt
	Mailing Address Dept of Path			
	306 Stanaford Rd	State	Zip Code	09 04 2008
	Beckley	WV	25801-3142	Transaction ID: SA11AI.30859 Amount of Each Receipt this Period
	FEC ID number of contributing		2001-0142	
	federal political committee.	С		250.00
	Name of Employer	Occupatio	'n	
	Name of Employer Beckley Appalachian Regio- nal Hospital	Patholog		
	Receipt For:	_ <b>_</b> *	e Year-to-Date 🔻	-1
	Primary General		250.00	
	Other (specify) <b>▼</b>			
	Full Name (Last, First, Middle Initial)			
	Joseph Carmen Julius, Dr.			Date of Receipt
	Mailing Address 1044 Belmont Ave			
	City	State	Zip Code	0 9 0 4 2 0 0 8 Transaction ID: SA11AI.30873
	Youngstown	Office	44504-1096	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1050.00
	Name of Employer	Occupatio	n	
	St. Elizabeth Health Ctr	Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1050.00	
	Other (specify) 🔻	0 0		
	Full Name (Last, First, Middle Initial)			
	Alexandre Andre Kajdacsy-Balla, Dr.			Date of Receipt
	Mailing Address Dept of Path 1819 W Polk St Rm 44	6		09 12 2008
	City	State	Zip Code	Transaction ID: SA11AI.30908
	Chicago	IL	60612-4356	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Univ of Illinois at Chica-	Occupatio		
	go	Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
				-
				1000.00
5	<b>SUBTOTAL</b> of Receipts This Page (optional)			1800.00
1	<b>OTAL</b> This Period (last page this line number of	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 / 29         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) H Robert Knapp, Dr.	Date of Receipt	
	Mailing Address 2990 Franklin SW		09 <sup>//</sup> 02 <sup>/</sup> 2008
	City	State Zip Code	Transaction ID: SA11AI.30856
	Grandville	MI 49418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Pathology Laboratory, PC	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	2000.00	
- В.	Full Name (Last, First, Middle Initial) R Paula Larson, Dr.		Date of Receipt
	Mailing Address 7700 Floyd Curl Dr		M = M         /         D = D         /         Y = Y = Y         Y           0 9         1 9         2 0 0 8         1<
	City	State Zip Code	Transaction ID: SA11AI.30921
	San Antonio	TX 78229-3979	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) Wayne Larry Massie, Dr.		Date of Receipt
	Mailing Address 1501 San Pedro, SE		09 / D D / Y Y Y Y 09 25 2008
	City	State Zip Code	Transaction ID: SA11AI.30935
	Albugerque	NM 87018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer New Mexico VA Health Care Sys	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)	•	1750.00
Ī	TOTAL This Period (last page this line number	r only)	

¢	CHEDULE A (FEC Form 3X)	)		FOR LINE NUMBER: PAGE 14/29
		/	Use separate schedule(s) for each category of the	(check only one)
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	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any perso dress of any political committee to	13     14     15     16     1 <sup>-</sup> on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	College of American Pathologists Po	olitical Action (	Committee	
×.	Full Name (Last, First, Middle Initial) J. Paul McCarthy, Dr.			Date of Receipt
	Mailing Address Department of Patho 400 W. 16th St.	blogy		M M         /         D D         /         Y         Y P         Y </th
	City	State	Zip Code	Transaction ID: SA11AI.30953
	Pueblo	CO	81003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Parkview Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	1000.00	]
. –	Full Name (Last, First, Middle Initial) W. Philip McGuire, Dr.			Date of Receipt
	Mailing Address 1660 Hogan Avenue	!		M + M         /         D - D         /         Y - Y - Y - Y         Y         Y - Y - Y         Y         Y - Y - Y         Y         Y - Y - Y         Y         Y - Y         Y         Y - Y         Y
	City	State	Zip Code	Transaction ID: SA11AI.30944
	Chesterton	IN	46304-9378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer St. Anthony Mem Hlth Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
	Full Name (Last, First, Middle Initial) J Don Merryman, Dr.			Date of Receipt
	Mailing Address 500 E Market St			M M / D D / Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.30934
	lowa City	IA	52245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	500.00	]
Г				2500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sc for each category Detailed Summa atements may not be sold or used	hedule(s) y of the ry Page I by any person f	FOR LINE NUMBER:         PAGE 15 / 29           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           or the purpose of soliciting contributions         10         17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit		committee to so	licit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) R. Dina Mody, Dr.			Date of Receipt
	Mailing Address Laboratory Medicine 6565 Fannin			09 04 2008
	City	State Zip Code		Transaction ID: SA11AI.30874
	Houston	TX 77030-2707		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Methodist Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Flint Stephen Morris, Dr.			Date of Receipt
	Mailing Address Department of Patholog 1395 South Pinellas Av	enue		M         M         /         D         D         /         Y
	City	State Zip Code		Transaction ID: SA11AI.30886
	Tarpon Springs FEC ID number of contributing federal political committee.	FL 34689		Amount of Each Receipt this Period 250.00
	Name of Employer Helen Ellis Memorial Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Primary   General     Other (specify)   Image: Content of the second		250.00	
C.	Full Name (Last, First, Middle Initial) Soo Moon Park, Dr.			Date of Receipt
	Mailing Address 91-2135 Fort Weaver F	d Ste 300		09 25 2008
	City	State Zip Code		Transaction ID: SA11AI.30931
	Ewa Beach	HI 96706-1929		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Clinical Lab of Hawaii	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	000.00	
	SUBTOTAL of Receipts This Page (optional)		······ <b>Þ</b>	1750.00
	TOTAL This Period (last page this line number of	nly)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 / 29 (check only one)
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe a name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Scott Michael Rabkin, Dr.		Date of Receipt
Mailing Address 522 Alpha Drive		M M / D D / Y Y Y Y 09 25 2008
City	State Zip Code	Transaction ID: SA11AI.30940
Pittsburgh	PA 15238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rabkin Dermatopathology	Occupation Pathologist	
Lab Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) M Charles Reese, Dr.	I	Date of Receipt
Mailing Address 5440 S St Ste 200		M M / D D / Y Y Y Y 09 25 2008
City	State Zip Code	Transaction ID: SA11AI.30936
Lincoln	NE 68506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology Med Svcs PC	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify)     ▼	500.00	
Full Name (Last, First, Middle Initial) H. Linda Riley, Dr.	I	Date of Receipt
Mailing Address 1116 138th Ave NW		M M / D D / Y Y Y Y 09 19 2008
City	State Zip Code	Transaction ID: SA11AI.30924
Andover	MN 55304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer United Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1	1500.00
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SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 29         (check only one)       11a         X       11a         11b       11c         13       14         15       16         17
Any information copied from such Repo or for commercial purposes, other than	ts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) D George Schaefer, Dr.		Date of Receipt
Mailing Address 416 Jeffords St		M M / D D / Y Y Y Y 09 25 2008
City	State Zip Code	Transaction ID: SA11AI.30929
Clearwater	FL 33756-3828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3000.00
Name of Employer Clearwater Pathology Assoc	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) K. Brian Stewart, Dr.	I	Date of Receipt
Mailing Address 1348 NE Cushi	ng Drive	M M / D D / Y Y Y Y 09 12 2008
City	State Zip Code	Transaction ID: SA11AI.30885
Bend	OR 97701-3876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Central Oregon Path Cnslt PC	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) A. Gerald Stolz, Dr.		Date of Receipt
Mailing Address PO Box 925		M M / D D / Y Y Y Y 09 12 2008
City	State Zip Code	Transaction ID: SA11AI.30898
Russellville	AR 72811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Pathology Services Lab, PA	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date V	
Primary     General       Other (specify) ▼	500.00	
SUBTOTAL of Receipte This Page (or	tional)	4000.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 29         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard C Szumel		Date of Receipt
	Mailing Address 106 Bow St		09 / 19 / Y Y Y Y 0 9 / 19 / 2008
	City Elkton	State Zip Code MD 21921-5544	Transaction ID: SA11AI.30970
	FEC ID number of contributing federal political committee.	MD 21921-5544	Amount of Each Receipt this Period
	Name of Employer Union Hospital-Elkton	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) A. Fattaneh Tavassoli, Dr.	1	Date of Receipt
	Mailing Address Yale Path Lab 310 Cedar St		0 9 / 2 6 / Y Y Y Y 2 0 0 8
	City New Haven	State Zip Code CT 06510-3218	Transaction ID: SA11AI.30960 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	600.00
	Name of Employer Yale Univ Sch of Med	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
- C.	Full Name (Last, First, Middle Initial) M. Timothy Wallace, Dr.		Date of Receipt
	Mailing Address 21155 Ann Rita Dr		M M / D D / Y Y Y Y 09 19 2008
	City	State Zip Code	Transaction ID: SA11AI.30963
	Brookfield FEC ID number of contributing federal political committee.	WI 53045-4035	Amount of Each Receipt this Period
	Name of Employer St. Luke's South Shore	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	1100.00
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 29 (check only one)
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	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee	
	Full Name (Last, First, Middle Initial)		
Α.	Layne Stephen Walter, Dr. Mailing Address 801 Clarksville Ste C		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.30870
	<u>Paris</u>	TX 75460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Red River Valley Path Lab	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1000.00	
в.	Full Name (Last, First, Middle Initial) Mark Wilke		Date of Receipt
	Mailing Address 9909 S Shore Dr Ste 2	A	09 / 12 / Y Y Y Y 008
	City	State Zip Code	Transaction ID: SA11AI.30904
	<u>Plymouth</u>	MN 55441-5037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Twin Cities Dermatopathol- ogy	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) S. Robert Zirl, Dr.		Date of Receipt
	Mailing Address Dept of Pathology 605 Holderrieth		M · M         /         D · D         Y         Y · Y · Y         Y           0 9         1 2         2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30902
	Tomball	TX 77375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer Tejas Pathology Associates	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	5000.00	
	SUBTOTAL of Receipts This Page (optional)		6250.00
	TOTAL This Period (last page this line number		33620.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 20 / 29         (check only one)       11a       11b       11c       12         13       14       15       X       16       17
	Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Political Actio	n Committee	
Α.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR US SENATE INC		Date of Receipt
	Mailing Address PO BOX 433		M         M         /         D         D         /         Y
	City State	Zip Code	Transaction ID: SA16.31029
	GREAT BEND KS	67530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	000128876	2000.00
	Name of Employer Occupa	tion	Refund of Campaign Contri- butions
	Receipt For:     2008     Aggreg       Primary     X     General       Other (specify) ▼     Image: Control of the second seco	ate Year-to-Date  2000.00	

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<u>۱</u>	NAME OF COM	erican Pathologists	Political /	Action Co	ommittee												
	Full Name (Last, Sun Trust Ban	First, Middle Initial) k										ion ID		SB21E	3.31	005	
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TEMIZED DISBURSEMENTS	Transaction ID:       SB21B.31009         Date of Disbursement       0 9 M / D 15 / Y 2008         Amount of Each Disbursement this Perio         2.90
Detailed Summary Page       X       2         Any Information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee         NAME OF COMMITTEE (In Full)         College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Disbursement For:       Category         Office Sought:       House       Disbursement For:       Category         State:       District:       Other (specify)       ▼	7       28a       28b       28c       29         rson for the purpose of soliciting contributions to solicit contributions from such committee         Transaction ID: SB21B.31009         Date of Disbursement         0       9       /       15       /       2 0 0 8         Amount of Each Disbursement this Perio         2.90         7/       2.90
Any Information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code Richmond VA 23285 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: House Senate President State: District: Disbursement For: Senate President State: District:	Transaction ID:       SB21B.31009         Date of Disbursement       0 9 M / D 15 / Y 2008         Amount of Each Disbursement this Perio         2.90
or for commercial purposes, other than using the name and address of any political committee         NAME OF COMMITTEE (In Full)         College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Disbursement For:       Category         Office Sought:       House       Primary       General         Other (specify)       V	to solicit contributions from such committee         Transaction ID:       SB21B.31009         Date of Disbursement       0 9 / 15 / 2008         Amount of Each Disbursement this Perior       2.90         7       2.90         Transaction ID:       SB21B.31010         Date of Disbursement       2.91
College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Disbursement For:       Category         Office Sought:       House       Disbursement For:         President       Other (specify)       ▼	Date of Disbursement         0 9       1 5       2 0 0 8         Amount of Each Disbursement this Perio         2.90         7         Transaction ID:       SB21B.31010         Date of Disbursement
Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Disbursement For:       Category         Office Sought:       House       Disbursement For:         President       Other (specify)       ▼	Date of Disbursement         0 9       1 5       2 0 0 8         Amount of Each Disbursement this Perio         2.90         7         Transaction ID:       SB21B.31010         Date of Disbursement
Sun Trust Bank         Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Category       Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼	Date of Disbursement         0 9       1 5       2 0 0 8         Amount of Each Disbursement this Perio         2.90         7         Transaction ID:       SB21B.31010         Date of Disbursement
Mailing Address       P.O. Box 85024         City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Category       Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼	Amount of Each Disbursement this Perio
City       State       Zip Code         Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Category       Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼	Amount of Each Disbursement this Perio 2.90 Transaction ID: SB21B.31010 Date of Disbursement
Richmond       VA       23285         Purpose of Disbursement       Bank Service Charges       Category         Candidate Name       Category       Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼	Z.90 Transaction ID: SB21B.31010 Date of Disbursement
Purpose of Disbursement         Bank Service Charges         Candidate Name         Office Sought:       House         Disbursement For:         Senate         President         Other (specify)         State:	Transaction ID: SB21B.31010 Date of Disbursement
Bank Service Charges       Category         Candidate Name       Category         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:	Transaction ID: SB21B.31010 Date of Disbursement
Candidate Name     Category Type       Office Sought:     House       Senate     Disbursement For:       President     Other (specify)       State:     District:	Transaction ID: SB21B.31010 Date of Disbursement
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	Date of Disbursement
Senate     Primary     General       President     Other (specify)     V	Date of Disbursement
State: District: Other (specify)	Date of Disbursement
	Date of Disbursement
Full Name (Last, First, Middle Initial)	Date of Disbursement
Sun Trust Bank	
Mailing Address P.O. Box 85024	M 9         /         D         D         /         Y
City State Zip Code Richmond VA 23285	Amount of Each Disbursement this Perio
Purpose of Disbursement	8.70
Bank Service Charges	
Candidate Name Category Type	1
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	
Full Name (Last, First, Middle Initial)	
Sun Trust Bank	Transaction ID: SB21B.31011 Date of Disbursement
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City State Zip Code Richmond VA 23285	Amount of Each Disbursement this Perio
Purpose of Disbursement Bank Service Charges	14.50
Candidate Name Category Type	/
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State: District:	
SUBTOTAL of Disbursements This Page (optional)	▶ 26.10
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9	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 23/29
	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	
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	Any Information copied from such Reports and Sta			
ľ	or for commercial purposes, other than using the na	ame and address of any political	committee to solicit contributions from suc	h committee
	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee		
	Full Name (Last, First, Middle Initial)		Transaction ID: SB2	1B.31012
Α.	Sun Trust Bank		Date of Disbursement	
	Mailing Address P.O. Box 85024			Y 2008Y
	City Richmond	State Zip Code VA 23285	Amount of Each Disbur	
	Purpose of Disbursement Bank Service Charges			2.90
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB2 Date of Disbursement	
	Mailing Address P.O. Box 85024			Ŷ 2008 <sup>°</sup>
	City Richmond	State Zip Code VA 23285	Amount of Each Disbur	
	Purpose of Disbursement Bank Service Charges			94.25
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼		
	State: District:			

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TOTAL This Period (last page this line number only)	►	354.63
SUBTOTAL of Disbursements This Page (optional)	•	97.15

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page				b [	22 28a	X	2	3 8b	F	24 28c	F	25 29			
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NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action Committee															
Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS						Date	of D		ourse	em				X		
Mailing Address PO BOX 1527						0 9	М	/	<sup>□</sup> 3	0 0		2	2 0 Ò 8	3		
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Mailing Address 38 Ivy Street, SE						0 9	М	<i>'</i>	<sup>D</sup> 3	ŏ		2	źoòa	3		
City Washington	State Zip Code DC 20003					Amou	unt c	of E	ach	Di	sburs		nt this			
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FRIENDS OF LOIS CAPPS						Date			ourse	em				Y		
Mailing Address PO Box 23940						09			3	Ŏ		2	źoò	3		
City Santa Barbara	State Zip Code CA 93121					Amou	unt c	of E	ach	Di	sburse	-	nt this			
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	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	INE NUMBER:			R: PAGE 25/29							
r for commercial purpose, 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  Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL  Mailing Address P.O. Box 101124  City Cardidate Name Category Office Sought: X House State: CT Disbursement Candidate Name Category Type Office Sought: X House Disbursement Category Type Office Category T	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		] 21b [	22	Х		F		F		F			
FRIENDS OF RAHM EMANUEL       Mailing Address       P.O. Box 101124         Mailing Address       P.O. Box 101124         City       State       Zip Code         Chicago       IL       60610         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008         Purpose of Disbursement       Other (specify)       Transaction ID:       SB23.30978         State:       IL       Distorement For:       2008         Mailing Address       49 HUNTINGTON STREET       Amount of Each Disbursement       0fg 4' ° 3 0' 7 2 0 0 8'         City       State:       Disbursement For:       2008       Amount of Each Disbursement         Candidate Name       Disbursement For:       2008       Amount of Each Disbursement       0fg 4' ° 3 0' 7 2 0 0 8'         Chice Sought:       X House       Disbursement For:       2008       Amount of Each Disbursement         Category/       Type       Other (specify) ▼       Sate       Z 0 0 8'         Full Name (Last, First, Middle Initial)       Beade       Primary       X General       Mount of Each	or for commercial purposes, other than using the name	me and address of any political													
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City       State       Zip Code         NEW HAVEN       CT       06511         Purpose of Disbursement       Category/ Type         Office Sought:       X       House         Senate       President       Category/ Type         Office Sought:       X       House         Senate       President       Other (specify)         Full Name (Last, First, Middle Initial)       General         GERRY CONNOLLY FOR CONGRESS       Disbursement         Mailing Address       PO BOX 563         City       State       Zip Code         VA       22116         Purpose of Disbursement       Category/ Type         Office Sought:       X         Mailing Address       PO BOX 563         City       State       Zip Code         MERRIFIELD       VA       22116         Purpose of Disbursement       Category/ Type         Office Sought:       X       House         Senate       Primary       X General         Other (specify)       Category/ Type       2253.11					Date o	of D	isburs	en	nent						
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NAME OF COMMITTEE (In Full)           College of American Pathologists Political	Action Committee										
Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORR	OW			Trans Date o		sburs	eme		3098	80	
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	State Zip Code DC 20005			Amou	nt of	Each	n Dis	burse	-		
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State: District:	Primary X General Other (specify)										
Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS				<b>Trans</b> Date o		sburs	eme	-	3098	83	
Mailing Address c/o Susan O'Neal & Asso 5910 Gloucester Road	ociates			0 <sup>M</sup> 9	M /	□3	3 0 <sup>0</sup>	/ Y	ž	οòε	3 <sup>×</sup>
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Mailing Address 101 W. Grand Ave. Suite 200					M /		3 0	/ Y	ž	o ò e	3 <sup>Y</sup>
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ny Information copied from such Reports r for commercial purposes, other than usi		d by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee		
Full Name (Last, First, Middle Initial) RED ROOSTER LEADERSHIP F	PAC		Transaction ID: SB23.30989 Date of Disbursement
Mailing Address P.O. BOX 368			09 <sup>M</sup> / <sup>D</sup> 30 <sup>D</sup> / <sup>Y</sup> YYYY 2008 <sup>Y</sup>
City FALLS CHURCH	State Zip Code VA 22040	_	Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		
State:         District:           Full Name (Last, First, Middle Initial)         STABENOW FOR US SENATE			Transaction ID: SB23.30991 Date of Disbursement
Mailing Address 426 C STREET	, NE		
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
Candidate Name		Category/ Type	
Office Sought: House X Senate President State: MI District: 00	Disbursement For: 2012 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRI	ESS		Transaction ID: SB23.30993 Date of Disbursement
Mailing Address 217 THIRD ST	REET, SE		$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 3 \end{array} \\ \begin{array}{c} D \\ 3 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $
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Purpose of Disbursement		· · ·	5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		
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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 29/29
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College of American Pathologists Politica	I Action Committee		
Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS			Transaction ID: SB23.30995 Date of Disbursement
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Candidate Name		Category/ Type	
Office Sought: X House Disburs Senate President State: OH District: 15	sement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS			Transaction ID: SB23.30997 Date of Disbursement
Mailing Address 10605 Concord Street Suite 202			09 <sup>M</sup> /30 <sup>/</sup> 2008 <sup>/</sup>
City Kensington	StateZip CodeMD20895		Amount of Each Disbursement this Period
Purpose of Disbursement		· · ·	1000.00
Candidate Name		Category/ Type	
Office Sought: X House Disburs Senate President State: MD District: 08	eement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) WOLVERINE PAC			Transaction ID: SB23.31003 Date of Disbursement
Mailing Address 607 14TH STREET NW SUITE 800	,		09 <sup>M</sup> /30 <sup>/</sup> 2008 <sup>×</sup>
City WASHINGTON	StateZip CodeDC20005		Amount of Each Disbursement this Period
Purpose of Disbursement			1500.00
Candidate Name		Category/ Type	
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