

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 09 01 2008 through 09 30 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 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	111082.52									
(c) Total Receipts (from Line 19)	39395.00	368124.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150477.52	504460.88								
7. Total Disbursements (from Line 31)	47607.74	401591.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102869.78	102869.78								
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	33620.00	267167.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3775.00	98957.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37395.00	366124.00
(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)	37395.00	366124.00
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	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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39395.00	368124.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39395.00	368124.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	354.63	5591.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	354.63	5591.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47253.11	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))..	47607.74	401591.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47607.74	401591.10

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	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

**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 / 29
	<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) Charles Larry Alexander, Dr.	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address Dept of Path 305 S State St	Transaction ID: SA11AI.30884
	City Aberdeen State SD Zip Code 57401-4527	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Avera St. Luke's Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address Dept of Lab Med 2799 W Grand Blvd # K-6	Transaction ID: SA11AI.30865
	City Detroit State MI Zip Code 48202-2608	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Henry Ford Health System 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) L. Bryan Bartlett, Dr.	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 1424 Plantation Dr N	Transaction ID: SA11AI.30949
	City Colleyville State TX Zip Code 76034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baylor-All Saints Medical Center 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)	▶	1770.00
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 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) F. Peter Bernhardt, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>9</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	0	9		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	9		2	0	0	8													
Mailing Address Department of Pathology 800 Biesterfield Rd		Transaction ID: SA11AI.30910																				
City Elk Grove Village State IL Zip Code 60007-3397	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Alexian Brothers Med Ctr Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						

B.

Full Name (Last, First, Middle Initial) K. James Billman, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>4</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	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	4		2	0	0	8													
Mailing Address 1520 7th St 6th Floor		Transaction ID: SA11AI.30869																				
City Moline State IL Zip Code 61265-2986	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Metropolitan Medical Lab Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						

C.

Full Name (Last, First, Middle Initial) J. David Blomberg, Dr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>4</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	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	4		2	0	0	8													
Mailing Address 1314 South Ridge Rd		Transaction ID: SA11AI.30857																				
City Duluth State MN Zip Code 55804	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer Arrowhead Pathologists PA Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

**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 / 29
	<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) Dr. Richard J. Boatsman		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address Department of Pathology 3401 W. Gore Boulevard		Transaction ID: SA11AI.30965
City Lawton	State OK	Zip Code 73505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) A. Philip Branton, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
Mailing Address Laboratory Services 3300 Gallows Road		Transaction ID: SA11AI.30866
City Falls Church	State VA	Zip Code 22042-3300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Inova Fairfax Hosp	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) Philip Thomas Brien, Dr.		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address Dept of Path Lab 2525 DeSales Ave		Transaction ID: SA11AI.30891
City Chattanooga	State TN	Zip Code 37404-1102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Hosp-Chattanooga	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 29
(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)
L Gary Cooper, Dr.
Mailing Address 501 20th St Ste G3
City Knoxville State TN Zip Code 37916-1890
FEC ID number of contributing federal political committee. **C**
Name of Employer Innovative Pathology Services Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
09 / 12 / 2008
Transaction ID: SA11AI.30888
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
A. Craig Dise, Dr.
Mailing Address Department of Pathology
100 Madison Ave
City Morristown State NJ Zip Code 07960
FEC ID number of contributing federal political committee. **C**
Name of Employer Morristown Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
09 / 11 / 2008
Transaction ID: SA11AI.30880
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
J. Michael Gandour, Dr.
Mailing Address Dept of Path/Lab
4500 13th St
City Gulfport State MS Zip Code 39501
FEC ID number of contributing federal political committee. **C**
Name of Employer Memorial Hosp @ Gulfport Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
09 / 19 / 2008
Transaction ID: SA11AI.30915
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 10 / 29
	<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) Jane Laura Gardner, Dr.		Date of Receipt MM / DD / YYYY 09 / 06 / 2008		
	Mailing Address 417 Edgar Road		Transaction ID: SA11AI.30879		
	City Webster Groves	State MO	Zip Code 63119	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Louis Univ HSC	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) L Meryl Goldstein, Dr.		Date of Receipt MM / DD / YYYY 09 / 19 / 2008		
	Mailing Address 44 Kimberly Ave		Transaction ID: SA11AI.30917		
	City Asheville	State NC	Zip Code 28804-3607	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathologists Med Lab PA	Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) R. Richard Gomez, Dr.		Date of Receipt MM / DD / YYYY 09 / 12 / 2008		
	Mailing Address Dept of Path 1500 SW 10Th St		Transaction ID: SA11AI.30901		
	City Topeka	State KS	Zip Code 66604-1301	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Francis Hlth Ctr	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)	▶	1200.00
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 / 29
	(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) Sylvester Michael Graff, Dr.		Date of Receipt
	Mailing Address 290 Big Run Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 19 / 2008
	City	State	Zip Code
	Lexington	KY	40503-2903
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30918
Name of Employer Pathology & Cytology Labs Inc		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) V. William Harrer, Dr.		Date of Receipt
	Mailing Address 129 The Mews		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 11 / 2008
	City	State	Zip Code
	Haddonfield	NJ	08033-1344
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30881
Name of Employer Our Lady of Lourdes Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) E Andrew Horvath, Dr.		Date of Receipt
	Mailing Address Lab 1100 Central Ave SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Albuquerque	NM	87106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.30937
Name of Employer Presbyterian Hosp		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 29
(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 Fausto Imbing, Dr.

Mailing Address Dept of Path
306 Stanaford Rd

City State Zip Code
Beckley WV 25801-3142

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

Name of Employer Occupation
Beckley Appalachian Regional Hospital Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: SA11AI.30859

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph Carmen Julius, Dr.

Mailing Address 1044 Belmont Ave

City State Zip Code
Youngstown OH 44504-1096

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

Name of Employer Occupation
St. Elizabeth Health Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2008

Transaction ID: SA11AI.30873

Amount of Each Receipt this Period
1050.00

C. Full Name (Last, First, Middle Initial)
Alexandre Andre Kajdacsy-Balla, Dr.

Mailing Address Dept of Path
1819 W Polk St Rm 446

City State Zip Code
Chicago IL 60612-4356

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

Name of Employer Occupation
Univ of Illinois at Chicago Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.30908

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29

(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) H Robert Knapp, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 02 / 2008		
	Mailing Address 2990 Franklin SW		Transaction ID: SA11AI.30856		
	City Grandville	State MI	Zip Code 49418	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology Laboratory, PC	Occupation Pathologist	Aggregate Year-to-Date 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) R Paula Larson, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2008		
	Mailing Address 7700 Floyd Curl Dr		Transaction ID: SA11AI.30921		
	City San Antonio	State TX	Zip Code 78229-3979	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Wayne Larry Massie, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2008		
	Mailing Address 1501 San Pedro, SE		Transaction ID: SA11AI.30935		
	City Albuquerque	State NM	Zip Code 87018	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New Mexico VA Health Care Sys	Occupation Pathologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 14 / 29
(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. Paul McCarthy, Dr.

Mailing Address Department of Pathology
400 W. 16th St.

City State Zip Code
Pueblo CO 81003

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

Name of Employer Occupation
Parkview 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
09 / 26 / 2008

Transaction ID: SA11AI.30953

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
W. Philip McGuire, Dr.

Mailing Address 1660 Hogan Avenue

City State Zip Code
Chesterton IN 46304-9378

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

Name of Employer Occupation
St. Anthony Mem Hlth 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
09 / 25 / 2008

Transaction ID: SA11AI.30944

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
J Don Merryman, Dr.

Mailing Address 500 E Market St

City State Zip Code
Iowa City IA 52245

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

Name of Employer Occupation
Mercy 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
09 / 25 / 2008

Transaction ID: SA11AI.30934

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: PAGE 15 / 29

(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)
R. Dina Mody, Dr.

Mailing Address Laboratory Medicine
6565 Fannin

City State Zip Code
Houston TX 77030-2707

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

Name of Employer Occupation
The Methodist 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
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.30874

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Flint Stephen Morris, Dr.

Mailing Address Department of Pathology
1395 South Pinellas Avenue

City State Zip Code
Tarpon Springs FL 34689

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

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

Transaction ID: SA11AI.30886

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Soo Moon Park, Dr.

Mailing Address 91-2135 Fort Weaver Rd Ste 300

City State Zip Code
Ewa Beach HI 96706-1929

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

Name of Employer Occupation
Clinical Lab of Hawaii Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.30931

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 29
(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)
Scott Michael Rabkin, Dr.
Mailing Address 522 Alpha Drive
City Pittsburgh State PA Zip Code 15238
FEC ID number of contributing federal political committee. **C**
Name of Employer Rabkin Dermatopathology Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 25 / 2008
Transaction ID: SA11AI.30940
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
M Charles Reese, Dr.
Mailing Address 5440 S St Ste 200
City Lincoln State NE Zip Code 68506
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Med Svcs PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 25 / 2008
Transaction ID: SA11AI.30936
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
H. Linda Riley, Dr.
Mailing Address 1116 138th Ave NW
City Andover State MN Zip Code 55304
FEC ID number of contributing federal political committee. **C**
Name of Employer United Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.30924
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 17 / 29
(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 George Schaefer, Dr.
Mailing Address 416 Jeffords St
City State Zip Code
Clearwater FL 33756-3828
FEC ID number of contributing federal political committee. **C**
Name of Employer Clearwater Pathology Assoc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt 09 / 25 / 2008
Transaction ID: SA11AI.30929
Amount of Each Receipt this Period 3000.00

B. Full Name (Last, First, Middle Initial)
K. Brian Stewart, Dr.
Mailing Address 1348 NE Cushing Drive
City State Zip Code
Bend OR 97701-3876
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Oregon Path Cnsit PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.30885
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A. Gerald Stolz, Dr.
Mailing Address PO Box 925
City State Zip Code
Russellville AR 72811
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Services Lab, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.30898
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00
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 / 29

(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)
Dr. Richard C Szumel

Mailing Address 106 Bow St

City Elkton State MD Zip Code 21921-5544

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

Name of Employer Union Hospital-Elkton 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
09 / 19 / 2008

Transaction ID: SA11AI.30970

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
A. Fattaneh Tavassoli, Dr.

Mailing Address Yale Path Lab
310 Cedar St

City New Haven State CT Zip Code 06510-3218

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

Name of Employer Yale Univ Sch of Med Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2008

Transaction ID: SA11AI.30960

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
M. Timothy Wallace, Dr.

Mailing Address 21155 Ann Rita Dr

City Brookfield State WI Zip Code 53045-4035

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

Name of Employer St. Luke's South Shore 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
09 / 19 / 2008

Transaction ID: SA11AI.30963

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 29
(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)
Layne Stephen Walter, Dr.
Mailing Address 801 Clarksville Ste C
City Paris State TX Zip Code 75460
FEC ID number of contributing federal political committee. **C**
Name of Employer Red River Valley Path Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 04 / 2008
Transaction ID: SA11AI.30870
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mark Wilke
Mailing Address 9909 S Shore Dr Ste 2A
City Plymouth State MN Zip Code 55441-5037
FEC ID number of contributing federal political committee. **C**
Name of Employer Twin Cities Dermatopathology Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.30904
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
S. Robert Zirl, Dr.
Mailing Address Dept of Pathology 605 Holderrieth
City Tomball State TX Zip Code 77375
FEC ID number of contributing federal political committee. **C**
Name of Employer Tejas Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.30902
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 6250.00
TOTAL This Period (last page this line number only) ► 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)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

FEC ID number of contributing federal political committee. **C** C00128876

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2008

Transaction ID: SA16.31029

Amount of Each Receipt this Period
 2000.00

Refund of Campaign Contributions

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31005 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="15.23"/>
	Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31006 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="2.90"/>
	Candidate Name BACHUS FOR CONGRESS COMMITTEE	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31008 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="213.25"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="231.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

<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	Transaction ID: SB21B.31009 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="2.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31010 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="8.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31011 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="14.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<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 23 / 29

<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 Bank Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31012 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2008
	Amount of Each Disbursement this Period 2.90
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 Bank Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31013 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2008
	Amount of Each Disbursement this Period 94.25

SUBTOTAL of Disbursements This Page (optional) ►

97.15

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

354.63

**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)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.30973
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Diana DeGette for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.30975
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.30976
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 RAHM EMANUEL	Transaction ID: SB23.30977
	Mailing Address P.O. Box 101124	Date of Disbursement 09 / 30 / 2008
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.30978
	Mailing Address 49 HUNTINGTON STREET	Date of Disbursement 09 / 30 / 2008
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS	Transaction ID: SB23.30979
	Mailing Address PO BOX 563	Date of Disbursement 09 / 30 / 2008
	City MERRIFIELD State VA Zip Code 22116	Amount of Each Disbursement this Period 2253.11
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7253.11
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.30980 Date of Disbursement: 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address c/o Susan O'Neal & Associates 5910 Gloucester Road</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08</p>	<p>Transaction ID: SB23.30983 Date of Disbursement: 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) OUR COMMON VALUES PAC</p> <p>Mailing Address 101 W. Grand Ave. Suite 200</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.30981 Date of Disbursement: 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Full Name (Last, First, Middle Initial)

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: SB23.30998

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

B. PETE STARK RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

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

State: CA District: 13

Transaction ID: SB23.30988

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement

Candidate Name

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

State: District:

Transaction ID: SB23.31000

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RED ROOSTER LEADERSHIP PAC</p> <p>Mailing Address P.O. BOX 368</p> <p>City FALLS CHURCH State VA Zip Code 22040</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.30989 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE</p> <p>Mailing Address 426 C STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 00</p>	<p>Transaction ID: SB23.30991 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS</p> <p>Mailing Address 217 THIRD STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 07</p>	<p>Transaction ID: SB23.30993 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	12000.00
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)

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<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) STIVERS FOR CONGRESS	Transaction ID: SB23.30995 Date of Disbursement
	Mailing Address 217 THIRD STREET, SE	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.30997 Date of Disbursement
	Mailing Address 10605 Concord Street Suite 202	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WOLVERINE PAC	Transaction ID: SB23.31003 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	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)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="47253.11"/>