

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 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 01 29 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	48316.18									
(c) Total Receipts (from Line 19)	55310.00	571005.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103626.18	707341.88								
7. Total Disbursements (from Line 31)	22859.22	626574.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80766.96	80766.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38885.00	438547.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	13925.00	126958.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52810.00	565505.00
(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)	52810.00	565505.00
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	2500.00	5500.00
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))	55310.00	571005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55310.00	571005.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	359.22	10689.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	359.22	10689.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	611749.09
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))..	22859.22	626574.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22859.22	626574.92

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	52810.00	565505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52810.00	565505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	359.22	10689.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	359.22	10689.42

**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 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) Louise Jeanne Ackerman, Dr.	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address 401 Palmetto St	Transaction ID: SA11AI.31925
	City State Zip Code New Smyrna Beach FL 32168-7399	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bert Fish Med Ctr 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) T. Richard Anderson, Dr.	Date of Receipt MM / DD / YYYY 12 / 24 / 2008
	Mailing Address Path Consultants of Port Huron 5158 Lakeshore Rd	Transaction ID: SA11AI.31900
	City State Zip Code Ft Gratiot MI 48059	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Port Huron Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) F. Dale Andres, Dr.	Date of Receipt MM / DD / YYYY 12 / 15 / 2008
	Mailing Address Department of Pathology 1000 4th Street SW	Transaction ID: SA11AI.31751
	City State Zip Code Mason City IA 50401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mercy Med Ctr-North Iowa 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)	1600.00
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 / 44
(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)
M Raja Bahu, Dr.

Mailing Address 440 Bracken Ln

City Northfield State IL Zip Code 60093-2901

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 29 / 2008
Transaction ID: SA11AI.31964
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
F. John Bambara, Dr.

Mailing Address P. O. Box 128
1133 College Ave.

City Manhattan State KS Zip Code 66505-0128

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

Name of Employer Peterson Clinical Laboratory Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 08 / 2008
Transaction ID: SA11AI.31724
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
W. Lyle Barksdale, Dr.

Mailing Address 500 W Leota
PO Box 1289

City North Platte State NE Zip Code 69101

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

Name of Employer Pathology Services, PC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 23 / 2008
Transaction ID: SA11AI.31885
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 44

(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. Neil Bavikatty, Dr.

Mailing Address 6527 Pine Knolls Dr

City State Zip Code
Traverse City MI 49686

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Munson Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2008

Transaction ID: SA11AI.31683

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Scott Christopher Bee, Dr.

Mailing Address 1412 Wimbledon Ct

City State Zip Code
Ft Collins CO 80524

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McKee Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 10 / 2008

Transaction ID: SA11AI.31730

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
W. Arthur Bracey, Dr.

Mailing Address Department of Pathology-P125E
6720 Bertner

City State Zip Code
Houston TX 77030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
St. Luke's Episcopal Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 29 / 2008

Transaction ID: SA11AI.31958

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44
(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)
B. Brett Cantrell, Dr.

Mailing Address Dept of Path
1 SHIRCLIFF WAY.

City Jacksonville State FL Zip Code 32204

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

Name of Employer St Vincent's Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: SA11AI.32016
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Aristides Pedro Carmona, Dr.

Mailing Address Pathology Department
951 North Washington Ave

City Titusville State FL Zip Code 32796-2194

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

Name of Employer Parrish Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 12 / 16 / 2008
Transaction ID: SA11AI.31767
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
K. Sharon Casey, Dr.

Mailing Address 16 Oak Forrest Cir

City Denton State TX Zip Code 76210-5550

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

Name of Employer Presbyterian Hosp of Denton Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: SA11AI.32012
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44
(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)
M Thomas Chesney, Dr.

Mailing Address 7550 Wolf River Blvd # 200

City State Zip Code
Germantown TN 38138-1745

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

Name of Employer Trumbull Laboratories, LLC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31908

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Pathology Department
12221 N. Mopac Expwy.

City State Zip Code
Austin TX 78758

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

Name of Employer North Austin Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.31946

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
C Carol Cooke-Dittmann, Dr.

Mailing Address Dept of Path
3401 W Gore Blvd

City State Zip Code
Lawton OK 73502

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

Name of Employer Comanche County Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.31932

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.		Date of Receipt	
	Mailing Address 501 20th St Ste G3		M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31762
	Knoxville	TN	37916-1890	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer Innovative Pathology Services		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2000.00		

B.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.		Date of Receipt	
	Mailing Address 5620 East El Parque Street		M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31927
	Long Beach	CA	90815-4129	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Centinela Hosp Med Ctr		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) P. James Craig, Dr.		Date of Receipt	
	Mailing Address Pathology Department 900 East Oak Hill Avenue		M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31737
	Knoxville	TN	37917	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer St. Mary's Health System		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		750.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
L. Jeffrey Craver, Dr.

Mailing Address Dept of Pathology
200 Portland St

City State Zip Code
Columbia MO 65201

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

Name of Employer Occupation
Boyce & Bynum Pathology Pathologist
Labs PC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.31921

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
S George Csathy, Dr.

Mailing Address 989 Quivera St.

City State Zip Code
Laguna Beach CA 92651

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

Name of Employer Occupation
US Labs Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.31718

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Patrawadee Duangjak

Mailing Address Department of Pathology
13207 Ravenna Road

City State Zip Code
Chardon OH 44024

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

Name of Employer Occupation
UHHS Geauga Regional Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.31924

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<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) S Barbara Ducatman, Dr.	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address Dept of Path Health Sciences Ctr North	Transaction ID: SA11AI.31962
	City Morgantown State WV Zip Code 26506-9203	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Virginia 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) Lawton Keith Duncan, Dr.	Date of Receipt MM / DD / YYYY 12 / 13 / 2008
	Mailing Address Department of Pathology 1783 El Camino Real	Transaction ID: SA11AI.31748
	City Burlingame State CA Zip Code 94010	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Peninsula Med Ctr 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) E. Randy Eckert	Date of Receipt MM / DD / YYYY 12 / 28 / 2008
	Mailing Address 6308 Northgrove Road	Transaction ID: SA11AI.31923
	City Austin State TX Zip Code 78731-3725	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Austin Med 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)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 44
(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)
J. David Eisenstein, Dr.

Mailing Address Department of Pathology
1 Medical Village Drive

City State Zip Code
Edgewood KY 41017

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

Name of Employer Occupation
St. Elizabeth Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: SA11AI.31743

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. Andrew Evanger, Dr.

Mailing Address Department of Pathology
1650 Cowles Street

City State Zip Code
Fairbanks AK 99701

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

Name of Employer Occupation
Fairbanks Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: SA11AI.31882

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
R Carl Evans, Dr.

Mailing Address 9600 Datapoint Dr

City State Zip Code
San Antonio TX 78229-2028

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

Name of Employer Occupation
Path Ref Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: SA11AI.31727

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44
(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)
Lee Cynthia Foss-Bowman, Dr.

Mailing Address CH20 Clinical Lab
27005 76th Ave

City State Zip Code
New Hyde Park NY 11040-1402

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

Name of Employer Long Island Jewish Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31942

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
B. Ray Franklin, Dr.

Mailing Address Department of Pathology
1414 S Orange Ave

City State Zip Code
Orlando FL 32806-2093

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

Name of Employer Orlando Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31947

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A. Robert Frazier, Dr.

Mailing Address 801 Boush St

City State Zip Code
Norfolk VA 23510

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

Name of Employer Dominion Pathology Laboratories Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11AI.31719

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 44
(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)
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd
Ste 101A

City State Zip Code
Lakeland FL 33801-5845

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.31784

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
E. Fred Gilbert, Dr.

Mailing Address 1 Pine Hollow Dr

City State Zip Code
Newnan GA 30263

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

Name of Employer Occupation
Newnan Hospital - West Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

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

Transaction ID: SA11AI.31873

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
P Steven Goetz, Dr.

Mailing Address Dept of Path
1000 Fourth St SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Med Ctr-North Iowa Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.31722

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 44
(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)
W. Herschel Gordon, Dr.

Mailing Address Ukiah Valley Med Ctr Lab
275 Hospital Dr

City State Zip Code
Ukiah CA 95482

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.31968

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
K. Gregory Haake, Dr.

Mailing Address 1000 E Primrose Ste 300

City State Zip Code
Springfield MO 65807-5178

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

Name of Employer Occupation
Pathology Services of Springfield Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32010

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
E Richard Halbert, Dr.

Mailing Address 1801 16th St # DEPART

City State Zip Code
Greeley CO 80631-5154

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

Name of Employer Occupation
North Colorado Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31983

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 / 44
(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. M. Elizabeth Hammond, Dr.

Mailing Address Dept of Pathology
8th Ave and C St

City State Zip Code
Salt Lake City UT 84143

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

Name of Employer Occupation
LDS Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2008

Transaction ID: SA11AI.31871

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
C. Randall Hastedt, Dr.

Mailing Address 8144 Linden Leaf Circle

City State Zip Code
Columbus OH 43235-4617

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

Name of Employer Occupation
Mount Carmel St. Ann's Ho-sp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Transaction ID: SA11AI.31726

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
E. James Haswell, Dr.

Mailing Address Dept of Pathology
130 Division Street

City State Zip Code
Derby CT 06418

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

Name of Employer Occupation
Griffin Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2008

Transaction ID: SA11AI.31937

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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 / 44

(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)
C. Teresa Hayes, Dr.

Mailing Address 7700 Floyd Curl Dr # LAB

City State Zip Code
San Antonio TX 78229-3902

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

Name of Employer Occupation
Southwest Texas Methodist Pathologist
Hosp

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

Date of Receipt

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

Transaction ID: SA11AI.31954

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lloyd Tommy Hewett, Dr.

Mailing Address 3000 United Founders Blvd Ste 234

City State Zip Code
Oklahoma City OK 73112-4290

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

Name of Employer Occupation
Ameripath Oklahoma Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31796

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Burnett John Holt, Dr.

Mailing Address Dept of Path and Lab Med
200 Hawthorne Ln

City State Zip Code
Charlotte NC 28233

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

Name of Employer Occupation
Presbyterian Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31684

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 44

(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)

Jose Orlando Icaza, Dr.

Mailing Address 1456 Williams St

City State Zip Code
Leesburg FL 34748-3824

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

Name of Employer Occupation
Leesburg Reg Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

L. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs
725 North Street

City State Zip Code
Pittsfield MA 01201

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

Name of Employer Occupation
Berkshire Health Systems Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.31773

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

O. Dervila Jonas, Dr.

Mailing Address 418 Mosby Dr. S.W.

City State Zip Code
Leesburg VA 20175

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

Name of Employer Occupation
Inova Loudoun 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
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.31741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
H Richard Knierim, Dr.
Mailing Address 1124 Columbia St Ste 200

City State Zip Code
Seattle WA 98104-2048

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

Name of Employer CellNetix Path & Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.31881

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Gapuz Atilano Lacson, Dr.
Mailing Address 801 6th St S

City State Zip Code
Saint Petersburg FL 33701-4899

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

Name of Employer All Children's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -100.00

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

Transaction ID: SA11AI.32056

Amount of Each Receipt this Period
-100.00

Refunded Contribution

C. Full Name (Last, First, Middle Initial)
D. George Leidel, Dr.
Mailing Address Department of Pathology
3600 S. Highlands Avenue

City State Zip Code
Sebring FL 33870-3331

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

Name of Employer Highlands Reg Med Ctr 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
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.31814

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 44
(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)
Edwin Leschhorn

Mailing Address Meridian Health System
Dept of Pathology

City State Zip Code
Red Bank NJ 07701-7701

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

Name of Employer Occupation
Riverview Medical Center Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.31987

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Edgar John Lewis, Dr.

Mailing Address 7412 Perfect Dr

City State Zip Code
Durant OK 74701-8449

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

Name of Employer Occupation
Texoma Pathology Associates Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.31887

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Marie Laura Lowther, Dr.

Mailing Address 1430 W. C St
P O Box 925

City State Zip Code
Russellville AR 72811-0925

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

Name of Employer Occupation
Pathology Services Lab, PA Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.31688

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 44
	<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) Luisa Marlene Magrini-Greyson, Dr.	Date of Receipt MM / DD / YYYY 12 / 11 / 2008
	Mailing Address Path Lab 1000 N Lee Ave	Transaction ID: SA11AI.31744
	City Oklahoma City State OK Zip Code 73102-1080	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Anthony Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) A. Paul Malek, Dr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2008
	Mailing Address Department of Pathology 3501 Johnson St	Transaction ID: SA11AI.31732
	City Hollywood State FL Zip Code 33021	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Memorial Regional Hosp 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) Louis Jonathan Myles, Dr.	Date of Receipt MM / DD / YYYY 12 / 26 / 2008
	Mailing Address Department Anatomic Pathology 9500 Euclid Avenue	Transaction ID: SA11AI.31918
	City Cleveland State OH Zip Code 44195-5138	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cleveland Clinic Foundati- on Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 44
(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)
S. Thomas Namiki, Dr.

Mailing Address Department of Pathology
1301 Punchbowl St

City Honolulu State HI Zip Code 96813

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

Name of Employer The Queens Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31749

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
G. John Newby, Dr.

Mailing Address Dept of Pathology
11110 Medical Campus Rd Ste 230

City Hagerstown State MD Zip Code 21742-6727

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

Name of Employer Washington County Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11AI.31898

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
E. Russell Newkirk, Dr.

Mailing Address Dept of Pathology
315 S Manning Blvd

City Albany State NY Zip Code 12208-1707

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

Name of Employer St Peter's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.31959

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 2850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

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

A.

Full Name (Last, First, Middle Initial)

J Lyle Noordhoek, Dr.

Mailing Address 207A E. 7th St.

City State Zip Code
Hays KS 67601

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

Name of Employer Occupation
Central Plains Laboratories LLC Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.31976

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)

J. Michael O'Brien, Dr.

Mailing Address Department of Pathology
774 Albany St

City State Zip Code
Boston MA 02118

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

Name of Employer Occupation
Boston Med Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.31774

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

N. Ronald Padgett, Dr.

Mailing Address PO Box 1089
419 E Prudhomme St

City State Zip Code
Opelousas LA 70571

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

Name of Employer Occupation
Pecot & Padgett APMC Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31826

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 44

(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dean C. Pappas, Dr.

Mailing Address Department of Pathology
170 Governors Ave

City State Zip Code
Medford MA 02155

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

Name of Employer Occupation
Lawrence 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
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.31721

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
E. Wayne Penka, Dr.

Mailing Address Department of Pathology
7500 Mercy Road

City State Zip Code
Omaha NE 68124

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

Name of Employer Occupation
Alegent Health Midlands Community Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: SA11AI.31697

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
C. Gary Ponto, Dr.

Mailing Address 344 S Patterson Ave Ste 207

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
Santa Barbara Pathology Lab Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31714

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 44
(check only one)

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

A.

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

Mailing Address Department of Pathology
350 N Wall Street

City State Zip Code
Kankakee IL 60901-2901

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

Name of Employer Occupation
Riverside Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11AI.31689

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L. Edward Proctor, Dr.

Mailing Address 10 Chapin Circle

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Grand Strand Reg Med Ctr 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
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31936

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Arundhati Rao

Mailing Address Department of Pathology
2401 S 31st Street

City State Zip Code
Temple TX 76508

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

Name of Employer Occupation
Scott and White 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 Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.31855

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 44

(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)
Carlos Luis Rey-Martinez, Dr.

Mailing Address Department of Pathology
2001 W 68th St

City State Zip Code
Hialeah FL 33016-1801

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

Name of Employer Occupation
Palmetto General 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 Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.31825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
G Victoria Reyes, Dr.

Mailing Address Dept of Pathology
365 Montauk Ave

City State Zip Code
New London CT 06320-4700

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

Name of Employer Occupation
Lawrence & Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.31817

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
E. William Roberts, Dr.

Mailing Address William E Roberts & Assoc
1240 Southampton Drive

City State Zip Code
Alexandria LA 71303

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

Name of Employer Occupation
Unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.32025

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 44
(check only one)

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

A. Full Name (Last, First, Middle Initial)
E. Ronald Rocha, Dr.

Mailing Address 3701 S Higuera St Ste 200

City San Luis Obispo State CA Zip Code 93401

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

Name of Employer Central Coast Pathology Consultants Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2008

Transaction ID: SA11AI.31704

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
A Thomas Roisum, Dr.

Mailing Address 6000 Hospital Dr

City Hannibal State MO Zip Code 63401

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

Name of Employer Hannibal Reg Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2008

Transaction ID: SA11AI.31861

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
R Mary Schwartz, Dr.

Mailing Address Dept of Path MS 205

City Houston State TX Zip Code 77030-2703

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

Name of Employer The Methodist Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2008

Transaction ID: SA11AI.31794

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 30 / 44
(check only one)

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<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)
Edward Louis Seibert, Dr.

Mailing Address 108 Buckhaven Court

City Hendersonville State TN Zip Code 37075

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

Name of Employer Sumner Regional Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 18 / 2008
Transaction ID: SA11AI.31839
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
S Gregory Severson, Dr.

Mailing Address 1907 S 182nd Circle

City Omaha State NE Zip Code 68130

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

Name of Employer Alegent Health Lakeside Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 19 / 2008
Transaction ID: SA11AI.31854
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
M. Kris Shekitka, Dr.

Mailing Address Department of Pathology
900 S Caton Ave

City Baltimore State MD Zip Code 21229

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

Name of Employer St Agnes Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 11 / 2008
Transaction ID: SA11AI.31742
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 44

(check only one)

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

A.

Full Name (Last, First, Middle Initial)
L. Howard Siegel, Dr.

Mailing Address Department of Pathology
6701 N. Charles St.

City State Zip Code
Baltimore MD 21204

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

Name of Employer Occupation
Greater Baltimore Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31720

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Perry Daniel Snower, Dr.

Mailing Address Laboratory
22101 Moross Road

City State Zip Code
Detroit MI 48236

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

Name of Employer Occupation
St. John Hosp and Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31696

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2483

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

Name of Employer Occupation
Ochsner Clinic Foundation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 44
(check only one)

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

A. Full Name (Last, First, Middle Initial)
G. Ronald Stockstill, Dr.
Mailing Address 11350 Glen Birnham

City State Zip Code
Eads TN 38028-6932

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

Name of Employer St Francis Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 26 / 2008
Transaction ID: SA11AI.31678
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
D. Jason Sutherland, Dr.
Mailing Address Laboratory
501 East Hampden

City State Zip Code
Englewood CO 80110

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

Name of Employer HealthOne Swedish Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2008
Transaction ID: SA11AI.32005
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Leah Kelley Taylor, Dr.
Mailing Address 1602 Hatcher Ln

City State Zip Code
Columbia TN 38401-4827

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

Name of Employer Pathology Corp of America Southeast Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 24 / 2008
Transaction ID: SA11AI.31902
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Propath Laboratory, Inc. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.31713

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. David Walker

Mailing Address Dept of Path
310 Sunnyview Ln

City State Zip Code
Kalispell MT 59901-3129

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

Name of Employer Kalispell Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31940

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lewis Leslie Walters, Dr.

Mailing Address 5604 Banister Ct

City State Zip Code
Plano TX 75093-4227

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

Name of Employer Medical City Dallas Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31872

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 44
(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)
Mayhew Richard Ward, Dr.

Mailing Address Pathology
2000 Neuse Blvd

City State Zip Code
New Bern NC 28560-3499

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

Name of Employer Occupation
Craven Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.31750

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
C. Richard Watson, Dr.

Mailing Address NuPath PC
525 E Grant St

City State Zip Code
Macomb IL 61455-3313

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

Name of Employer Occupation
McDonough District Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31819

Amount of Each Receipt this Period
500.00

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

Mailing Address Department of Pathology
5 Richland Medical Park Drive

City State Zip Code
Columbia SC 29203-6897

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

Name of Employer Occupation
Palmetto Hlth Richland Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31712

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 44
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
L. Thomas Williams, Dr.

Mailing Address Pathology Department
8303 Dodge Street

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Methodist Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2008

Transaction ID: SA11AI.31862

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
John Andrew Wilson, Dr.

Mailing Address 450 E Romie Ln

City State Zip Code
Salinas CA 93901-4098

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

Name of Employer Occupation
Salinas Valley Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2008

Transaction ID: SA11AI.31833

Amount of Each Receipt this Period
535.00

C. Full Name (Last, First, Middle Initial)
L. Sherry Woodhouse, Dr.

Mailing Address 1440 Coral Ridge Dr #296

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
Pathology Consultants of S Broward Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2008

Transaction ID: SA11AI.31768

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1335.00**

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 36 / 44
(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) Truman Edward Wright, Dr.		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address Pathology Department 915 Gordon Ave		Transaction ID: SA11AI.31998
City Thomasville	State GA	Zip Code 31792-6614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Archbold Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 1001 S George St		Transaction ID: SA11AI.31914
City York	State PA	Zip Code 17403-3676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer York Hosp	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) G. Kent Zimmerman, Dr.		Date of Receipt MM / DD / YYYY 12 / 22 / 2008
Mailing Address 2602 S. Gaucho		Transaction ID: SA11AI.31866
City Mesa	State AZ	Zip Code 85202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	38885.00

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

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

FOR LINE NUMBER: PAGE 37 / 44

(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"/> 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)
BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City State Zip Code
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. **C** C00364935

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	8

Transaction ID: SA16.32062

Amount of Each Receipt this Period

1000.00

Refund of Contribution/Vo-
id

B.

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

Mailing Address Post Office Box 1621

City State Zip Code
Columbia MO 65010

FEC ID number of contributing federal political committee. **C** C00295923

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: SA16.32055

Amount of Each Receipt this Period

1500.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

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.32047 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Amex Charge	<input type="text" value="34.80"/>
	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.32048 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="12"/> / <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 Amex Charge	<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) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32049 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="12"/> / <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 Amex Charge	<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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="40.60"/>
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)

<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.32050 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</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	1	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Service Charge for Dec.08	<table border="1"><tr><td>50.50</td></tr></table>	50.50																		
50.50																					
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32051 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</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	1	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Moneris Charge for Dec.08	<table border="1"><tr><td>217.37</td></tr></table>	217.37																		
217.37																					
	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.32052 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Amex Charge	<table border="1"><tr><td>15.95</td></tr></table>	15.95																		
15.95																					
	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)	<table border="1"><tr><td>283.82</td></tr></table>	283.82
283.82		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 40 / 44

<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.32053

Date of Disbursement

Mailing Address P.O. Box 85024

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		2	7		2	0	0	8

City Richmond State VA Zip Code 23285

Amount of Each Disbursement this Period

34.80

Purpose of Disbursement
Amex Charge

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

34.80

TOTAL This Period (last page this line number only)

359.22

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) CANTOR FOR CONGRESS	Transaction ID: SB23.32043
	Mailing Address P. O. Box 17813	Date of Disbursement 12 / 17 / 2008
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VA District: 07	

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALAN GRAYSON	Transaction ID: SB23.32027
	Mailing Address 8419 OAK PARK ROAD	Date of Disbursement 11 / 25 / 2008
	City ORLANDO State FL Zip Code 32819	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	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: FL District: 08	

C.	Full Name (Last, First, Middle Initial) DAKPAC	Transaction ID: SB23.32029
	Mailing Address 607 14TH STREET NW SUITE 800	Date of Disbursement 11 / 25 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	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:	

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)
KOSMAS FOR CONGRESS

Transaction ID: SB23.32030
Date of Disbursement

Mailing Address PO Box 1547

/ /

City State Zip Code
New Smyrna Beach FL 32170

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 24

B.

Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Transaction ID: SB23.32044
Date of Disbursement

Mailing Address PO BOX 100847

/ /

City State Zip Code
ANCHORAGE AK 99510

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AK District: 00

C.

Full Name (Last, First, Middle Initial)
MARTIN HEINRICH FOR CONGRESS

Transaction ID: SB23.32032
Date of Disbursement

Mailing Address 2118 CENTRAL AVENUE SE
#71

/ /

City State Zip Code
Albuquerque NM 87105

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NM District: 07

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARY'S PAC	Transaction ID: SB23.32042 Date of Disbursement 12 / 02 / 2008
	Mailing Address 1155 21ST STREET NW SUITE 300	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: SB23.32045 Date of Disbursement 12 / 17 / 2008
	Mailing Address P O B 13147	Amount of Each Disbursement this Period 1000.00
	City BALTIMORE State MD Zip Code 21203	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB23.32034 Date of Disbursement 11 / 25 / 2008
	Mailing Address PO BOX 226	Amount of Each Disbursement this Period 2500.00
	City BLOOMFIELD HILLS State MI Zip Code 48303	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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.</p> <p>Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS</p> <p>Mailing Address PO Box 17613</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District: 01</p>	<p>Transaction ID: SB23.32038</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District: 00</p>	<p>Transaction ID: SB23.32046</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMMITTEE</p> <p>Mailing Address 865 MACON ALLEY</p> <p>City COLUMBUS State OH Zip Code 43206</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 00</p>	<p>Transaction ID: SB23.32040</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

22500.00