FEC FORM 3X	AN	ID DIS	BURSE	CEIPTS MENTS ized Committ	ee	Ofi	ice Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILIN		Example:If typing over the lines	ı, type		
College of Americal	n Pathologists F	Political Action					
ADDRESS (number and	street)	350 I Street, N └──└──└──└ uite 590	W				
Check if different than previously reported. (ACC	ent L	/ashington					20005
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🖌	l	S	TATE 🛋	ZIPCODE 🔺
C00274944			3. IS TH REPC		NEW (N) OR	AMEN (A)	DED
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(Ni Year Only	orts: Report(Q1) 5 Report(Q3) 1 Report(YE) id-Year on-election	(d) 30-Da Post	Election rt for the:	(M3) M4) Primary (12F Convention (General (300	12C)	Aug 20 (Sep 20 (Oct 20 (General (12G) Special (12G)	Year Only) M9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE)) Runoff (12R)
5. Covering Period	03	01	2008	through	03		0 0 8
I certify that I have exam Type or Print Name of T		t and to the be Dr. Alfred Wra	•	dge and belief it is	true, correct a	nd complete.	
Signature of Treasurer	Electronically	y Filed by D	r. Alfred Wray C	ampbell	Da	ate 04	17 2008
NOTE : Submission of f	alse, erroneous	s, or incomplete	e information ma	y subject the pers	on signing this	Report to the per	alties of 2 U.S.C 437g.
Office Use Only						F	FEC FORM 3X (Rev. 12/2004)

Image#	28990856383
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6.

8.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name College of American Pathologists Political Action Committee MM D D Y W м м D D 03 01 2008 03 31 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 2008 136336.88 January 1 (b) Cash on Hand at 112025.01 Begining of Reporting Period 31285.00 57023.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 143310.01 193359.88 6(a) and 6(c) for Column B) 68939.45 118989.32 7. Total Disbursements (from Line 31) Cash on Hand at Close of **Reporting Period** 74370.56 74370.56 (subtract Line 7 from Line 6(d))

9. Debts and Obligations owed то the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

FE6AN026

Image# 28990856384

DETAILED SUMMARY PAGE OF RECEIPTS

Page 3

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name College of American Pathologists Political Action Committee

Repo	ort Covering the Period: From: 03^{M}		-o: 03 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Co (a	ontributions (other than loans) From:) Individuals/Persons Other		·
	Than Political Committees (i) Itemized (use Schedule A)	25600.00	42900.00
	(ii) Unitemized	5685.00	14123.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	31285.00	57023.00
(b) Political Party Committees	0.00	0.00
(c (d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ►	31285.00	57023.00
	ansfers From Affiliated/Other arty Committees	0.00	0.00
13. Al	I Loans Received	0.00	0.00
	an Repayments Received	0.00	0.00
(C	tefunds, Rebates, etc.) earry Totals to Line 37, page 5)	0.00	0.00
	Federal candidates and Other litical Committees	0.00	0.00
	ther Federal Receipts lividends, Interest, etc.)	0.00	0.00
-	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(t	b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	31285.00	57023.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	31285.00	57023.00

Image# 28990856385

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 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	349.45	489.32
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	349.45	489.32
2. Transfers to Affiliated/Other Party		
Committees 3. Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	68590.00	118090.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
5. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:	0.00	0.00
(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	0.00	0.00
(add Lines 28(a), (b), and (c)) 🕨		
9. Other Disbursements	0.00	410.00
 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	0.00	0.00
With Federal Funds (c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,	00000 45	110000 00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68939.45	118989.32
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	68939.45	118989.32
,		

Image# 28990856386

DETAILED SUMMARY PAGE

	III. Net Contributions/Operating	COLUMN A	COLUMN B	
	Expenditures	Total This Period	Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	31285.00	57023.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	31285.00	57023.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	349.45	489.32	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	349.45	489.32	

FE6AN026

or for commercial purposes, other than usin		
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per- ig the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) E James Beecham, Dr.		Date of Receipt
Mailing Address 1101 N Rainbow E Apt 39	Blvd	03 21 2008
City	State Zip Code	Transaction ID: SA11AI.28750
Las Vegas	NV 89108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Laboratory Medicine Consu-	Occupation Pathologist	
Itants, Ltd Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) P. Sanford Benjamin, Dr.		Date of Receipt
Mailing Address 6709 Honors Ct.		M M / D D / Y Y Y Y Y 03 28 2008
City	State Zip Code	Transaction ID: SA11AI.28781
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Carolinas Med Ctr-Mercy	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr.		Date of Receipt
Mailing Address 5101 S Willow Sp	rings Rd	03 / ^D D / ^Y Y Y Y Y 28 2008
City	State Zip Code	Transaction ID: SA11AI.28790
LaGrange	IL 60525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer LaGrange Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	l nal)	1250.00

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 30 (check only one)
I	TEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	tical Action	Committee	
A.	Full Name (Last, First, Middle Initial) P. Grant Carmichael, Dr.	Date of Receipt		
	Mailing Address 625 West Olive Avenu	le		M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.28794
	Merced	CA	95348-2419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Merced Pathology Med Grou-	Occupation Patholog		
	<u>p.Inc</u> Receipt For:	- I	te Year-to-Date 🔻	—
	Primary General	riggiogali		1
	Other (specify) ▼	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) W. David Couch			Date of Receipt
	Mailing Address Dept of Path 350 N Wilmot Rd			M M / D D / Y Y Y Y Y 03 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.28782
	Tucson	AZ	85711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carondelet St Joseph's Ho-	Occupatio		
	sp	Patholog	•	
	Receipt For:	Aggregate	te Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	500.00]
– C.	Full Name (Last, First, Middle Initial) L Dewey Dean, Dr.	1		Date of Receipt
	Mailing Address Dept of Path 803 Poplar St			M M / D D / Y Y Y Y 03 21 2008
	City	State	Zip Code	Transaction ID: SA11AI.28753
	Murray	KY	42071-2467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Murray Calloway County Ho- sp	Occupation Patholog		
	Receipt For:	- I	te Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
Γ		1		1050.00
┝	SUBTOTAL of Receipts This Page (optional)			
	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 / 30 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 rson for the purpose of soliciting contributions 17
	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 Politi	cal Action Committee	
Α.	Full Name (Last, First, Middle Initial) Gregorio Daniel Deana, Dr.		Date of Receipt
	Mailing Address 760 Airport Rd		M M / D D / Y Y Y Y 03 26 2008
	City	State Zip Code	Transaction ID: SA11AI.28777
	Panama City	FL 32405-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Bay Pathology Associates	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.		Date of Receipt
	Mailing Address Department of Patholog 1783 El Camino Real	у	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.28756
	Burlingame	CA 94010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Peninsula Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Almond Robert Fouty, Dr.		Date of Receipt
-	Mailing Address 24217 96th Place SW		03 28 2008
	City	State Zip Code	Transaction ID: SA11AI.28793
	Vashon	WA 98070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Med Lab Assoc	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
	SUBTOTAL of Receipts This Page (optional)		1750.00
	TOTAL This Period (last page this line number of	nly)	•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/30 (check only one) 11a X 11a
[Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
A.	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
	Full Name (Last, First, Middle Initial) S. Robert Freedman	Date of Receipt	
	Mailing Address Department of Patholo 815 Pollard Rd	M M / D D / Y Y Y Y 03 21 2008	
	City	State Zip Code	Transaction ID: SA11AI.28751
	Los Gatos FEC ID number of contributing federal political committee.	CA 95032	Amount of Each Receipt this Period
	Name of Employer Los Gatos Community Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) C. Richard Friedberg, Dr.		Date of Receipt
	Mailing Address Chairman, Dept of Pat 759 Chestnut St		03 / D D / Y Y Y Y 005 / 2008
	City Sprinafield	State Zip Code MA 01199	Transaction ID: SA11AI.28731 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Baystate Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 1000.00]
- C.	Full Name (Last, First, Middle Initial) M Vito Gulli, Dr.		Date of Receipt
	Mailing Address 1 Channel Dr Unit 121	3	M M / D D / Y Y Y Y 03 21 2008
	City	State Zip Code	Transaction ID: SA11AI.28769
	Monmouth Beach FEC ID number of contributing federal political committee.	NJ 07750	Amount of Each Receipt this Period
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)	•	3000.00
	TOTAL This Period (last page this line number	only)	

[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE $10/30$ (check only one) X 11a 11b 11c 12 13 14 15 16 17 erson for the purpose of soliciting contributions
	 Any information copied norm such reports and v or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) 		
	College of American Pathologists Pol		
Α.	Full Name (Last, First, Middle Initial) J Cameron Hall	Date of Receipt	
	Mailing Address 6046 Knight Arnold R Suite 101		03 / 10 / Y Y Y Y 2008
	City	State Zip Code	Transaction ID: SA11AI.28733
	Memphis	TN 38115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Trumbull Laboratories, LLC	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	 Primary General Other (specify) ▼ 	500.00	
- В.	Full Name (Last, First, Middle Initial) E. Marshall Hamilton, Dr.		Date of Receipt
	Mailing Address 1302 S Cypress		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.28770
	Brady	TX 76825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
- C.	Full Name (Last, First, Middle Initial) D. Jeff Harvell, Dr.		Date of Receipt
	Mailing Address Bethesda Dermatopat 1730 Elton Road		M M / D D Y
	City City	State Zip Code	Transaction ID: SA11AI.28780
	Silver Spring	MD 20903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer unaffiliated	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	•	1000.00
ŀ	TOTAL This Period (last page this line number		•

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X 11a 11b 11c 12
Г			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	tical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr.			Date of Receipt
	Mailing Address 7941 Katy Freeway #530			M M / D D / Y Y Y Y 03 20 2008
	City	State	Zip Code	Transaction ID: SA11AI.28741
	Houston	TX	77024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
- B.	Full Name (Last, First, Middle Initial) Charles Patrick Kippenbrock, Dr.			Date of Receipt
	Mailing Address 2015 Jackson Street			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.28804
	Anderson	IN	46016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Health System	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	250.00	
- C.	Full Name (Last, First, Middle Initial) Doug Knapman	I		Date of Receipt
	Mailing Address 325 Waukegan Rd			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.28739
	Northfield	IL	60093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer College of American Path.	Occupation Employe		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		1000.00
╞	TOTAL This Period (last page this line number			
L	INTE THIS I ENDU (IASI PAYE ITIS IITE TUTIDE	(iny)	·····	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/30 (check only one) 11c 12 X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any person g the name and address of any political committee to s	13 14 15 16 17 for the purpose of soliciting contributions colicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	5 71	
Full Name (Last, First, Middle Initial) Z Katalin Kovacs, Dr.		Date of Receipt
Mailing Address Dept of Path 2201 Lexington Av	/e	M M / D D / Y Y Y Y 03 21 2008
City	State Zip Code	Transaction ID: SA11AI.28749
Ashland FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Kings Daughters Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) H. Cynthia Krueger, Dr.	I	Date of Receipt
Mailing Address 1434 Argyle Cresc		03 / D D / Y Y Y Y 03 / 10 / 2008
City App Arbor	State Zip Code	Transaction ID: SA11AI.28734
Ann Arbor FEC ID number of contributing federal political committee.	MI 48103-2503	Amount of Each Receipt this Period
Name of Employer Univ of Michigan Med Ctr	Occupation Pathologist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. George Leidel, Dr.	1	Date of Receipt
Mailing Address Department of Pat 3600 S. Highlands	Avenue	M M / D D / Y Y Y Y 03 13 2008
City Sebring	State Zip Code FL 33870-3331	Transaction ID: SA11AI.28736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Highlands Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	ial)	1250.00
TOTAL This Period (last page this line nur	nber only)	

	EDULE A (FEC Form 3X) ZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any info or for co	rmation copied from such Reports and Sta mmercial purposes, other than using the n	tements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions
	E OF COMMITTEE (In Full) ege of American Pathologists Politic	cal Action Committee	
	Name (Last, First, Middle Initial) s Darrell Lester, Dr.		Date of Receipt
Mailir	ng Address 1000 Aldrich Rd		M M / D D / Y
City	ala	State Zip Code	Transaction ID: SA11AI.28799
	ID number of contributing ral political committee.	NE 68510	Amount of Each Receipt this Period 500.00
Name Path	e of Employer ology Med Svcs PC	Occupation Pathologist	-
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
B. <u>A.</u> Jo	Name (Last, First, Middle Initial) e Lewis, Dr. ng Address Lab		Date of Receipt
City	600 Elizabeth St	State Zip Code	03 28 2008
•	ous Christi	TX 78404	Transaction ID: SA11AI.28783 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
Name Chris	e of Employer stus Spohn Hosp	Occupation Pathologist	-
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Name (Last, First, Middle Initial) n Moriarty, Dr.		Date of Receipt
Mailir	ng Address 2560 N Shadeland Ave	Ste A	M M / D D / Y Y Y Y 03 14 2008
City		State Zip Code	Transaction ID: SA11AI.28738
	anapolis ID number of contributing	IN 46219	Amount of Each Receipt this Period
	ral political committee.		500.00
Name	e of Employer riPath Indiana	Occupation Pathologist	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
SUBTO	DTAL of Receipts This Page (optional)		1250.00
TOTAL	. This Period (last page this line number or	nly)	

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 30 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Suttitudiy Faye	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Pol	itical Action	Committee	
۲.	Full Name (Last, First, Middle Initial) P. David Nicholson, Dr.			Date of Receipt
	Mailing Address 2201 Dupont Drive			M M / D D / Y Y Y Y 03 / 28 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.28803
	Pensacola	FL	32503-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Santa Rosa Med Ctr	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
- 3.	Full Name (Last, First, Middle Initial) R. Jonathan Oppenheimer, Dr.	I		Date of Receipt
	Mailing Address PO Box 58190			M · M / D · D / Y · Y · Y · Y Y 0 3 2 1 2 0 0 8 2 1 <t< td=""></t<>
	City	State	Zip Code	Transaction ID: SA11AI.28755
	Nashville	TN	37205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Our Lab	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2000.00]
-	Full Name (Last, First, Middle Initial) P. Laurence Parmer, Dr.			Date of Receipt
	Mailing Address Fairway Court Apt 831	D		M M / D D / Y Y Y Y 03 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.28815
	Lakewood	NJ	08701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	1		2550.00
┢			•	
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/30 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ig the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) P. Peter Patterson, Dr.		Date of Receipt
Mailing Address 16384 W Glacier	Ct	M M / D / Y
City	State Zip Code	Transaction ID: SA11AI.28816
Surprise FEC ID number of contributing	AZ 85387	Amount of Each Receipt this Period
federal political committee.		
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) L. Edward Proctor, Dr.		Date of Receipt
Mailing Address 10 Chapin Circle		03 21 Y Y Y Y 03 21 2008
City	State Zip Code	Transaction ID: SA11AI.28747
Myrtle Beach	SC 29572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Grand Strand Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Elizabeth Kathleen Puca, Dr.		Date of Receipt
Mailing Address PO Box 2178		03 / D D / Y Y Y Y 03 21 2008
City	State Zip Code	Transaction ID: SA11AI.28743
Milwaukee FEC ID number of contributing	WI 53201-2178	Amount of Each Receipt this Period
federal political committee.		500.00
Name of Employer Blood Ctr of Wisconsin	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00
TOTAL This Deviad (last many this line out	mber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) 11a X 11a 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perso re name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee	
. Z	Full Name (Last, First, Middle Initial) L. Mark Pudwill, Dr.		Date of Receipt
	Mailing Address Dept of Path 1500 SW 10Th Ave		M M / D D / Y Y Y Y 03 21 2008
	City	State Zip Code	Transaction ID: SA11AI.28760
	Topeka FEC ID number of contributing federal political committee.	KS 66604-1301	Amount of Each Receipt this Period 500.00
	Name of Employer St Francis Hith Ctr	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
_	Full Name (Last, First, Middle Initial) C. James Quigley, Dr. Mailing Address Department of Patho		Date of Receipt
	PO Box 2923		03 04 2008
	City Shawnee Mission	State Zip Code KS 66201	Transaction ID: SA11AI.28730 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Shawnee Mission Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mick Raich		Date of Receipt
	Mailing Address 5151 Rau Road		M M / D D / Y Y Y Y 03 21 2008
	City	State Zip Code	Transaction ID: SA11AI.28765
	Palmyra FEC ID number of contributing federal political committee.	MI 49268	Amount of Each Receipt this Period 2500.00
	Name of Employer Vachette Pathology	Occupation Unknown	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	3500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/30 (check only one) 11a X 11a 11b I3 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee	
لا A.	, Full Name (Last, First, Middle Initial) G Denise Ross, Dr.		Date of Receipt
	Mailing Address 1404 Blue Heron Rd		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.28737
	Virginia Beach	VA 23454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Sentara Virginia Beach Ho- sp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
– В.	Full Name (Last, First, Middle Initial) Lee Scott Sargent, Dr.		Date of Receipt
	Mailing Address 5292 Newell Cir		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: SA11AI.28817
	Kettering	OH 45440-2807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
– C.	Full Name (Last, First, Middle Initial) J. Stephen Schultenover, Dr.	1	Date of Receipt
	Mailing Address Nashville Campus P&LMS 113		M · M / D · D Y Y · Y · Y Y 03 28 2008
	City	State Zip Code	Transaction ID: SA11AI.28811
	Nashville	TN 37212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer VA Med Ctr-Nashville	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	\ 	1000.00
╞	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/30
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	itical Action (Committee	
<i>А</i> .	Full Name (Last, First, Middle Initial) R. Mary Schwartz, Dr.			Date of Receipt
	Mailing Address Department of Patholo 6565 Fannin, MS-205	ogy		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.28762
	Houston	ТХ	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer The Methodist Hosp	Occupation Patholog		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	1000.00]
В.	Full Name (Last, First, Middle Initial) Gino Cosimo Sciotto, Dr.			Date of Receipt
	Mailing Address Dept of Path 2222 N Nevada Ave			M M / D D / Y Y Y Y Y 03 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.28800
	Colorado Springs	CO	80907-6822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Penrose-St. Francis Hlthc- are Sys	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 		250.00]
с.	Full Name (Last, First, Middle Initial) Travis Elton Smith, Dr.	I		Date of Receipt
	Mailing Address 1101 Veramonte Dr			M M / D D / Y Y Y Y Y 0 3 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.28745
	Matthews	NC	28104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Carolinas Pathology Group	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 		1000.00]
	SUBTOTAL of Receipts This Page (optional)	1		2250.00
	TOTAL This Period (last page this line number			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (check only one) X X 11a 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	College of American Pathologists Po	olitical Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) G Dean Taylor, Dr.		Date of Receipt
	Mailing Address 5301 Virginia Way Suite 320		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.28779
	Brentwood FEC ID number of contributing federal political committee.	TN 37027	Amount of Each Receipt this Period
	Name of Employer Associated Pathologists, PLC	Occupation Pathologist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
– B.	Full Name (Last, First, Middle Initial) A. Dugald Taylor, Dr. Mailing Address 700 NW Hunter Dr		Date of Receipt
	City	State Zip Code	0 3 2 8 2 0 0 8 Transaction ID: SA11AI.28792
	Blue Springs	MO 64015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Litton Pathology Associat- es	Occupation Pathologist	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00	
-	Full Name (Last, First, Middle Initial) A Leonard Valentino, Dr. Mailing Address 105A Cooper Ct		Date of Receipt
	City	State Zip Code	0 3 2 1 2 0 0 8 Transaction ID: SA11AI.28742
	Los Gatos	CA 95032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Associated Path Med Group, Inc	Occupation Pathologist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 250.00	
Γ			1500.00

	HEDULE A (FEC Form 3) MIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one) 11a 11b 11c 12 13 14 15 16 1
or for	commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	AME OF COMMITTEE (In Full) ollege of American Pathologists F	Political Action Committee	
E	ull Name (Last, First, Middle Initial) Kryder Van Buskirk, Dr.		Date of Receipt
Ma	ailing Address PO Box 1766		03 21 2008
Ci	ity	State Zip Code	Transaction ID: SA11AI.28746
<u>D</u>	anville	KY 40423	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	500.00
Na Er Ci	ame of Employer phraim McDowell Reg Med tr	Occupation Pathologist	
Re	eceipt For: Primary General	Aggregate Year-to-Date ▼	
-	Other (specify)	500.00	
E	ull Name (Last, First, Middle Initial) Laura Van Newkirk, Dr.		Date of Receipt
Ma	ailing Address 2738 E 51st St Ste	290	03 / D D / Y Y Y Y 03 21 2008
Ci	ity	State Zip Code	Transaction ID: SA11AI.28763
<u></u>	ulsa	OK 74105-6271	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	1000.00
1	ame of Employer ulsa Medical Laboratory	Occupation Pathologist	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
	ull Name (Last, First, Middle Initial) eresa Librada Vazquez, Dr.		Date of Receipt
	ailing Address Dept of Path 8701 Broadway Ave		M M / D D / Y Y Y Y 03 21 2008
Ci	ity Ierrillville	State Zip Code IN 46410	Transaction ID: SA11AI.28752 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	500.00
Na M	ame of Employer ethodist Hosp	Occupation Pathologist	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	TOTAL of Receipts This Page (optiona	I)	2000.00
I SUB			

Information copied from such Reports and Stater r commercial purposes, other than using the nam IAME OF COMMITTEE (In Full) College of American Pathologists Political Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond Purpose of Disbursement Bank Charges Candidate Name Office Sought: House District: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond Purpose of Disbursement Bank Charges Candidate Name Office Sought: House District: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond Purpose of Disbursement Bank Charges Candidate Name Office Sought: House Disburs Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement Candidate Name Disbursement City Richmond Purpose of Disbursement Candidate Name Disbursement Candidate Name Disbursement City Richmond Purpose of Disbursement City Richmond Purpose of D		FOR LINE NUMBER: PAGE 21/30									
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	only one) 22 23 24 25 2 28a 28b 28c 29									
ny Information copied from such Reports and State r for commercial purposes, other than using the nan											
NAME OF COMMITTEE (In Full) College of American Pathologists Politica	Action Committee										
Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB21B.28914 Date of Disbursement									
Mailing Address PO Box 85024		03 ^M / ^D 20 [/] ^Y 2008 ^Y									
City Richmond	State Zip Code VA 23285-5024	Amount of Each Disbursement this Period									
Purpose of Disbursement Bank Charges Candidate Name	Category/	63.30									
Senate President	ement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB21B.28915 Date of Disbursement									
Mailing Address PO Box 85024		$\begin{array}{c c} M & M \\ 0 & 3 \\ \end{array} \begin{array}{c} ' \\ 2 & 4 \\ \end{array} \begin{array}{c} D \\ 2 & 4 \\ \end{array} \begin{array}{c} ' \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} $									
City Richmond	State Zip Code VA 23285-5024	Amount of Each Disbursement this Period									
Purpose of Disbursement Bank Charges	Category/	205.90									
Senate President	Type Type Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial) Sun Trust Bank		Transaction ID: SB21B.28917 Date of Disbursement									
Mailing Address PO Box 85024		03 ^M /29 ^J /2008 ^Y									
City Richmond	State Zip Code VA 23285-5024	Amount of Each Disbursement this Period									
Purpose of Disbursement Bank Charges		5.80									
Office Sought: House Disburs Senate President	Category/ Type ement For: Primary General Other (specify) ▼										
State: District:											
SUBTOTAL of Disbursements This Page (optional)		275.00									

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	-	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political	d by any person f	or the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.28830
Mailing Address 38 Ivy Street, SE			Date of Disbursement $\begin{array}{c} M & M \\ \hline 0 & 3 \end{array} \begin{array}{c} / & D \\ \hline 1 & 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y $
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/	
ALLYSON Y SCHWARTZ Office Sought: X House Dis Senate President State: PA District: 13	bursement For: 2008 X Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.28835 Date of Disbursement
Mailing Address PO BOX 1527			
City ANNAPOLIS Purpose of Disbursement	MD 21404		Amount of Each Disbursement this Period 2500.00
Candidate Name ANDREW P HARRIS		Category/ Type	
Office Sought: X House Dis Senate President State: MD District: 01	bursement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS COMM	ITTEE		Transaction ID: SB23.28838 Date of Disbursement
Mailing Address PO Box 2000 PO BOX 2000			
City Abingdon	State Zip Code VA 24212		Amount of Each Disbursement this Period
Purpose of Disbursement	ZED DISBURSEMENTS Dise separate all billoutings) by a separate solution (1) Detailed Summary Page Check only one) 27 23 23 24 25 mation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions merical purposes, other than using the name and address of any political contributions from such committee 23 23 24 23 23 23 24 23 23 24 23 23 23 24 23 23 23 23 23 23 24 23 23 24 23 23 24 23 23 24 23 23 24 23 23 24 23 24 23 23 24 23 23 24 23 23 24 23 23 24 23 23 24 23 <t< td=""><td></td></t<>		
FREDERICK C BOUCHER			
Senate President	Primary X General		
SUBTOTAL of Disbursements This Page (optic	onal)	>	4500.00
TOTAL This Period (last page this line number	only)		

FE6AN026

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 25 28a 28b 28c 29 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR			Transaction ID: SB23.28822 Date of Disbursement
Mailing Address PO BOX 1096			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$
City BANGOR	State Zip Code ME 04402		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name SUSAN M COLLINS		Category/ Type	
X Senate President	ement For: 2008 Primary X General Other (specify) ▼		
State: ME District: 00			
Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS			Transaction ID: SB23.28902 Date of Disbursement
Mailing Address P.O. Box 41964		$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 5 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$	
City Houston	StateZip CodeTX77241		Amount of Each Disbursement this Perio
Purpose of Disbursement		· · ·	2000.00
Candidate Name JOHN CULBERSON		Category/ Type	
Office Sought: X House Disburs Senate President State: TX District: 07	ement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008			Transaction ID: SB23.28850 Date of Disbursement
Mailing Address P.O. Box 423 5915 EASTMAN AVE. 5			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{pmatrix}$
City MIDLAND	State Zip Code MI 48640		Amount of Each Disbursement this Perio
Purpose of Disbursement			2500.00
Candidate Name DAVID LEE CAMP		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify) ▼		
State: MI District: 04			5500.00
SUBTOTAL of Disbursements This Page (optional)			5500.00
TOTAL This Period (last page this line number only E6AN026			FEC Schedule B (Form 3X) (Revised

SCHEDULE B (FEC	-		arate schedule(s)			OR LINE heck onl		ER:			P	AGE	24 / 3	30
TEMIZED DISBURS	EMENTS		category of the Summary Page			21b 27	22 28a	X	23 28b	F	24 28c	F	25 29	
Any Information copied from suc or for commercial purposes, oth NAME OF COMMITTEE (In College of American Pa	er than using the r Full)	name and addre	ss of any political											;
Full Name (Last, First, Middl DAVID DAVIS VICTOR	,								isburs	er			-	Y
	inceton Profes inceton Road	sional Bldg					0 3			1 7	7	2	οòε	}
City Johnson City		State TN	Zip Code 37601				Amo	unt c	of Each	n E	Disburs	-		
Purpose of Disbursement												1	000.0	0
Candidate Name DAVID DAVIS					ate Ty	gory/ ce								
Office Sought: X Hous Sena Presi State: TN District:	te dent	Ursement For: Primary Other (spe	2008 X General ecify) ▼											
Full Name (Last, First, Middl DCCC BUILDING FUND	,						-		-		SB23.2	884	6	
		reet SE					Date	-	isburs	ier 1		Y 2	ο ό ε	У }
City Washington		State DC	Zip Code 20003				Amo	unt c	of Each	n E	Disburs		-	
Purpose of Disbursement						-						5	000.0	0
Candidate Name CHRIS VAN HOLLEN					ate Ty	gory/ pe								
Office Sought: X Hous Sena Presi State: MD District:	te dent	Primary Other (spe	2008 X General ecify) ▼											
Full Name (Last, First, Middl DCCC BUILDING FUNE	,								ion ID isburs		SB23.2 nent	890	4	
Mailing Address 430 Se	outh Capitol St	reet, SE					^м 3	М	/ 2	2 !	5 /	Ý 2	ÓOÓ	} ^Y
City Washington		State DC	Zip Code 20003				Amo	unt c	of Each	n E	Disburs	emer	it this I	Perio
Purpose of Disbursement					0	*						10	000.0	0
Candidate Name CHRIS VAN HOLLEN					ate Ty	gory/ ce								
Office Sought: X Hous Sena Presi State: MD District:	te dent	Primary Other (spe	2008 X General ecify) ▼											
SUBTOTAL of Disbursements		nal)				►						160	0.00	0
TOTAL This Period (last page	this line number of	only)				•								
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SCHEDULE B (FEC	-	Use sep	arate schedule(s)			OR LINE	-		R:			F	PAGI	E 25/	30	
ITEMIZED DISBURS	SEMENTS	for each	category of the Summary Page			21b 27	_ :	e) 22 28a	X	23 28b	F	24 28	. F	25 29	F	23
Any Information copied from su or for commercial purposes, oth	ner than using th															
NAME OF COMMITTEE (I College of American Pa	,	litical Action Co	ommittee													
Full Name (Last, First, Mide ELIZABETH DOLE CC	,	0						Date		isbur	ser				V	1
Mailing Address PO B	OX 2918							0 3			1	7		²́0Ŏ	8 '	
City RALEIGH		State NC	Zip Code 27602				4	Amou	nt o	f Eac	h [Disbur		ent this	-	iod
Purpose of Disbursement				Γ										1000.	00	
Candidate Name ELIZABETH DOLE					ate Ty	gory/ pe										
Office Sought: Hou X Sen Pres State: NC District	ate sident	sbursement For: X Primary Other (spe	2008 General ecify) ▼													
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