

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 03 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Alfred Wray Campbell
Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 04 17 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

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	112025.01									
(c) Total Receipts (from Line 19)	31285.00	57023.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143310.01	193359.88								
7. Total Disbursements (from Line 31)	68939.45	118989.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74370.56	74370.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

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	25600.00	42900.00
(i) Itemized (use Schedule A)	5685.00	14123.00
(ii) Unitemized	31285.00	57023.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	31285.00	57023.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31285.00	57023.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31285.00	57023.00

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.....	349.45	489.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	349.45	489.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68590.00	118090.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	410.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	68939.45	118989.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68939.45	118989.32

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	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

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

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

FOR LINE NUMBER: PAGE 6 / 30
(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)
E James Beecham, Dr.

Mailing Address 1101 N Rainbow Blvd
Apt 39

City State Zip Code
Las Vegas NV 89108

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

Name of Employer Laboratory Medicine Consultants, Ltd Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: SA11AI.28750

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
P. Sanford Benjamin, Dr.

Mailing Address 6709 Honors Ct.

City State Zip Code
Charlotte NC 28210

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

Name of Employer Carolinas Med Ctr-Mercy Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11AI.28781

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
P. Eleni Boutsos, Dr.

Mailing Address 5101 S Willow Springs Rd

City State Zip Code
LaGrange IL 60525

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

Name of Employer LaGrange Memorial Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11AI.28790

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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) P. Grant Carmichael, Dr.		Date of Receipt																					
	Mailing Address 625 West Olive Avenue		<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>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	8		2	0	0	8														
	City State Zip Code Merced CA 95348-2419		Transaction ID: SA11AI.28794																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Merced Pathology Med Group, Inc.		Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

B.	Full Name (Last, First, Middle Initial) W. David Couch		Date of Receipt																					
	Mailing Address Dept of Path 350 N Wilmot Rd		<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>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	8		2	0	0	8														
	City State Zip Code Tucson AZ 85711		Transaction ID: SA11AI.28782																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Carondelet St Joseph's 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) L Dewey Dean, Dr.		Date of Receipt																					
	Mailing Address Dept of Path 803 Poplar St		<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>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	1		2	0	0	8														
	City State Zip Code Murray KY 42071-2467		Transaction ID: SA11AI.28753																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Murray Calloway County Hosp		Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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) Gregorio Daniel Deana, Dr.		Date of Receipt
	Mailing Address 760 Airport Rd		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Panama City	FL	32405-4003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28777
Name of Employer Bay Pathology Associates		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.		Date of Receipt
	Mailing Address Department of Pathology 1783 El Camino Real		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Burlingame	CA	94010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28756
Name of Employer Peninsula Med Ctr		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Almond Robert Fouty, Dr.		Date of Receipt
	Mailing Address 24217 96th Place SW		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Vashon	WA	98070
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.28793
Name of Employer Med Lab Assoc		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
S. Robert Freedman

Mailing Address Department of Pathology
815 Pollard Rd

City State Zip Code
Los Gatos CA 95032

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

Name of Employer Occupation
Los Gatos Community Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: SA11AI.28751

Amount of Each Receipt this Period
1000.00

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

Mailing Address Chairman, Dept of Pathology
759 Chestnut St

City State Zip Code
Springfield MA 01199

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

Name of Employer Occupation
Baystate Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2008

Transaction ID: SA11AI.28731

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
M Vito Gulli, Dr.

Mailing Address 1 Channel Dr Unit 1213

City State Zip Code
Monmouth Beach NJ 07750

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2008

Transaction ID: SA11AI.28769

Amount of Each Receipt this Period
1000.00

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 10 / 30
(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 Cameron Hall

Mailing Address 6046 Knight Arnold Rd
Suite 101

City Memphis State TN Zip Code 38115

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 03 / 10 / 2008

Transaction ID: SA11AI.28733

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
E. Marshall Hamilton, Dr.

Mailing Address 1302 S Cypress

City Brady State TX Zip Code 76825

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 ▼ 250.00

Date of Receipt 03 / 21 / 2008

Transaction ID: SA11AI.28770

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
D. Jeff Harvell, Dr.

Mailing Address Bethesda Dermatopathology
1730 Elton Road

City Silver Spring State MD Zip Code 20903

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 ▼ 250.00

Date of Receipt 03 / 28 / 2008

Transaction ID: SA11AI.28780

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 11 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) 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 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) Charles Patrick Kippenbrock, Dr.		Date of Receipt	
	Mailing Address 2015 Jackson Street		M M / D D / Y Y Y Y 03 / 28 / 2008	
	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 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) Doug Knapman		Date of Receipt	
	Mailing Address 325 Waukegan Rd		M M / D D / Y Y Y Y 03 / 17 / 2008	
	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 Employee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 12 / 30
(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)
Z Katalin Kovacs, Dr.
 Mailing Address Dept of Path
2201 Lexington Ave
 City Ashland State KY Zip Code 41101
 Date of Receipt 03 / 21 / 2008
Transaction ID: SA11AI.28749
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kings Daughters Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
H. Cynthia Krueger, Dr.
 Mailing Address 1434 Argyle Crescent
 City Ann Arbor State MI Zip Code 48103-2503
 Date of Receipt 03 / 10 / 2008
Transaction ID: SA11AI.28734
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
D. George Leidel, Dr.
 Mailing Address Department of Pathology
3600 S. Highlands Avenue
 City Sebring State FL Zip Code 33870-3331
 Date of Receipt 03 / 13 / 2008
Transaction ID: SA11AI.28736
 Amount of Each Receipt this Period 500.00
 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 ▼ 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 13 / 30
(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)
Reaks Darrell Lester, Dr.
Mailing Address 1000 Aldrich Rd
City Lincoln State NE Zip Code 68510
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Med Svcs PC Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.28799
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Joe Lewis, Dr.
Mailing Address Lab
600 Elizabeth St
City Corpus Christi State TX Zip Code 78404
FEC ID number of contributing federal political committee. **C**
Name of Employer Christus Spohn Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.28783
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
T Ann Moriarty, Dr.
Mailing Address 2560 N Shadeland Ave Ste A
City Indianapolis State IN Zip Code 46219
FEC ID number of contributing federal political committee. **C**
Name of Employer AmeriPath Indiana Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 14 / 2008
Transaction ID: SA11AI.28738
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 14 / 30
(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)
P. David Nicholson, Dr.
Mailing Address 2201 Dupont Drive
City State Zip Code
Pensacola FL 32503-4211
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Santa Rosa Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.28803
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
R. Jonathan Oppenheimer, Dr.
Mailing Address PO Box 58190
City State Zip Code
Nashville TN 37205
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Our Lab Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 03 / 21 / 2008
Transaction ID: SA11AI.28755
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
P. Laurence Parmer, Dr.
Mailing Address Fairway Court Apt 83D
City State Zip Code
Lakewood NJ 08701
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 ▼ 300.00
Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.28815
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 2550.00
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 / 30
(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)
P. Peter Patterson, Dr.
Mailing Address 16384 W Glacier Ct
City Surprise State AZ Zip Code 85387
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 ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.28816
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
L. Edward Proctor, Dr.
Mailing Address 10 Chapin Circle
City Myrtle Beach State SC Zip Code 29572
FEC ID number of contributing federal political committee. **C**
Name of Employer Grand Strand Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 21 / 2008
Transaction ID: SA11AI.28747
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Kathleen Puca, Dr.
Mailing Address PO Box 2178
City Milwaukee State WI Zip Code 53201-2178
FEC ID number of contributing federal political committee. **C**
Name of Employer Blood Ctr of Wisconsin Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 21 / 2008
Transaction ID: SA11AI.28743
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 16 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. Mark Pudwill, Dr.

Mailing Address Dept of Path
1500 SW 10Th Ave

City State Zip Code
Topeka KS 66604-1301

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

Name of Employer St Francis Hlth Ctr Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2008

Transaction ID: SA11AI.28760

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C. James Quigley, Dr.

Mailing Address Department of Pathology
PO Box 2923

City State Zip Code
Shawnee Mission KS 66201

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

Name of Employer Shawnee Mission Med Ctr Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: SA11AI.28730

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mick Raich

Mailing Address 5151 Rau Road

City State Zip Code
Palmyra MI 49268

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

Name of Employer Vachette Pathology Occupation Unknown

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2008

Transaction ID: SA11AI.28765

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 30
(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)
G Denise Ross, Dr.
Mailing Address 1404 Blue Heron Rd
City Virginia Beach State VA Zip Code 23454
FEC ID number of contributing federal political committee. **C**
Name of Employer Sentara Virginia Beach Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 13 / 2008
Transaction ID: SA11AI.28737
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lee Scott Sargent, Dr.
Mailing Address 5292 Newell Cir
City Kettering State OH Zip Code 45440-2807
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 ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.28817
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
J. Stephen Schultenover, Dr.
Mailing Address Nashville Campus P&LMS 113
City Nashville State TN Zip Code 37212
FEC ID number of contributing federal political committee. **C**
Name of Employer VA Med Ctr-Nashville Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 28 / 2008
Transaction ID: SA11AI.28811
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 18 / 30
(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
							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. Mary Schwartz, Dr.

Mailing Address Department of Pathology
6565 Fannin, MS-205

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
The Methodist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2008

Transaction ID: SA11AI.28762

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Gino Cosimo Sciotto, Dr.

Mailing Address Dept of Path
2222 N Nevada Ave

City State Zip Code
Colorado Springs CO 80907-6822

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

Name of Employer Occupation
Penrose-St. Francis Hlthc-are Sys 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
03 / 28 / 2008

Transaction ID: SA11AI.28800

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Travis Elton Smith, Dr.

Mailing Address 1101 Veramonte Dr

City State Zip Code
Matthews NC 28104

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

Name of Employer Occupation
Carolinas Pathology Group 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
03 / 21 / 2008

Transaction ID: SA11AI.28745

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 30

(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)
G Dean Taylor, Dr.

Mailing Address 5301 Virginia Way
Suite 320

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer Associated Pathologists, PLC 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
03 / 28 / 2008

Transaction ID: SA11AI.28779

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
A. Dugald Taylor, Dr.

Mailing Address 700 NW Hunter Dr

City State Zip Code
Blue Springs MO 64015

FEC ID number of contributing federal political committee. C

Name of Employer Litton Pathology Associates 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
03 / 28 / 2008

Transaction ID: SA11AI.28792

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
A Leonard Valentino, Dr.

Mailing Address 105A Cooper Ct

City State Zip Code
Los Gatos CA 95032

FEC ID number of contributing federal political committee. C

Name of Employer Associated Path Med Group, Inc 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
03 / 21 / 2008

Transaction ID: SA11AI.28742

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: (check only one)	PAGE 20 / 30
	<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) E Kryder Van Buskirk, Dr.		Date of Receipt	
	Mailing Address PO Box 1766		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.28746
	Danville	KY	40423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Ephraim McDowell Reg 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) E Laura Van Newkirk, Dr.		Date of Receipt	
	Mailing Address 2738 E 51st St Ste 290		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.28763
	Tulsa	OK	74105-6271	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Tulsa Medical Laboratory		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) Teresa Librada Vazquez, Dr.		Date of Receipt	
	Mailing Address Dept of Path 8701 Broadway Ave		M M / D D / Y Y Y Y Y 03 / 21 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.28752
	Merrillville	IN	46410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Methodist Hosp		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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	25600.00

**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)

PAGE 21 / 30

<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.28914 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="63.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.28915 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="205.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.28917 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="5.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="275.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
ALLYSON Y SCHWARTZ

Office Sought: House
 Senate
 President

State: PA District: 13

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement

Candidate Name
ANDREW P HARRIS

Office Sought: House
 Senate
 President

State: MD District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
BOUCHER FOR CONGRESS COMMITTEE

Mailing Address PO Box 2000
PO BOX 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement

Candidate Name
FREDERICK C BOUCHER

Office Sought: House
 Senate
 President

State: VA District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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) COLLINS FOR SENATOR	Transaction ID: SB23.28822
	Mailing Address PO BOX 1096	Date of Disbursement MM / DD / YYYY 03 / 10 / 2008
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name SUSAN M COLLINS	
Office Sought: <input type="checkbox"/> House <input checked="" 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: ME District: 00	

B.	Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS	Transaction ID: SB23.28902
	Mailing Address P.O. Box 41964	Date of Disbursement MM / DD / YYYY 03 / 25 / 2008
	City Houston State TX Zip Code 77241	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JOHN CULBERSON	
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: TX District: 07	

C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.28850
	Mailing Address P.O. Box 423 5915 EASTMAN AVE. SUITE 100	Date of Disbursement MM / DD / YYYY 03 / 17 / 2008
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name DAVID LEE CAMP	
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: MI District: 04	

SUBTOTAL of Disbursements This Page (optional)	5500.00
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) DAVID DAVIS VICTORY FUND	Transaction ID: SB23.28843 Date of Disbursement 03 / 17 / 2008	
	Mailing Address 136 Princeton Professional Bldg 136 Princeton Road		
	City Johnson City State TN Zip Code 37601	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name DAVID DAVIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
B.	Full Name (Last, First, Middle Initial) DCCC BUILDING FUND #2	Transaction ID: SB23.28846 Date of Disbursement 03 / 17 / 2008	
	Mailing Address 430 South Capitol Street, SE		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
C.	Full Name (Last, First, Middle Initial) DCCC BUILDING FUND #2	Transaction ID: SB23.28904 Date of Disbursement 03 / 25 / 2008	
	Mailing Address 430 South Capitol Street, SE		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00	
	Purpose of Disbursement Candidate Name CHRIS VAN HOLLEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	16000.00
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)
ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement

Candidate Name
ELIZABETH DOLE

Category/
Type

Office Sought: House Senate President
State: NC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28896

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Candidate Name
ERIC CANTOR

Category/
Type

Office Sought: House Senate President
State: VA District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28855

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement

Candidate Name
BLANCHE LAMBERT LINCOLN

Category/
Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28862

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

2590.00

SUBTOTAL of Disbursements This Page (optional) ▶

8590.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.28871
	Mailing Address 110 -B EAST BROAD STREET	Date of Disbursement 03 / 17 / 2008
	City FALLS CHURCH State VA Zip Code 22046	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JOHN DAVISON IV ROCKEFELLER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: SB23.28873
	Mailing Address 406 Virginia Avenue	Date of Disbursement 03 / 17 / 2008
	City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JOHN A BARRASSO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.28875
	Mailing Address PO Box 8166	Date of Disbursement 03 / 17 / 2008
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name JOHN J BARROW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailing Address P.O. Box 101124 City Chicago State IL Zip Code 60610 Purpose of Disbursement <input type="text"/> Candidate Name RAHM EMANUEL Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: IL District: 05	Transaction ID: SB23.28877 Date of Disbursement 03 / 17 / 2008 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address P.O. Box 2884 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement <input type="text"/> Candidate Name SHERROD BROWN Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House Disbursement For: 2012 <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	Transaction ID: SB23.28880 Date of Disbursement 03 / 17 / 2008 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) JESSE JACKSON JR. FOR CONGRESS Mailing Address 499 S Capital Street, SW Suite 412 City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> Candidate Name JESSE L JR JACKSON Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: IL District: 02	Transaction ID: SB23.28906 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. LEADERSHIP IN THE NEW CENTURY (LINC PAC)

Full Name (Last, First, Middle Initial)

Mailing Address 124 West Capitol Avenue
Suite 630

City Little Rock State AR Zip Code 72201

Purpose of Disbursement

Candidate Name
BLANCHE LAMBERT LINCOLN

Office Sought: House
 Senate
 President
State: AR District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28868
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

B. LEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

Candidate Name
SANDER M MR LEVIN

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28882
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

1500.00

C. LOBIONDO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement

Candidate Name
FRANK A, LOBIONDO

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.28857
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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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) NODAK PAC	Transaction ID: SB23.28884 Date of Disbursement
	Mailing Address PO Box 75214	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="2500.00"/>
	Candidate Name EARL RALPH POMEROY	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE	Transaction ID: SB23.28909 Date of Disbursement
	Mailing Address PO BOX 433	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City GREAT BEND State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name PAT ROBERTS	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	Transaction ID: SB23.28919 Date of Disbursement
	Mailing Address 7840 Red Leaf Drive	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="2500.00"/>
	Candidate Name JON SR PORTER	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name RICHARD M BURR Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.28898 Date of Disbursement: 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SHORE PAC</p> <p>Mailing Address PO. Box 3157</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.28892 Date of Disbursement: 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Vern Buchanan for Congress</p> <p>Mailing Address P.O. Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name VERNON BUCHANAN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.28900 Date of Disbursement: 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

68590.00