12/02/2008 12:14

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00274944 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 04 2008 IL 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. R. Renee Ellerbroek, Dr. Type or Print Name of Treasurer Electronically Filed by R. Renee Ellerbroek, Dr. 12 02 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

| F | eport Covering the Period: From: | 16 2008 | To: D D D 2 4 2 0 0 8 |
|-----|--|-------------------------|-----------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1 Ž00Š Y Y | | 136336.88 |
| | (b) Cash on Hand at Begining of Reporting Period | 150752.49 | |
| | (c) Total Receipts (from Line 19) | 99132.00 | 515695.00 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 249884.49 | 652031.88 |
| 7. | Total Disbursements (from Line 31) | 201568.31 | 603715.70 |
| 3. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 48316.18 | 48316.18 |
| 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 | |

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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

| | 10 16 2008 | To: D D D 2 4 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 (i) Itemized (use Schedule A) | 88605.00 | 399662.00 |
| (ii) Unitemized | 9527.00 | 113033.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 98132.00 | 512695.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 98132.00 | 512695.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received15. Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to Federal candidates and Other Political Committees | 1000.00 | 3000.00 |
| 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)) | 99132.00 | 515695.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 99132.00 | 515695.00 |

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------|--|-------------------------------|-----------------------------------|
| | Derating Expenditures: a) Shared Federal/Non-Federal | | |
| , | Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| (l | o) Other Federal Operating | | |
| | Expenditures | 4182.81 | 10330.20 |
| ` | c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 4182.81 | 10330.20 |
| | ransfers to Affiliated/Other Party | 0.00 | 0.00 |
| 23. C | Contributions to | 0.00 | 0.00 |
| а | ederal Candidates/Committeesnd Other Political Committees | 197385.50 | 589249.09 |
| (ι | ndependent Expenditure use Schedule E) | 0.00 | 0.00 |
| 25. C (I | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) use Schedule F) | 0.00 | 0.00 |
| 26. L | oan Repayments Made | 0.00 | 0.00 |
| | oans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (i | o) Political Party Committees | 0.00 | 0.00 |
| (0 | c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (0 | d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. C | Other Disbursements | 0.00 | 4136.41 |
| | 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 |
| | Total Disbursements (add Lines 21(c), 22, | 201568.31 | 603715.70 |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 201000.01 | 300710.70 |
| (| Total Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| f | rom Line 31) | 201568.31 | 603715.70 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| | 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) | 98132.00 | 512695.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 98132.00 | 512695.00 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 4182.81 | 10330.20 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 4182.81 | 10330.20 |

FE6AN026

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6/8/ (check only one) X 11a |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may the name and add | not be sold or used by any persitress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists F | olitical Action (| Committee | |
| Full Name (Last, First, Middle Initial) G Jose Acosta-Olmeda, Dr. | | | Date of Receipt |
| Mailing Address Dept of Path 801 Illini Dr | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Silvis | State IL | Zip Code 61282-1804 | Transaction ID: SA11AI.31292 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Genesis Med Ctr Illini Ca- mpus | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr. | | | Date of Receipt |
| Mailing Address Department of Path 16251 Sylvester Ro | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Seattle | State WA | Zip Code 98166 | Transaction ID: SA11AI.31308 |
| FEC ID number of contributing federal political committee. | C | 30100 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Highline Community Hosp | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | _ ' ' | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Allen Keith Aldred, Dr. | | | Date of Receipt |
| Mailing Address 3901 W 15th St | | | 1 1 2 0 2 0 0 8 |
| City Plano | State TX | Zip Code 75075-7738 | Transaction ID: SA11AI.31341 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100007700 | 500.00 |
| Name of Employer Med Ctr of Plano | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | _ ' ' * | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optiona | <u> </u> | | 1500.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists | and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) P. James Almas, Dr. Mailing Address 171 Winged Foot City Jackson FEC ID number of contributing federal political committee. | State Zip Code MS 39211 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer St. Dominic-Jackson Memorial Hosp Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) M. Victor Alvarez, Dr. Mailing Address 2045 S 14th Ave | Unit 17 | Date of Receipt 1 0 1 6 2 0 0 8 |
| City Yuma FEC ID number of contributing federal political committee. | State Zip Code AZ 85364-6286 C | Transaction ID: SA11AI.31516 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Yuma Reg Med Ctr Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 1000.00 |] |
| Full Name (Last, First, Middle Initial) H Barbara Amaker, Dr. Mailing Address Dept of Path 600 Gresham Dr | State Zip Code | Date of Receipt 1 0 1 6 2 0 0 8 |
| City Norfolk FEC ID number of contributing federal political committee. | State Zip Code VA 23507-1999 | Transaction ID: SA11AI.31436 Amount of Each Receipt this Period 535.00 |
| Name of Employer Sentara Norfolk Gen Hosp Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 535.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 2035.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) College of American Pathologists Poli | tical Action | Committee | |
| A. | Full Name (Last, First, Middle Initial) L Ruth Anker, Dr. | | | Date of Receipt |
| | Mailing Address 5100 W Broad St City | State | Zip Code | 10 16 2008 |
| | Columbus | OH | 43228-1607 | Transaction ID: SA11AI.31280 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Doctors Hospital | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) R. Thomas Arejola, Dr. | | | Date of Receipt |
| | Mailing Address 1128 Parklane Dr NW | | | 10 16 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.31481 |
| | New Philadelphia | ОН | 44663-1345 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Union Hosp | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| C. | Full Name (Last, First, Middle Initial) L Deniz Aslan, Dr. | ı | | Date of Receipt |
| | Mailing Address 2247 Edgcumbe Rd | | | 10 17 2008 |
| | City Saint Paul | State MN | Zip Code | Transaction ID: SA11AI.31499 |
| | FEC ID number of contributing federal political committee. | C | 55116-2473 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer VAMC Minneapolis | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1500.00 |
| | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po | he name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Melhem Adel Assaad, Dr. Mailing Address Dept of Path C6-PTH 1100 Ninth Ave City Seattle FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) | State WA C Occupation Patholog | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Melhem Adel Assaad, Dr. Mailing Address Dept of Path C6-PTH 1100 Ninth Ave City Seattle FEC ID number of contributing federal political committee. Name of Employer Virginia Mason Medical Center Receipt For: Primary General Other (specify) | State WA C Occupation Patholog | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) C Robert Babkowski, Dr. Mailing Address Dept of Path & Lab N 30 Shelburne Rd City Stamford FEC ID number of contributing federal political committee. Name of Employer Stamford Hospital Receipt For: Primary General Other (specify) | State CT C Occupation Patholog | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | 1500.00 |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | M 3X) Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|---|
| or for commercial purposes, other that NAME OF COMMITTEE (In Full) | ports and Statements may not be sold or used by any person using the name and address of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| College of American Patholog | gists Political Action Committee | |
| Full Name (Last, First, Middle Initia Paul Bachner A. Paul Bachner | <u> </u> | Date of Receipt |
| Mailing Address Dept of Path MS 119 | & Lab Med | 10 23 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31486 |
| Lexington | KY 40536-0298 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Univ of Kentucky Hosp | Occupation Pathologist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 500.00 | |
| Full Name (Last, First, Middle Initia B. E. Michael Bailey, Dr. | al) | Date of Receipt |
| Mailing Address PO Box 3758 | | 10 16 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31390 |
| Corpus Christi | TX 78463-3758 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Pathology Associates of Corpus Christi | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initia A. Jane Bennett-Munro, Dr. | (k | Date of Receipt |
| Mailing Address PO Box 409 650 Addison | Ave W | 10 27 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31456 |
| Twin Falls | ID 83301 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Magic Valley Reg Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 500.00 | |
| SUBTOTAL of Receipts This Page (| optional) | 1500.00 |
| | ne 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 / 87 (check only one) X 11a |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Per | d Statements may not be sold or used by any pers the name and address of any political committee to political Action Committee | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) G. Jared Block, Dr. Mailing Address 2928 Forest Park Dr | | Date of Receipt 1 1 2 0 2 0 0 8 |
| City Charlotte | State Zip Code NC 28209-1402 | Transaction ID: SA11AI.31248 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Carolinas Med Ctr - University | Occupation Pathologist | 750.00 |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) J. Richard Boatsman, Dr. Mailing Address Department of Patho Box 129 | ology | Date of Receipt |
| City Lawton FEC ID number of contributing federal political committee. | State Zip Code OK 73502 | Transaction ID: SA11AI.31262 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Comanche County Mem Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ♥ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) W. Henry Bockelman, Dr. Mailing Address Department of Patho | Noav | Date of Receipt |
| 600 Mary Street | State Zip Code | 1 0 2 7 2 0 0 8 Transaction ID: SA11AI.31273 |
| Evansville FEC ID number of contributing federal political committee. | IN 47747 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Deaconess Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | · · · · · · · · · · · · · · · · · · · | 2250.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 87 (check only one) X 11a |
|---|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit | name and add | ress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Miller Alyson Booth, Dr. Mailing Address 1840 Wealthy St SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Spectrum Health Receipt For: Primary General Other (specify) | State MI C Occupation Pathologis Aggregate | | Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.31446 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Hecht Edward Bossen, Dr. Mailing Address 2811 Wade Road City Durham FEC ID number of contributing federal political committee. Name of Employer Duke Univ Med Ctr Receipt For: Primary General Other (specify) | State NC C Occupation Pathologis Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Lee Clifton Bridges, Dr. Mailing Address 1456 William St City Leesburg FEC ID number of contributing federal political committee. Name of Employer Diagnostic Pathology Associates Receipt For: Primary General Other (specify) | State FL C Occupation Pathologis Aggregate | | Date of Receipt M M M O 3 2008 Transaction ID: SA11AI.31277 Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (optional) | | | 2000.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11 | |
|---|---|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | the name and address of any political committee to | o solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | |
| · | bopartment or rathology | | |
| City | State Zip Code | Transaction ID: SA11AI.31433 | |
| Saratoga Springs | NY 12866 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 1000.00 | |
| Name of Employer Saratoga Hosp | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |
| Full Name (Last, First, Middle Initial) D Jeffrey Cao, Dr. | | Date of Receipt | |
| Mailing Address Dept of Path Alumi Hall for Basic | Science | 10 16 YYYYY | |
| City | State Zip Code | Transaction ID: SA11Al.31332 | |
| Loma Linda | CA 92350 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 500.00 | |
| Name of Employer Loma Linda Univ Med Ctr | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |
| Full Name (Last, First, Middle Initial) K. David Carter, Dr. | | Date of Receipt | |
| Mailing Address Department of Path 407 E. 3rd St. | | 10 27 2008 | |
| City Duluth | State Zip Code MN 55805 | Transaction ID: SA11AI.31469 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 500.00 | |
| Name of Employer St. Mary's/Duluth Clinic Health System | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |
| SUBTOTAL of Receipts This Page (optional |) | 2000.00 | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 87 (check only one) X 11a 11b 11c 12 |
|--|--------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists Po | | | n for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | onlical Action C | ommitee | |
| Victor Casas Mailing Address Dept of Path | | | Date of Receipt |
| 65 James St | Obsta | 7'- 0-4- | 10 16 2008 |
| City <u>Edison</u> | State NJ | Zip Code 08818 | Transaction ID: SA11AI.31316 |
| FEC ID number of contributing federal political committee. | C | 00010 | Amount of Each Receipt this Period 500.00 |
| Name of Employer John F. Kennedy Med Ctr | Occupation Pathologis | | 1 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) B. James Cash, Dr. | | | Date of Receipt |
| Mailing Address Laboratory 2693 Forest Hills Ro | I | | 10 19 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31283 |
| Wilson FEC ID number of contributing federal political committee. | NC C | 27893 | Amount of Each Receipt this Period 250.00 |
| | | | |
| Name of Employer Eastern Carolina Patholog- v. Inc | Occupation Pathologis | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) K Samuel Caughron, Dr. | | | Date of Receipt |
| Mailing Address 1605 Cobble Creek | Trail | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.31514 |
| Billings | MT | 59106 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Yellowstone Pathology Ins- titute Inc | Occupation Pathologis | st | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 1000.00 |

| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | atomonto mo | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 87 (check only one) X |
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| or | ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politi | name and ad | dress of any political committee to | on for the purpose of soliciting contributions oscilicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Lizardo Cerezo Mailing Address Dept of Path 1414 Kuhl Ave City Orlando FEC ID number of contributing federal political committee. Name of Employer Orlando Regional Med Ctr Receipt For: Primary General Other (specify) | State FL C Occupation Patholog Aggregate | | Date of Receipt M M M / D D M 2008 Transaction ID: SA11AI.31382 Amount of Each Receipt this Period 1000.00 |
| — В. | Full Name (Last, First, Middle Initial) L. Lisa Chandler, Dr. Mailing Address Path Dept Hwy 16 East PO Box 1 City Canton FEC ID number of contributing federal political committee. Name of Employer Madison Regional Medical Center Receipt For: Primary General Other (specify) | State MS C Occupation Pathology | | Date of Receipt M M M |
| c . | Full Name (Last, First, Middle Initial) C. Paul Chang Mailing Address Dept of Pathology 800 S Washington Ave City Saginaw FEC ID number of contributing federal political committee. Name of Employer St Mary's of Michigan Medical Ctr Receipt For: Primary General Other (specify) | State MI C Occupation Pathology | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) | | • | 2500.00 |

| SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS | Use separate so for each catego Detailed Summa | ry of the |
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| Any information copied from such Reports a or for commercial purposes, other than usin | nd Statements may not be sold or use | d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists | | |
| Full Name (Last, First, Middle Initial) W. John Chowning, Dr. | | Date of Receipt |
| Mailing Address 111 Franklin Healt | h Commons | 1 0 1 6 2 0 0 8 |
| City Farmington | State Zip Code ME 04938 | Transaction ID: SA11AI.31289 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Franklin Memorial Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 500.00 |
| Full Name (Last, First, Middle Initial) A. Atwell Coleman | | Date of Receipt |
| Mailing Address Department of Pat Taylor @ Marion S | | 10 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Columbia | State Zip Code SC 29220 | Transaction ID: SA11AI.31384 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Palmetto Hith Baptist | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 500.00 |
| Full Name (Last, First, Middle Initial) Scott Bradford Collins, Dr. | | Date of Receipt |
| Mailing Address 955 Ribaut Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Beaufort | State Zip Code SC 29902-5441 | Transaction ID: SA11AI.31224 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Beaufort Mem Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 1000.00 |
| SUBTOTAL of Receipts This Page (option | al) | 2000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 87 (check only one) X 11a |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politics | e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Douglas Paul Cook, Dr. Mailing Address Path Dept 1000 W 10th St City Rolla FEC ID number of contributing federal political committee. Name of Employer Phelps County Reg Med Ctr Receipt For: Primary General Other (specify) | State Zip Code MO 65401-2905 C Occupation Pathologists Aggregate Year-to-Date 1000.00 | Date of Receipt 10 16 2008 Transaction ID: SA11AI.31402 Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) J. Barbara Crain, Dr. Mailing Address Univ. School of Med 720 Rutland Avenue City Baltimore FEC ID number of contributing federal political committee. Name of Employer Johns Hopkins Hosp Receipt For: Primary General Other (specify) | State Zip Code MD 21205 C Occupation Pathologist Aggregate Year-to-Date 300.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) B. David Danner, Dr. Mailing Address Laboratory 219 S Washington St City Easton FEC ID number of contributing federal political committee. Name of Employer Memorial Hosp Receipt For: Primary General Other (specify) | State Zip Code MD 21601 C Occupation Pathologist Aggregate Year-to-Date 300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 1300.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18/8/ (check only one) X 11a |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists F | Political Action (| Committee | |
| Full Name (Last, First, Middle Initial) S. DeWitt Davenport, Dr. | | | Date of Receipt |
| Mailing Address PO Box 2918 | | | M M / D D / Y Y Y Y Y 1 1 0 1 6 2 0 0 8 |
| City Harlingen | State TX | Zip Code 78551-2918 | Transaction ID: SA11AI.31279 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Valley Baptist Med Ctr | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) E.G. Georgean DeBlois, Dr. | | | Date of Receipt |
| Mailing Address Department of Path 1401 Johnston-Will | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Richmond | State VA | Zip Code | Transaction ID: SA11AI.31263 |
| FEC ID number of contributing federal political committee. | C | 23235-4789 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Commonwealth Lab Consulta- | Occupation Patholog | | |
| nts Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr. | | | Date of Receipt |
| Mailing Address 250 Fountain Ct | | | 10 16 2008 |
| City Lexington | State KY | Zip Code 40509-1888 | Transaction ID: SA11AI.31276 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40000 1000 | 500.00 |
| Name of Employer Dermatopathology Reference Lab | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | .0 | | 1500.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists | nd Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) R. James DeVillier, Dr. Mailing Address 296 Denada Path City | State Zip Code | Date of Receipt 10 29 2008 Transaction ID: SA11AI.31522 |
| Roxboro FEC ID number of contributing federal political committee. | NC 27574 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) A Patricia Devine, Dr. Mailing Address 200 F Main St 302 | 2 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31333 |
| Stoneham | MA 02180 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1500.00 |
| Name of Employer Lowell General Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |
| Full Name (Last, First, Middle Initial) S. Paul Dickman, Dr. | | Date of Receipt |
| Mailing Address Department of Pati 1919 E Thomas Ro | hology/Laboratory d | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Phoenix | State Zip Code AZ 85016-7710 | Transaction ID: SA11AI.31403 |
| FEC ID number of contributing federal political committee. | C 33010-7710 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Phoenix Children's Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | al) | 2000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 87 (check only one) X 11a |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F | d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) William Jay Dieckhoff, Dr. Mailing Address Dept of Path | | Date of Receipt 1 1 2 1 2 0 0 8 |
| 11th St & Broadway | State Zip Code | 1 1 2 1 2 0 0 8 Transaction ID: SA11AI.31228 |
| Quincy | IL 62301 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Blessing Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) F Paul Edmonson, Dr. Mailing Address 200 NW 143rd St | | Date of Receipt |
| | | 10 29 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31381 |
| Seattle FEC ID number of contributing federal political committee. | WA 98177-3935 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Northwest Pathology Servi- ces, Inc. | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) W. Gerald Eggers, Dr. | | Date of Receipt |
| Mailing Address Department of Path 3333 Silas Creek P | arkway | 10 17 2008 |
| City Winston Colom | State Zip Code NC 27103 | Transaction ID: SA11AI.31288 |
| Winston-Salem FEC ID number of contributing federal political committee. | NC 27103 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Forsyth Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| | l) | 1500.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| Any information copied from such Reports and Stor for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists Polit | ical Action Committee | |
| Full Name (Last, First, Middle Initial) W. Jordan Eggers, Dr. | | Date of Receipt |
| Mailing Address 38 Woodland Dr City | State Zip Code | 1 0 1 6 2 0 0 8 Transaction ID: SA11AI.31413 |
| Boyce | LA 71409-9611 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Rapides Regional Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Gilbert Paul Ellerbeck, Dr. | | Date of Receipt |
| Mailing Address 350 N Grandview Ave | | 1 1 0 6 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.31482 |
| Dubuque | IA 52001-6388 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer United Clinical Laborator- ies | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) M Galen Eversole, Dr. | | Date of Receipt |
| Mailing Address Dept of Path 4230 Burnham Ave | | 10 16 7 2008 |
| City Las Vegas | State Zip Code NV 89119 | Transaction ID: SA11AI.31410 |
| FEC ID number of contributing federal political committee. | NV 89119 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Quest Diag @ Spring Valley Hosp | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 2000.00 |
| TOTAL This Period (last page this line number of | · | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate for each cate Detailed Sum | gory of the (| FOR LINE NUMBER: PAGE 22 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | the name and address of any polit | sed by any person cal committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Edward Ewing Mailing Address Lab 405 W Grand Ave | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>Dayton</u> FEC ID number of contributing federal political committee. | State Zip Code OH 45405-4720 C | | Transaction ID: SA11AI.31297 Amount of Each Receipt this Period 250.00 |
| Name of Employer Grandview Hosp Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date | 250.00 | |
| Full Name (Last, First, Middle Initial) D. Rebecca Folkerth, Dr. Mailing Address Department of Path 75 Francis St City Boston FEC ID number of contributing | State Zip Code MA 02115-6110 |) | Date of Receipt M M M J D D D Z D D Z D D D D D D D D D D D D |
| Receipt For: Primary Other (specify) | Occupation Pathologist Aggregate Year-to-Date | 500.00 | _ |
| Full Name (Last, First, Middle Initial) J. William Frable, Dr. Mailing Address Gateway Bldg, Rm 1200 E Marshall St City | State Zip Code | | Date of Receipt M M D D D D D D D D |
| Richmond FEC ID number of contributing federal political committee. | VA 23219 | | Amount of Each Receipt this Period 500.00 |
| Name of Employer VCU Health System Receipt For: | Occupation Pathologist Aggregate Year-to-Date | , | |
| Primary General Other (specify) | | 500.00 | |
| SUBTOTAL of Receipts This Page (optional |) | ······ | 1250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | f | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 87 (check only one) X |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists | g the name and address | s of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) M Mostafa Fraig, Dr. Mailing Address Dept of Path Bldg 4940 Eastern Ave | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>Baltimore</u> FEC ID number of contributing federal political committee. | State MD | Zip Code 21224-2735 | Amount of Each Receipt this Period 300.00 |
| Name of Employer Johns Hopkins Bayview Med Ctr Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Pathologist Aggregate Yea | ur-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Jane Marla Franks, Dr. Mailing Address Laboratory 3950 Austell Road City Austell FEC ID number of contributing | State GA | Zip Code 30106 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| federal political committee. Name of Employer Wellstar Cobb Hosp Receipt For: Primary General Other (specify) | Occupation Pathologist Aggregate Yea | ur-to-Date ▼ 500.00 | 500.00 |
| Full Name (Last, First, Middle Initial) S. Lester Freedman, Dr. Mailing Address Department of Pat 2201 Hempstead T | urnpike | | Date of Receipt 10 29 2008 |
| City East Meadow FEC ID number of contributing federal political committee. | State NY | Zip Code 11554 | Transaction ID: SA11AI.31371 Amount of Each Receipt this Period 250.00 |
| Name of Employer Nassau Univ Med Ctr Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Yea | ur-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | 1050.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24/87 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may he name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists Po | olitical Action (| Committee | |
| Full Name (Last, First, Middle Initial) Michael Frost | | | Date of Receipt |
| Mailing Address 3701 S Higuera St Ste 200 | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>San Luis Obispo</u> | State CA | Zip Code 93401-7462 | Transaction ID: SA11AI.31255 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Central Coast Pthlgy Cnsl- tnts | Occupation Unaffiliat | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) J. Steve Galatzan, Dr. | | | Date of Receipt |
| Mailing Address Doctors Regional La 3315 S Alameda | b | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Corpus Christi | State TX | Zip Code 78411 | Transaction ID: SA11AI.31267 |
| FEC ID number of contributing federal political committee. | C | 70411 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Corpus Christi Med Center | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | _ | e Year-to-Date ▼ 1100.00 | |
| Full Name (Last, First, Middle Initial) Daniel John Gentry, Dr. | | | Date of Receipt |
| Mailing Address 7423 N 118th Cir | | | 10 16 2008 |
| City Omaha | State NE | Zip Code 68142-1624 | Transaction ID: SA11AI.31489 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Univ of Nebraska Med Ctr | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 1500.00 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S | tatements ma | Use separate schedule(s) for each category of the Detailed Summary Page v not be sold or used by any person | FOR LINE NUMBER: PAGE 25 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
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| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit | name and ad | dress of any political committee to | solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) M Paul Gibbs, Dr. | | | Date of Receipt |
| | Mailing Address 2308 Sandridge Dr | | | 10 16 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.31264 |
| | Dayton | OH | 45439-1856 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer CompuNet Clinical Labs | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| - В. | Full Name (Last, First, Middle Initial) A. Gary Gochman, Dr. | | | Date of Receipt |
| | Mailing Address Dept of Pathology 9400 E. Rosecrans Ave | enue | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.31323 |
| | Bellflower | CA | 90706 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Kaiser Permanente | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| _ C. | Full Name (Last, First, Middle Initial) C Juan Gonzalez-Vitale, Dr. | | | Date of Receipt |
| | Mailing Address Dept of Path 2801 N Gantenbein Av | e | | 10 16 YYYY 10 16 |
| | City | State | Zip Code | Transaction ID: SA11AI.31286 |
| | Portland | OR | 97227-1623 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Emanuel Hosp | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 2250.00 |
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| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 87 (check only one) X |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists I | g the name and addr | ess of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Buntyn Paul Googe, Dr. Mailing Address 315 Erin Dr | | | Date of Receipt |
| City Knoxville FEC ID number of contributing | State TN | Zip Code 37919-6202 | Transaction ID: SA11AI.31325 Amount of Each Receipt this Period 500.00 |
| Name of Employer Knoxville Dermatopathology Laboratorie Receipt For: Primary Other (specify) | Occupation Pathologis | ot Year-to-Date ▼ 500.00 |] |
| Full Name (Last, First, Middle Initial) Fred Gorstein Mailing Address Dept of Path Anat a 132 South 10th St | | | Date of Receipt 10 16 2008 |
| City Philadelphia FEC ID number of contributing federal political committee. | State PA | Zip Code 19107 | Transaction ID: SA11AI.31478 Amount of Each Receipt this Period 250.00 |
| Name of Employer Thomas Jefferson Univ Hosp Receipt For: Primary General Other (specify) ▼ | Occupation Pathologis Aggregate | ot Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) J. Joseph Goswitz, Dr. Mailing Address 311 Woodlawn Ave | enue | | Date of Receipt |
| City St. Paul FEC ID number of contributing federal political committee. | State MN | Zip Code 55105 | Transaction ID: SA11AI.31350 Amount of Each Receipt this Period 300.00 |
| Name of Employer Unaffiliated | Occupation Pathologis | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate \ | /ear-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (options | al) |) | 1050.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 87 (check only one) X | |
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| NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers the name and address of any political committee to | | |
| College of American Pathologists P | Political Action Committee | | |
| Full Name (Last, First, Middle Initial) C Travis Green, Dr. | | Date of Receipt | |
| Mailing Address 2922 Quail Oak | | 10 16 7 2008 | |
| City San Antonio | State Zip Code TX 78232 | Transaction ID: SA11AI.31386 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 500.00 | |
| Name of Employer Path Ref Lab | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |
| Full Name (Last, First, Middle Initial) Edina Grujic | | Date of Receipt | |
| Mailing Address Bryn Mawr Hospital 130 Bryn Mawr Ave | M M / D D / Y Y Y Y Y Y 1 1 0 1 6 2 0 0 8 | | |
| City | State Zip Code | Transaction ID: SA11AI.31241 | |
| Bryn Mawr FEC ID number of contributing federal political committee. | PA 19010 | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Bryn Mawr Hosp | Occupation Pathologist | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 1000.00 | | |
| Full Name (Last, First, Middle Initial) M Thomas Gudewicz, Dr. | | Date of Receipt | |
| Mailing Address 37 Port Royale Roa | d | 11 17 2008 | |
| City | State Zip Code | Transaction ID: SA11AI.31373 | |
| Coronado FEC ID number of contributing federal political committee. | CA 92118 | Amount of Each Receipt this Period 100.00 | |
| Name of Employer Naval Med Ctr-San Diego | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |
| SURTOTAL of Receipts This Page (entions | l) | 1600.00 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 | |
|--|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to | | |
| College of American Pathologists Po | olitical Action Committee | | |
| Full Name (Last, First, Middle Initial) C. Ana Gutierrez, Dr. | | Date of Receipt | |
| Mailing Address 50 Casa de Amigos | | 10 16 2008 | |
| City | State Zip Code | Transaction ID: SA11AI.31261 | |
| Brownsville FEC ID number of contributing federal political committee. | TX 78521-2742 | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer Colombia Valley Med Ctr | Occupation Pathologist | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |
| Full Name (Last, First, Middle Initial) A. Jedd Hagen, Dr. | , <u> </u> | Date of Receipt | |
| Mailing Address West Central Patholo PO Box 841 | ogy | 10 29 2008 | |
| City | State Zip Code | Transaction ID: SA11AI.31463 | |
| Carroll | IA 51401 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 500.00 | |
| Name of Employer St. Anthony Hosp | Occupation Pathologist | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 500.00 |] | |
| Full Name (Last, First, Middle Initial) Dwayne Brent Hall, Dr. | | Date of Receipt | |
| Mailing Address PO Box 1818 | | 10 16 2008 | |
| City | State Zip Code | Transaction ID: SA11AI.31528 | |
| Boone | NC 28607-1818 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | 1000.00 | |
| Name of Employer unaffiliated | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | | |
| SURTOTAL of Receipts This Page (entional) | | 3500.00 | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 87 (check only one) X |
|---|-------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Personal Control of the Name of Committee (In Full) | the name and add | dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Carl Gordon Handte, Dr. Mailing Address 1800 E Park Ave | | | Date of Receipt |
| City State College | State PA | Zip Code 16803-6701 | Transaction ID: SA11AI.31368 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 500.00 |
| Name of Employer Mount Nittany Med Center Receipt For: Primary General Other (specify) ▼ | Occupation Patholog Aggregate | | |
| Full Name (Last, First, Middle Initial) B James Hannah, Dr. Mailing Address 3701 S Higuera St | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.31256 |
| San Luis Obispo | CA | 93401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Central Coast Pathology Consultants Receipt For: | Occupation Patholog | | |
| Primary General Other (specify) ▼ | 99.59 | 750.00 | |
| Full Name (Last, First, Middle Initial) R. John Harbour, Dr. | | | Date of Receipt |
| Mailing Address 416 Wellfield Rd | | | 10 26 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31232 |
| Manakin-Sabot FEC ID number of contributing federal political committee. | C | 23103 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Bon Secours St. Mary's Ho- | Occupation Patholog | ist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 1250.00 |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 87 (check only one) X 11a 11b 11c 12 |
|--|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the such as a su | d Statements may the name and add | not be sold or used by any persoress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists Po | olitical Action C | Committee | |
| Full Name (Last, First, Middle Initial) Michael Joseph Harmon, Dr. | | | Date of Receipt |
| Mailing Address 638 Rue De Muckle | Otata | 7's Oads | 10 16 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31260 |
| Mount Pleasant | SC | 29464-4364 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Coastal Pathology Laborat- ories | Occupation Pathologi | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1000.00 | |
| Full Name (Last, First, Middle Initial) Edward Kent Harshbarger, Dr. | | | Date of Receipt |
| Mailing Address 361 W Third St | | | 10 27 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31364 |
| Dayton | OH | 45402 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 535.00 |
| Name of Employer Montgomery County Coroner- 's Office | Occupation Pathologi | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 535.00 | |
| Full Name (Last, First, Middle Initial) M. Michelle Hebert, Dr. | | | Date of Receipt |
| Mailing Address PO Box 4001 110 Memorial Hospi | tal Dr | | 10 27 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31310 |
| <u>Huntsville</u> | TX | 77342-4001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1000.00 |
| Name of Employer Huntsville Mem Hosp | Occupation Pathologi | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 1000.00 | |
| | | | 2535.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | |
| College of American Pathologists Political | tical Action (| Committee | |
| Full Name (Last, First, Middle Initial) S David Hewitt, Dr. | | | Date of Receipt |
| Mailing Address 316 S Dunworth St | | | 10 16 2008 |
| City | State | Zip Code | Transaction ID: SA11AI.31505 |
| <u>Visalia</u> | CA | 93292-6702 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Visalia Path Grp | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) E. A. Shirley Howard, Dr. | | | Date of Receipt |
| Mailing Address PO Box 911 | | | M M / D D / Y Y Y Y Y Y Y 1 1 0 1 1 6 2 0 0 8 |
| City | State | Zip Code | Transaction ID: SA11AI.31521 |
| Coarsegold | CA | 93614 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 200.00 |
| Name of Employer Unaffiliated | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) G Robert Huber, Dr. | 1 | | Date of Receipt |
| Mailing Address 205 Ozark Trl | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.31524 |
| Madison | WI | 53705-2532 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer unaffiliated | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | 1 | | 950.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using to | d Statements may not be sold or used by any pers he name and address of any political committee t | |
| NAME OF COMMITTEE (In Full) College of American Pathologists Po | olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Wayne Bruce Hughes, Dr. | | Date of Receipt |
| Mailing Address PO Box 9010 | 7.01 | 10 27 2008 |
| City Kokomo | State Zip Code IN 46904-9010 | Transaction ID: SA11AI.31465 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 40004 3010 | 750.00 |
| Name of Employer St. Joseph Hosp & Health Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 750.00 | |
| Full Name (Last, First, Middle Initial) M Douglas Hughes, Dr. | 1 | Date of Receipt |
| Mailing Address 6063 Sabal Creek B | lvd | 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11Al.31301 |
| Port Orange | FL 32128 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Halifax Med Ctr | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) S. Mehraboon Irani, Dr. | | Date of Receipt |
| Mailing Address 1100 Central Ave S. | E. | 10 16 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31404 |
| Albuquerque | NM 87106 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Presbyterian Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| CURTOTAL of Propints This Prop (autional) | | 2250.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 87 (check only one) X 11a |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po | Statements may not be sold or used by any persone name and address of any political committee to difficult Action Committee | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) R Steven Jacobs, Dr. Mailing Address 3000 Sillect Ave City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Bakersfield Pathology Med Group Receipt For: Primary General Other (specify) | State Zip Code CA 93308-6336 C Occupation Pathologist Aggregate Year-to-Date ▼ 250.00 | Date of Receipt M M M J D D D 2008 Transaction ID: SA11AI.31217 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Emmett William Jefferson, Dr. Mailing Address 101 Elm Ave SE City Roanoke FEC ID number of contributing federal political committee. Name of Employer Carilion Roanoke Mem Hosp Receipt For: Primary General Other (specify) | State Zip Code VA 24013-2222 C Occupation Pathologist Aggregate Year-to-Date 1000.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Ziba Jelveh Mailing Address 575 Underhill Blvd. City Syosset FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Inc Receipt For: Primary General Other (specify) | State Zip Code NY 11791 C Occupation Pathologist Aggregate Year-to-Date 300.00 | Date of Receipt M M M 1 D D 2 0 0 8 Transaction ID: SA11AI.31411 Amount of Each Receipt this Period 100.00 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | 1350.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 87 (check only one) X |
|---|--------------------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | the name and add | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) D. Malcolm Joel, Dr. Mailing Address Dept of Pathology 1170 Cleveland Ave | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City East Point FEC ID number of contributing federal political committee. | State GA | Zip Code 30344-3615 | Transaction ID: SA11AI.31442 Amount of Each Receipt this Period 500.00 |
| Name of Employer South Fulton Med Ctr Receipt For: Primary General Other (specify) | Occupation Pathologi Aggregate | | |
| Full Name (Last, First, Middle Initial) M David Johnson, Dr. Mailing Address 2300 W Edward St | | | Date of Receipt 1 1 0 3 2 0 0 8 |
| City Decatur | State IL | Zip Code 62526 | Transaction ID: SA11AI.31274 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Decatur Memorial Hosp Receipt For: Primary General Other (specify) | Occupation Pathologi Aggregate | | 250.00 |
| Full Name (Last, First, Middle Initial) T. Michael Kafka, Dr. Mailing Address Department of Pathe | ology | | Date of Receipt |
| 2720 Stone Park Blv City Sioux City | vd State IA | Zip Code 51104 | Transaction ID: SA11AI.31458 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer St. Luke's Reg Med Ctr Receipt For: | Occupation Pathologi | st | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 1750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | d Statements may not be sold or used by any pers the name and address of any political committee to olitical Action Committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Zahid Kaleem | Onlice Action Committee | Date of Receipt |
| Mailing Address Dept of Path 2316 E Meyer Blvd | | 1 0 1 6 2 0 0 8 |
| City | State Zip Code | Transaction ID: SA11AI.31415 |
| Kansas City | MO 64132-1136 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Research Medical Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Elwin Marc Keen, Dr. | | Date of Receipt |
| Mailing Address Director of Clinical I One Atkinson Drive | | 10 16 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31349 |
| Ludington FEC ID number of contributing federal political committee. | MI 49431-9431 | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Memorial Med Ctr of W Mic- higan | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
| Full Name (Last, First, Middle Initial) B. James Ketchersid, Dr. | | Date of Receipt |
| Mailing Address 3202 Salinas Ct | | 10 31 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31219 |
| Irving | TX 75062 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Baylor Med Center at Irvi- ng | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| CURTOTAL of Descript This Days (estimate |) | 3250.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) College of American Pathologists | and Statements may not be sold or used by any person g the name and address of any political committee to a | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | Tomboar Action Committee | |
| Full Name (Last, First, Middle Initial) D Mark Kolins, Dr. | | Date of Receipt |
| Mailing Address 3601 W. 13 Mile F | Road | 10 27 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.31512 |
| Royal Oak | MI 48073-6769 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer William Beaumont Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) L Dennis Laffay, Dr. | | Date of Receipt |
| Mailing Address 18856 North Valle | у | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31309 |
| Fairview Park | OH 44126 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Hillcrest Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Myla Lai-Goldman | | Date of Receipt |
| Mailing Address 1310 Old Lystra R | d | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31526 |
| Chapel Hill | NC 27517-9170 | 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: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SURTOTAL of Receipte This Page (option | al) | 1250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F | nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) M.Y. Ronald Lam, Dr. Mailing Address Department of Path 200 Berteau Ave | nology | Date of Receipt 1 0 2 7 2 0 0 8 |
| City | State Zip Code | Transaction ID: SA11AI.31284 |
| <u>Elmhurst</u> | IL 60126 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Elmhurst Memorial Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) D.K. Clarke Lambe, Dr. Mailing Address 8900 N Central Ave | e Ste 103 | Date of Receipt |
| | | 10 16 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31315 |
| Phoenix FEC ID number of contributing federal political committee. | AZ 85020-2846 | Amount of Each Receipt this Period |
| Name of Employer John C Lincoln Hosp-North Mountain Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) L Rosanna Lapham, Dr. | | Date of Receipt |
| Mailing Address Dept of Path 106 Venture Blvd | | 10 16 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31445 |
| Spartanburg | SC 29306 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 500.00 |
| Name of Employer Spartanburg Path Consulta- nts | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | al) | 2000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 87 (check only one) X 11a |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) College of American Pathologists Po | d Statements may not be sold or used by any pers he name and address of any political committee to political Action Committee | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) E. Philip LeBoit, Dr. Mailing Address 1701 Divisadero St F City San Francisco | Rm 350 State Zip Code CA 94115-3011 | Date of Receipt 1 0 1 6 2 0 0 8 Transaction ID: SA11AI.31483 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Univ of California San Francisco Receipt For: Primary General Other (specify) ▼ | Occupation Pathologist Aggregate Year-to-Date 500.00 | 500.00 |
| Full Name (Last, First, Middle Initial) M. Darlene Lee, Dr. Mailing Address 1200 N Beaver City Flagstaff FEC ID number of contributing federal political committee. Name of Employer Flagstaff Med Ctr Receipt For: Primary General Other (specify) | State Zip Code AZ 86001 C Occupation Pathologist Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt 10 16 2008 Transaction ID: SA11AI.31287 Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) G.B. Debra Leonard, Dr. Mailing Address Weill Cornell Med Ct 525 E 68th St City New York FEC ID number of contributing federal political committee. Name of Employer New York Presbyterian Hosp Receipt For: Primary General Other (specify) Other (specify) | State Zip Code NY 10021 C Occupation Pathologist Aggregate Year-to-Date 500.00 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 2000.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 87 (check only one) X |
|---|-------------------------------|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | the name and add | dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr. Mailing Address PO Box 870 1209 Bishop ST City | State | Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| Union City FEC ID number of contributing federal political committee. | TN | 38281-0870 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Baptist Memorial Hosp-Union City Receipt For: Primary General Other (specify) ▼ | Occupation Patholog Aggregate | | |
| Full Name (Last, First, Middle Initial) H Glenn Littell, Dr. Mailing Address Young Novis Profes 789 Central Ave | ssional Assn | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.31507 |
| Dover FEC ID number of contributing federal political committee. | C | 03820 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Wentworth-Douglass Hosp | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) L. Fernando Lomba, Dr. | | | Date of Receipt |
| Mailing Address Department of Path 2500 Harbor Blvd | | | 10 7 31 7 2008 |
| City Port Charlotte | State FL | Zip Code 33952 | Transaction ID: SA11AI.31398 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 300.00 |
| Name of Employer Peace River Regional Med Ctr | Occupation Patholog | ist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 |] |
| SUBTOTAL of Receipts This Page (optiona | l) | | 1050.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40/8/ (check only one) |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists P | olitical Action (| Committee | |
| Full Name (Last, First, Middle Initial) L Richard Lozano, Dr. | | | Date of Receipt |
| Mailing Address Dept of Path 290 Big Run Rd | | | 10 16 2008 |
| City | State KY | Zip Code | Transaction ID: SA11AI.31387 |
| Lexington FEC ID number of contributing federal political committee. | C | 40502 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Pathology & Cytology Labs Inc | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Franklin Kurt Lundquist, Dr. | | | Date of Receipt |
| Mailing Address 586 Sombrillo | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: SA11AI.31253 |
| Arroyo Grande FEC ID number of contributing federal political committee. | CA | 93420-1441 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Central Coast Pthlgy Cnsl- tnts | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) S. Judy Lyzak, Dr. | | | Date of Receipt |
| Mailing Address Department of Path 1201 S Main St | ology | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Crown Point | State IN | Zip Code 46307 | Transaction ID: SA11AI.31464 |
| FEC ID number of contributing federal political committee. | C | 40307 | Amount of Each Receipt this Period |
| Name of Employer St. Anthony Med Ctr | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| | | | 2250.00 |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 87 (check only one) X 11a |
|------------------------|---|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) A Ruth Macke, Dr. Mailing Address Dept of Pathology St. Luke's Hospital City Cedar Rapids | State IA | Zip Code 52402-5036 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. Name of Employer St Luke's Hosp Receipt For: Primary General Other (specify) | Occupation Patholog Aggregate | | 1000.00 |
| В. | Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr. Mailing Address Dept of Pathology 290 Big Run Rd City Lexington FEC ID number of contributing federal political committee. Name of Employer Pathology & Cytology Labs Inc. Receipt For: Primary General Other (specify) | State KY C Occupation Patholog Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ C. | Full Name (Last, First, Middle Initial) A. Carlos Mattioli, Dr. Mailing Address 900 S. Bryan Rd. City Mission FEC ID number of contributing federal political committee. Name of Employer Mission Hosp Receipt For: Primary General Other (specify) | State TX C Occupation Patholog Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) | | | 2500.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politics | e name and ad | dress of any political committee t | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) E. John McDonald, Dr. Mailing Address Dept of Pathology 4401 Booth Calloway City North Richland Hil FEC ID number of contributing federal political committee. Name of Employer North Hills Hosp | State TX C Occupation Patholog | | Date of Receipt 10 16 2008 Transaction ID: SA11AI.31376 Amount of Each Receipt this Period 1000.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) James Douglas McGrady, Dr. Mailing Address 112 Oak Haven | | | Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Morton FEC ID number of contributing federal political committee. | State IL C | Zip Code 61550 | Transaction ID: SA11AI.31357 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Methodist Med Ctr of Illi- nois Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Patholog Aggregate | | |
| Full Name (Last, First, Middle Initial) D. John Milam, Dr. Mailing Address Dept of Path and Lab | Med | | Date of Receipt 10 16 2008 |
| 6431 Fannin St City | State | Zip Code | Transaction ID: SA11AI.31494 |
| Houston FEC ID number of contributing federal political committee. | C | 77030 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Unaffiliated | Occupatio Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 2500.00 |

| French Camp FEC ID number of contributing federal political committee. Name of Employer San Joaquin General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City Minneapolis FEC ID number of contributing federal political committee. | and address of any political committee to section Committee tate Zip Code | Date of Receipt M M |
|--|--|---|
| Deepak Mohan Mailing Address Medical Lab Director 500 W Hospital Rd City French Camp FEC ID number of contributing federal political committee. Name of Employer San Joaquin General Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City Minneapolis FEC ID number of contributing federal political committee. | | M M / D D / Y Y Y Y |
| City French Camp FEC ID number of contributing federal political committee. Name of Employer San Joaquin General Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City Minneapolis FEC ID number of contributing federal political committee. | | |
| FEC ID number of contributing federal political committee. Name of Employer San Joaquin General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City Simple City Simple Contributing federal political committee. | ·Λ 0Ε221 | Transaction ID: SA11AI.31431 |
| Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City Minneapolis FEC ID number of contributing federal political committee. | M 90201 | Amount of Each Receipt this Period |
| tal Receipt For: | | 600.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City S Minneapolis FEC ID number of contributing federal political committee. | cupation thologist gregate Year-to-Date ▼ | _ |
| Saeid Movahedi-Lankarani Mailing Address Dept Of Path Internal Zip 1 800 E 28th St City S Minneapolis N FEC ID number of contributing federal political committee. | 1135.00 | |
| 800 E 28th St City S Minneapolis N FEC ID number of contributing federal political committee. | | Date of Receipt |
| Minneapolis FEC ID number of contributing federal political committee. | 1136 | 11 13 2008 |
| FEC ID number of contributing federal political committee. | tate Zip Code | Transaction ID: SA11AI.31203 |
| federal political committee. | 1N 55407-3723 | Amount of Each Receipt this Period |
| Name of Employer | | 500.00 |
| Abbott Northwootorn Hoon | cupation thologist | |
| Receipt For: Primary General Other (specify) ▼ | gregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Van Allen Keith Nance, Dr. | | Date of Receipt |
| Mailing Address Department of Pathology 4420 Lake Boone Trail | | M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 0 8 |
| • | tate Zip Code IC 27607-7505 | Transaction ID: SA11AI.31420 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 250.00 |
| Doy Hoolthooro Hoon | cupation thologist | 1 |
| | gregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1350.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 87 (check only one) X 11a |
|------|---|-----------------------|---|---|
| or f | vinformation copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po | ne name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ۱. | Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr. | | | Date of Receipt |
| | Mailing Address ACL Laboratories 2900 W. Oklahoma A | Avenue | | 10 16 7 2008 |
| | City Milwaukee | State WI | Zip Code 53215-4330 | Transaction ID: SA11AI.31457 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer St. Luke's Med Ctr | Occupatio | | |
| | Receipt For: Primary General Other (specify) | - ' | e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Nagabhushanam Nimmagadda Mailing Address Dept of Path | | | Date of Receipt |
| | 1 Brookdale Plz City | State | Zip Code | 10 31 2008 |
| | Brooklyn | NY | 11212-3139 | Transaction ID: SA11AI.31240 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Brookdale Univ Hosp Med Ctr | Occupatio Patholog | | 7 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) E. Lucien Nochomovitz, Dr. | | | Date of Receipt |
| | Mailing Address Path 300 Community Dr | | | 10 29 7 9 2008 |
| | City Manhasset | State NY | Zip Code 11030 | Transaction ID: SA11AI.31377 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 11000 | 250.00 |
| | Name of Employer North Shore Univ Hosp | Occupatio Patholog | | _ |
| | Receipt For: Primary General Other (specify) ▼ | _, | e Year-to-Date ▼ 350.00 | |
| sı | JBTOTAL of Receipts This Page (optional) | | \ | 1000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any personal ename and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| College of American Pathologists Pol | itical Action Committee | |
| Full Name (Last, First, Middle Initial) I Donnan O'Carroll, Dr. Mailing Address Dept of Path | | Date of Receipt |
| 900 W Clairemont Av | | 10 16 2008 |
| City Fou Claire | State Zip Code WI 54701-6122 | Transaction ID: SA11AI.31430 |
| Eau Claire FEC ID number of contributing federal political committee. | WI 54701-6122 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Sacred Heart Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr. | | Date of Receipt |
| Mailing Address 1004 1st ST N SUITE 200 | | 11 06 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31272 |
| ALABASTER FEC ID number of contributing federal political committee. | AL 35007-8796 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Cytology & Pathology Serv- ices | Occupation Pathologist | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 250.00 | |
| Full Name (Last, First, Middle Initial) G. Cooley Pantazis, Dr. | | Date of Receipt |
| Mailing Address 2240 SE 5th Street | | 1 1 0 3 Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31305 |
| Ocala FEC ID number of contributing federal political committee. | FL 34471 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Munroe Regional Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1000.00 |
| TOTAL This Period (last page this line numbe | · | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli | e name and add | dress of any political committee t | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) M. Cecilia Parada, Dr. Mailing Address 5751 Hoover Blvd City Tampa FEC ID number of contributing federal political committee. Name of Employer Ruffolo, Hooper & Associates Receipt For: | State FL C Occupation Patholog | Zip Code 33634-5340 | Date of Receipt M M D D 2 0 0 8 Transaction ID: SA11AI.31428 Amount of Each Receipt this Period 1000.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | | 1000.00 | |
| G Richard Patton, Dr. Mailing Address Dept of Path A220 1550 N 115th St City Seattle FEC ID number of contributing federal political committee. Name of Employer Northwest Hosp Receipt For: Primary General Other (specify) | State WA C Occupation Patholog Aggregate | | Date of Receipt 10 16 2008 Transaction ID: SA11AI.31379 Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) G William Price, Dr. Mailing Address 2900 Tyler Rd City Christiansburg FEC ID number of contributing federal political committee. Name of Employer Carilion New River Valley Med Ctr Receipt For: | State VA C Occupation Patholog Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | | 500.00 | 1750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47/87 (check only one) X 11a |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may the name and add | r not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| College of American Pathologists P | Political Action (| Committee | |
| Full Name (Last, First, Middle Initial) G Thomas Puckett, Dr. | | | Date of Receipt |
| Mailing Address Dept of Path 421 S 28th Ave Ste | | | 10 16 2008 |
| City Hattiesburg | State MS | Zip Code 39401-7208 | Transaction ID: SA11AI.31304 |
| FEC ID number of contributing federal political committee. | C | 39401-7208 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Hattiesburg Clinic, PA | Occupation Pathologic | | |
| Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) D. Bruce Ragsdale, Dr. Mailing Address 3701 S Higuera St S | Ste 200 | | Date of Receipt |
| | | | 11 13 2008 |
| City | State | Zip Code | Transaction ID: SA11Al.31251 |
| San Luis Obispo | CA | 93401-7462 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Central Coast Pathology | Occupation | | |
| Consultants Receipt For: | Pathologi | | _ |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) M David Reardon, Dr. | | | Date of Receipt |
| Mailing Address Lab 1620 Med Ln Ste 10 | | | 10 31 2008 |
| City Ft Myers | State FL | Zip Code 33907 | Transaction ID: SA11AI.31209 |
| FEC ID number of contributing federal political committee. | C | 33907 | Amount of Each Receipt this Period 250.00 |
| Name of Employer AmeriPath Florida Inc | Occupation Pathologic | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
| SUBTOTAL of Receipts This Page (optiona | | | 1500.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | 3) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 87 (check only one) X |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists P | the name and addr | ress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Ann Rita Reik, Dr. Mailing Address 2799 Palm Deer Dr | | | Date of Receipt |
| City <u>Loxahatchee</u> FEC ID number of contributing | State FL | Zip Code 33470-2564 | Transaction ID: SA11AI.31501 Amount of Each Receipt this Period 500.00 |
| Name of Employer Broward County Med Examiner Receipt For: Primary General Other (specify) | Occupation Pathologis | |] |
| Full Name (Last, First, Middle Initial) H. Michael Reilly, Dr. Mailing Address Department of Path 223 N. Van Dien Av City | | Zip Code | Date of Receipt 10 27 2008 Transaction ID: SA11AI.31497 |
| Ridgewood FEC ID number of contributing federal political committee. | NJ C | 07450-2736 | Amount of Each Receipt this Period 300.00 |
| Name of Employer Valley Hosp Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Pathologis Aggregate | |] |
| Full Name (Last, First, Middle Initial) Randolph David Rizzuto, Dr. Mailing Address 10384 SE 41st Ter | l | | Date of Receipt |
| City Belleview FEC ID number of contributing federal political committee. | State FL | Zip Code 34420-6848 | Transaction ID: SA11AI.31328 Amount of Each Receipt this Period 250.00 |
| Name of Employer Leesburg Reg Med Ctr | Occupation Pathologis | st | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate \ | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 1050.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 87 (check only one) X |
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| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists | g the name and add | dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) J Gary Roloson, Dr. Mailing Address Department of Pat 1305 W Jefferson | | | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| City Waxahachie FEC ID number of contributing | State TX | Zip Code 75165-2255 | Transaction ID: SA11AI.31220 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Baylor Univ Med Ctr Receipt For: Primary General Other (specify) ▼ | Occupation Patholog Aggregate | | 300.00 |
| Full Name (Last, First, Middle Initial) J Assad Saad, Dr. Mailing Address Pathology Lab 1441 N Beckley Av City Dallas | ve State TX | Zip Code 75203-1201 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Methodist Dallas Medical Center Receipt For: □ Primary □ General Other (specify) ▼ | Occupation Patholog Aggregate | | 300.00 |
| Full Name (Last, First, Middle Initial) F Jay Schamberg, Dr. Mailing Address 2901 W Kinnickinn Ste 512 | nic River Pkwy | | Date of Receipt 10 16 2008 |
| City Milwaukee FEC ID number of contributing federal political committee. | State WI | Zip Code 53215-3660 | Transaction ID: SA11AI.31211 Amount of Each Receipt this Period 500.00 |
| Name of Employer Aurora Health Care | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (option | al) | | 1100.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 87 (check only one) X |
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| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) College of American Pathologists F | nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Lawrence Wm. Selby, Dr. Mailing Address Dept of Path 68 Hospital Rd City Sylva FEC ID number of contributing federal political committee. Name of Employer Mountain Pathology Services | State Zip Code NC 28779-2722 C Occupation Pathologist | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) F. Mack Sexton Mailing Address 17836 John Conno City | State Zip Code | Date of Receipt 1 0 1 7 2 0 0 8 Transaction ID: SA11AI.31393 |
| Cornelius FEC ID number of contributing federal political committee. Name of Employer Pathology Assocs Svcs | NC 28031-7659 C Occupation | Amount of Each Receipt this Period 2000.00 |
| Receipt For: Primary General Other (specify) | Pathologist Aggregate Year-to-Date ▼ 2000.00 |] |
| Full Name (Last, First, Middle Initial) B. Ervin Shaw, Dr. Mailing Address Department of Path 2720 Sunset Blvd. | nology | Date of Receipt 1 0 1 6 2 0 0 8 |
| City West Columbia FEC ID number of contributing | State Zip Code SC 29169-4810 | Transaction ID: SA11AI.31330 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Lexington Med Ctr | Occupation Pathologist | 1000.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This Page (optional | J | 3500.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 87 (check only one) X |
|--------|---|---------------------|---|---|
| A 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | College of American Pathologists Pol | itical Action (| Committee | |
| ۷. | Full Name (Last, First, Middle Initial) Tam Diane Singer, Dr. | | | Date of Receipt |
| | Mailing Address 19951 Mariner Ave St | e 160 | | 10 29 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.31394 |
| | Torrance | CA | 90503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Pathology Inc., a Medical Corporation | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| 3. | Full Name (Last, First, Middle Initial) Michael Steve Skoumal, Dr. | | | Date of Receipt |
| | Mailing Address 1950 E Clark St | | | M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | City | State | Zip Code | Transaction ID: SA11AI.31508 |
| | Pocatello | ID | 83201 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Western Pathology Associa- tes | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) Sawyer Randall Smith, Dr. | | | Date of Receipt |
| | Mailing Address 1414 Bayvista | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: SA11AI.31450 |
| | Brandon FEC ID number of contributing federal political committee. | MS C | 39047-8654 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer St Dominic-Jackson Mem Ho- | Occupation | | |
| | Receipt For: Primary General Other (specify) | - ' · | e Year-to-Date ▼ 250.00 | |
| ſ, | SUBTOTAL of Receipts This Page (optional) . | | \ | 1450.00 |

| П | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 87 (check only one) X 11a |
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| O A | ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Political Pathologists Political Pathologists Political Pathologists | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) M. Ray Smith, Dr. Mailing Address Department of Labs. 150 Kingsley Ln City Norfolk | State VA | Zip Code 23505-4602 | Date of Receipt 10 16 2008 Transaction ID: SA11AI.31231 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer Bon Secours DePaul Medical Center Receipt For: Primary General Other (specify) | Occupation Patholog Aggregate | | 500.00 |
| В. | Full Name (Last, First, Middle Initial) L John Stavinoha, Dr. Mailing Address Department of Pathology 7600 Beechnut St FI 2 City Houston FEC ID number of contributing federal political committee. Name of Employer Memorial Hermann SW Hosp Receipt For: Primary General Other (specify) | State TX C Occupation Patholog | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| <u> —</u> С. | Full Name (Last, First, Middle Initial) A. Raed Sulaiman, Dr. Mailing Address Dept of Path 800 E 21st St City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Avera McKennan Hosp Receipt For: Primary General Other (specify) | State SD C Occupation Patholog Aggregate | | Date of Receipt M M M |
| | SUBTOTAL of Receipts This Page (optional) | | | 1250.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | College of American Pathologists Poli | tical Action | Committee | |
| Α. | Full Name (Last, First, Middle Initial) R Hassan Tahhan, Dr. Mailing Address Dept of Pathology | | | Date of Receipt |
| | 600 Gresham Dr | | | 10 31 2008 |
| | City Norfolk | State VA | Zip Code 23507-1904 | Transaction ID: SA11AI.31438 |
| | FEC ID number of contributing federal political committee. | C | 23307-1904 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer Sentara Norfolk Gen Hosp | Occupation Patholog | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) L. William Thelmo, Dr. Mailing Address Dept of Path | l | | Date of Receipt |
| | Mailing Address Dept of Path 374 Stockholm St | | | 10 16 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.31513 |
| | Brooklyn | NY | 11237 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 535.00 |
| | Name of Employer Wyckoff Heights Hosp | Occupation Pathologo | | |
| | Receipt For: | , ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 535.00 | |
| -). | Full Name (Last, First, Middle Initial) V. Devendra Trivedi, Dr. | | | Date of Receipt |
| | Mailing Address Peoria-Tazewell Patho 221 NE Glen Oak Ave | | | 10 16 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.31356 |
| | Peoria | IL | 61636 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Methodist Med Ctr of Illi- nois | Occupation Patholog | gist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 2035.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or fo | information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) College of American Pathologists Polit | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. <u>T</u> M C <u>F</u> | ull Name (Last, First, Middle Initial) imothy Charles Via, Dr. failing Address 1812 Bellview iity Roanoke EC ID number of contributing ederal political committee. | State VA | Zip Code 24013-2222 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| _ | lame of Employer Carilion Roanoke Mem Hosp Receipt For: Primary General Other (specify) | Occupation Patholog Aggregate | | |
| 3. <u>N</u> N | ull Name (Last, First, Middle Initial) I Connie Vitali, Dr. Iailing Address Dept of Path 2400 N Rockton Ave iity Rockford | State IL | Zip Code 61103-3655 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| fe N F | EC ID number of contributing ederal political committee. lame of Employer tockford Mem Hosp leceipt For: Primary General Other (specify) | Occupation Patholog Aggregate | | 250.00 |
|). <u>L</u> M C | ull Name (Last, First, Middle Initial) ea Andrea Volk, Dr. failing Address 4225 E Fowler Ave eity fampa | State FL | Zip Code 33617 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| fe N | EC ID number of contributing ederal political committee. lame of Employer Quest Diagnostics Inc leceipt For: Primary General | Occupation Patholog Aggregate | | 600.00 |
| SUE | Other (specify) BTOTAL of Receipts This Page (optional) | | 0 0 0 0 0 0 0 | 1100.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedu for each category of the Detailed Summary Pa | he (check only one) |
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| r for commercial purposes, other than using t NAME OF COMMITTEE (In Full) | ne name and address of any political com | any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| College of American Pathologists Po | litical Action Committee | |
| Full Name (Last, First, Middle Initial) B Don Vollman, Dr. | | Date of Receipt |
| Mailing Address 411 East Matthews | | 11 03 2008 |
| City | State Zip Code | Transaction ID: SA11AI.31278 |
| Jonesboro | AR 72401-3142 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Doctors' Anatomic Path Sv- cs. PA | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000 | .00 |
| Full Name (Last, First, Middle Initial) E Keith Volmar, Dr. | | Date of Receipt |
| Mailing Address Rex Pathology Assortation Pathology Laborator | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31417 |
| Raleigh | NC 27607-7505 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Rex Healthcare | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500 | .00 |
| Full Name (Last, First, Middle Initial) D James Weisberger, Dr. | _ _ | Date of Receipt |
| Mailing Address 481 Edward H Ross | Dr | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: SA11AI.31227 |
| Elmwood Park | NJ 07407-3118 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Bio-Reference Laboratories Inc | Occupation Pathologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 310 | .00 |
| | | 1800.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56/87 (check only one) X |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) College of American Pathologists F | Political Action (| Committee | |
| Full Name (Last, First, Middle Initial) O. James White, Dr. | | | Date of Receipt |
| Mailing Address 2001 Webber St | | | 1 1 2 0 2 0 0 8 |
| City Sarasota | State FL | Zip Code 34239 | Transaction ID: SA11AI.31432 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 04200 | 500.00 |
| Name of Employer Sarasota Pathology | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) S Jerome Wilkenfeld, Dr. | | | Date of Receipt |
| Mailing Address PO Box 55008 | | | 10 29 2008 |
| City Houston | State TX | Zip Code | Transaction ID: SA11AI.31448 |
| FEC ID number of contributing federal political committee. | C | 77255-5008 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Spring Branch Med Ctr | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | _ , ' | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) R. Bruce Williams | | | Date of Receipt |
| Mailing Address 2915 Missouri Aver | nue | | 1 0 2 1 2 0 0 8 |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID: SA11AI.31476 |
| FEC ID number of contributing federal political committee. | C | 71109 | Amount of Each Receipt this Period 250.00 |
| Name of Employer The Delta Pathology Group, LLP | Occupation Patholog | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 1250.00 |

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| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 87 (check only one) X |
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| | Statements may not be sold or used by any person name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) College of American Pathologists Pol | litical Action Committee | |
| Full Name (Last, First, Middle Initial) G. Kent Zimmerman, Dr. Mailing Address 2602 S. Gaucho | | Date of Receipt 10 29 2008 |
| City <u>Mesa</u> | State Zip Code AZ 85202 | Transaction ID: SA11AI.31258 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Clin-Path Associates, P.C. | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 300.00 | 1 |

| SUBTOTAL of Receipts This Page (optional) | • | 300.00 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 88605.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 87 (check only one) 11a 11b 11c 12 13 14 15 X 16 17 |
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| Ang or f | y information copied from such Reports and Statements ma for commercial purposes, other than using the name and ad | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| ١. | NAME OF COMMITTEE (In Full) College of American Pathologists Political Action | Committee | |
| | Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS | | Date of Receipt |
| | Mailing Address P.O. Box 71 PO BOX 71 | | 11 13 / 2008 |
| | City State | Zip Code | Transaction ID: SA16.31651 |
| | <u>Clarion</u> IA | 50525 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | 0287045 | 1000.00 |
| | Name of Employer Occupation | n | |
| | Receipt For: 2008 Aggregate Primary X General Other (specify) | e Year-to-Date ▼ 1000.00 | |

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| TOTAL This Period (last page this line number only) | <u> </u> | 1000.00 |

| None IL 60093 Purpose of Disbursement Soft Dollar Credit Card Contributions Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City State Zip Code IL 60093 Purpose of Disbursement Soft Dollars Credit Card Contributions Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB21B.31669 Date of Disbursement this Perion Senate Primary General Other (specify) ▼ Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB21B.31644 Date of Disbursement Transaction ID: SB21B.31644 Date of Disbursement Mailing Address P.O. Box 85024 | SCHEDULE B (FEC Form 3) | Use separate scriedule(s | FOR LINE (check only | NUMBER: PAGE 59 / 87 y one) |
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| r 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) | | Detailed Summary Page | 27 | 28a 28b 28c 29 |
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| City State Zip Code IL 60093 Purpose of Disbursement President Primary General Primary General Mailing Address NoNE It Googs City State Zip Code It Googs Office Sought: House Primary General Primary General Purpose of Disbursement It Googs City None Rath PAC POLITICAL EDUCATION FU Mailing Address NoNE Transaction ID: SB21B.31669 City State Zip Code It Googs Category/ Type Transaction ID: SB21B.31669 Date of Disbursement this Peri Transaction ID: SB21B.31669 Date of Disbursement this Peri Transaction ID: SB21B.31669 Amount of Each Disbursement this Peri Transaction ID: SB21B.31669 Amount of Each Disbursement this Peri Transaction ID: SB21B.31649 Amount of Each Disbursement this Peri Transaction ID: SB21B.31644 Date of Disbursement Time Transaction ID: SB21B.31644 Date of | | ATION FU | | |
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| Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City State Zip Code IL 60093 Purpose of Disbursement Soft Dollars Credit Card Contributions Candidate Name Office Sought: House Primary General Other (specify) ▼ City State Zip Code IL 60093 Amount of Each Disbursement this Peri Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB21B.31669 Date of Disbursement this Peri Tate of Disbursement this Peri Type Amount of Each Disbursement this Peri Type Transaction ID: SB21B.31644 Date of Disbursement Tor: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code VA 23285 Purpose of Disbursement Bank Service Charges Candidate Name Disbursement For: Category/ Type Office Sought: House Category/ Type Office Sought: House Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼ | | Diah.wagaat Farr | | |
| Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU Mailing Address NONE City None State Zip Code IL 60093 Purpose of Disbursement Soft Dollars Credit Card Contributions Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 City Richmond Purpose of Disbursement State Zip Code VA 23285 Category/ Type Transaction ID: SB21B.31669 Date of Disbursement this Period National State Senate Primary General Disbursement For: Senate Primary General District: Transaction ID: SB21B.31644 Date of Disbursement Date of Disbursement this Period National State Stat | Senate President | Primary General | | |
| Mailing Address NONE City State Zip Code 60093 Purpose of Disbursement Soft Dollars Credit Card Contributions Candidate Name Office Sought: House Primary General Sun Trust Bank Mailing Address P.O. Box 85024 City State Zip Code 60093 Amount of Each Disbursement this Peri 350.00 Transaction ID: SB21B.31644 Date of Disbursement Mo M / 20 / 20 0 8 Transaction ID: SB21B.31644 Date of Disbursement Mo M / 20 / 20 0 8 Amount of Each Disbursement this Peri 20 0 1 2 0 | Full Name (Last, First, Middle Initial) | ATION FILE | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | FOR LIN | | | R: | | PA | GE | 60 / 8 | 87 |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 1- | X 21b 27 | П | 22 28a | П | 23 28b | 24 28c | F | 25 29 | 26 30b |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| College of American Pathologists Political | Action Committee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Sun Trust Bank | | | | | | | on ID: | SB21I | 3.31 | 645 | |
| Mailing Address P.O. Box 85024 | | | | | 1 ^M 0 | М | [/] 2 | 1 / Y | Ž | 0 ŏ 8 | 3 Y |
| City Richmond | State Zip Code VA 23285 | | | | Amou | nt o | f Each | Disburse | men | t this f | Period |
| Purpose of Disbursement Bank Service Charges | 777 20200 | | | | | | | | | 50.5 | 0 |
| Candidate Name | | | tegory/ ype | | | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | | | | | | | | | | |
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| City Richmond | State Zip Code VA 23285 | | | | Amou | nt o | f Each | Disburse | men | | |
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| Candidate Name | | | egory/ ype | | | | | | | | |
| Senate President | ement For: Primary General Other (specify) | | | | | | | | | | |
| State: District: | | | | | | | | | | | |
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| Candidate Name | | | egory/ ype | | | | | | | | |
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| State: District: | | | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate sch | | | FOR LIN | | | R: | | PA | AGE | 61 / 8 | 37 | |
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| ITEMIZED DISBURSEMENTS | for each category Detailed Summar | | 1- | X 21b 27 | F | 22 28a | | 23 28b | 24 28c | F | 25 29 | 26 30 | |
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| NAME OF COMMITTEE (In Full) College of American Pathologists Political | Action Committed | е | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024 | | | | | | Date of | | sburse | SB21lement | | 641 0 ŏ 8 | B Y | _ |
| | State Zip Co VA 2328 | | | | | Amou | nt o | f Each | Disburse | men | t this F | Period | _ |
| Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: House Disburse Senate | ment For: | General | | egory/ ype | | | 0 | | | 20 | 086.6 | 1 | |
| President State: District: | Other (specify) | | | | | | | | | | | | _ |
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| / | Full Name (Last, I | First, Middle Initial) MARK WARNER | | | | | | | Date | of D | isburs | | | 31576 | Y |
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| | College of American Pathologists Political | Action Committee | | | | | | | | | | | |
| • | Full Name (Last, First, Middle Initial) FRIENDS OF SENATOR CARL LEVIN | | | | | Date o | | sburs | | | 31600 | Y | |
| | Mailing Address 10 G STREET NE, SUIT | ∃ 470 | | | | 1 0 | | | | L | žοč | | |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS Mailing Address PO BOX 2916 City Huntsville AL 35804 Purpose of Disbursement Candidate Name Office Sought: X House President State: AL District: 05 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address 406 College View Drive City Elizabethtown KY 42701 Purpose of Disbursement Candidate Name Office Sought: X House President State: AL District: 02 Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS Mailing Address 406 College View Drive City Elizabethtown KY 42701 Purpose of Disbursement Candidate Name Office Sought: X House President State: X House Presid | TEMIZED DISBU | RSEMENTS | for each | category of the (| Crieck onl | 22 X 23 24 | |
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| | Mailing Address 7905 Malcolm Road Suite 102 | | | | | 10 | М | [′] 3 | 3 0 | / L | ž 0 (| 8 | |
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| Mailing Address 205 South 5th Suite 428 | Ave | | 10 |
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| <u>v</u> | Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS | S INC. | | | Date o | action ID f Disburs | ement | | | |
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| Janesville WI 53547 Purpose of Disbursement Candidate Name Office Sought: X House President State: WI District: 01 Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS Mailing Address P.O. BOX 5130 City State Zip Code ILL 60204 Purpose of Disbursement Candidate Name Other (specify) ▼ Transaction ID: SB23.31619 Date of Disbursement Mailing Address P.O. BOX 5130 City State Zip Code ILL 60204 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: SB23.31619 Date of Disbursement this Period State: IL District: 09 Full Name (Last, First, Middle Initial) SNYDER FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO Box 250998 Transaction ID: SB23.31553 Date of Disbursement Transaction ID: SB23.31553 Date of Disbursement Transaction ID: SB23.31553 Date of Disbursement | ny Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) College of American Pathologists Politic | Detailed ements may not ame and address | Summary Page ot be sold or used ss of any political | 21b 27 d by any person f | 22 X 23 24 25 29 28a 28b 28c 29 for the purpose of soliciting contributions |
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| NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 City State: WI District: 01 Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS Mailing Address P. O. Box 1919 City State Zip Code IL 60204 City State Zip Code IL 60204 Frimary X General President Candidate Name Cardidate Name Office Sought: X House Senate Primary X General | for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) College of American Pathologists Politic | ame and addre | ss of any political | | |
| Mailing Address P. O. Box 1919 City State Zip Code Janesville WI 53547 Purpose of Disbursement Candidate Name Office Sought: X House President District: 01 Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS Mailing Address P.O. BOX 5130 City State Zip Code WI 53547 Transaction ID: SB23.31619 Date of Disbursement III Transaction ID: SB23.31619 Date of Disbursement IIII Transaction ID: SB23.31619 Date of Disbursement IIII Transaction ID: SB23.31619 Date of Disbursement IIIII Transaction ID: SB23.3153 Date of Disbursement IIIII Transaction ID: SB23.3153 Date of Disbursement IIIIII Transaction ID: SB23.3153 Date of Disbursement IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | | | |
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| Senate Primary X General Other (specify) ▼ State: WI District: 01 Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS Mailing Address P.O. BOX 5130 City State Zip Code IL 60204 Purpose of Disbursement Candidate Name Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial) SSHACE Senate Primary X General Other (specify) ▼ Transaction ID: SB23.31619 Date of Disbursement Mo M / S 3 0 / Y 2 0 0 8 Amount of Each Disbursement this Perior Senate Primary X General Other (specify) ▼ Transaction ID: SB23.31553 Date of Disbursement III District: 09 Full Name (Last, First, Middle Initial) SNYDER FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO Box 250998 City State Zip Code AR 72225 City Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Prisident Senate Other (specify) ▼ Office Sought: X House Senate Prisident Senate Prisident Senate Other (specify) ▼ Office Sought: X House Senate Prisident Senate Other (specify) ▼ Office Sought: X House Senate Prisident Senate Other (specify) ▼ | | | | ٠, | |
| SCHAKOWSKY FOR CONGRESS Mailing Address P.O. BOX 5130 City State Zip Code EVANSTON IL 60204 Purpose of Disbursement Candidate Name Office Sought: X House President State: IL District: 09 Full Name (Last, First, Middle Initial) SNYDER FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO Box 250998 City State Zip Code Primary X General Other (specify) ▼ Category/ Type Transaction ID: SB23,31553 Date of Disbursement M M M M / 2 4 / 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 8 Y 2 0 0 0 8 Y 2 0 0 0 8 Y 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Senate President | Primary | X General | | |
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| SNYDER FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO Box 250998 City State Zip Code Little Rock AR 72225 Purpose of Disbursement Candidate Name Candidate Name Disbursement For: 2008 Senate Primary X General President State: AR District: 02 Senate Other (specify) ▼ | Senate President | Primary | X General | Туре | |
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| <u>/_</u> A . | Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS Mailing Address 6380 Wilshire Blvd. #16 | 12 | | Transaction ID: SB23.31621 Date of Disbursement |
| | City Los Angeles Purpose of Disbursement | State Zip Code CA 90048 | | Amount of Each Disbursement this Period 4000.00 |
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| | Office Sought: X House Senate President State: CA District: 32 | ement For: 2008 Primary X General Other (specify) | | |
| В. | Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS Mailing Address 2501 Wisconsin Avenue | e, NW #304 | | Transaction ID: SB23.31622 Date of Disbursement |
| | City Washington Purpose of Disbursement | State Zip Code DC 20007 | | Amount of Each Disbursement this Period |
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| — C. | Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS | | | Transaction ID: SB23.31625 Date of Disbursement |
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|) . | VAN HOLLEN FOR CONGRESS | | | Date of Disbursement |
| | Mailing Address 10605 Concord Street Suite 202 | | | 10 30 7 2008 |
| | City Kensington | State Zip Code MD 20895 | | Amount of Each Disbursement this Period |
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