

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of IL

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer R. Renee Ellerbroek, Dr.

Signature of Treasurer Electronically Filed by R. Renee Ellerbroek, Dr. Date 12 02 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	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								
8. 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									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	88605.00	399662.00
(i) Itemized (use Schedule A)	9527.00	113033.00
(ii) Unitemized	98132.00	512695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	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 Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	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

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4182.81	10330.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4182.81	10330.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	197385.50	589249.09
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4136.41
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	201568.31	603715.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	201568.31	603715.70

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) 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 1 1 / 0 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31292
	Silvis	IL	61282-1804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Genesis Med Ctr Illini Campus		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 16251 Sylvester Road, SW		M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31308
	Seattle	WA	98166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Highline Community Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Allen Keith Aldred, Dr.		Date of Receipt	
	Mailing Address 3901 W 15th St		M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31341
	Plano	TX	75075-7738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Med Ctr of Plano		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
P. James Almas, Dr.

Mailing Address 171 Winged Foot Circle

City State Zip Code
Jackson MS 39211

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

Name of Employer St. Dominic-Jackson Memorial Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31451

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
M. Victor Alvarez, Dr.

Mailing Address 2045 S 14th Ave Unit 17

City State Zip Code
Yuma AZ 85364-6286

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

Name of Employer Yuma Reg Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31516

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
H Barbara Amaker, Dr.

Mailing Address Dept of Path
600 Gresham Dr

City State Zip Code
Norfolk VA 23507-1999

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

Name of Employer Sentara Norfolk Gen Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31436

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **2035.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Ruth Anker, Dr.
Mailing Address 5100 W Broad St
City Columbus State OH Zip Code 43228-1607
FEC ID number of contributing federal political committee. **C**
Name of Employer Doctors Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt M M / D D / Y Y Y Y
10 / 16 / 2008
Transaction ID: SA11AI.31280
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
R. Thomas Arejola, Dr.
Mailing Address 1128 Parklane Dr NW
City New Philadelphia State OH Zip Code 44663-1345
FEC ID number of contributing federal political committee. **C**
Name of Employer Union Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y
10 / 16 / 2008
Transaction ID: SA11AI.31481
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
L Deniz Aslan, Dr.
Mailing Address 2247 Edgcumbe Rd
City Saint Paul State MN Zip Code 55116-2473
FEC ID number of contributing federal political committee. **C**
Name of Employer VAMC Minneapolis Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt M M / D D / Y Y Y Y
10 / 17 / 2008
Transaction ID: SA11AI.31499
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Melhem Adel Assaad, Dr.</p> <p>Mailing Address Dept of Path C6-PTH 1100 Ninth Ave</p> <p>City State Zip Code Seattle WA 98101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Virginia Mason Medical Ce- Pathologist nter</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: SA11AI.31502</p> <p>Amount of Each Receipt this Period 250.00</p> </p>	M M / D D / Y Y Y Y	1 0 / 2 9 / 2 0 0 8
M M / D D / Y Y Y Y			
1 0 / 2 9 / 2 0 0 8			

<p>B. Full Name (Last, First, Middle Initial) Melhem Adel Assaad, Dr.</p> <p>Mailing Address Dept of Path C6-PTH 1100 Ninth Ave</p> <p>City State Zip Code Seattle WA 98101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Virginia Mason Medical Ce- Pathologist nter</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 1 / 0 6 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: SA11AI.31503</p> <p>Amount of Each Receipt this Period 250.00</p> </p>	M M / D D / Y Y Y Y	1 1 / 0 6 / 2 0 0 8
M M / D D / Y Y Y Y			
1 1 / 0 6 / 2 0 0 8			

<p>C. Full Name (Last, First, Middle Initial) C Robert Babkowski, Dr.</p> <p>Mailing Address Dept of Path & Lab Med 30 Shelburne Rd</p> <p>City State Zip Code Stamford CT 06902-3628</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stamford Hospital Pathologist</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 0 / 1 6 / 2 0 0 8</td> </tr> </table> <p>Transaction ID: SA11AI.31472</p> <p>Amount of Each Receipt this Period 1000.00</p> </p>	M M / D D / Y Y Y Y	1 0 / 1 6 / 2 0 0 8
M M / D D / Y Y Y Y			
1 0 / 1 6 / 2 0 0 8			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul Bachner

Mailing Address Dept of Path & Lab Med
MS 119

City Lexington State KY Zip Code 40536-0298

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

Name of Employer Univ of Kentucky Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.31486
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
E. Michael Bailey, Dr.

Mailing Address PO Box 3758

City Corpus Christi State TX Zip Code 78463-3758

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

Name of Employer Pathology Associates of Corpus Christi Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31390
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A. Jane Bennett-Munro, Dr.

Mailing Address PO Box 409
650 Addison Ave W

City Twin Falls State ID Zip Code 83301

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

Name of Employer Magic Valley Reg Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31456
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G. Jared Block, Dr.

Mailing Address 2928 Forest Park Dr

City State Zip Code
Charlotte NC 28209-1402

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

Name of Employer: Carolinas Med Ctr - University
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2008

Transaction ID: SA11AI.31248

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
J. Richard Boatsman, Dr.

Mailing Address Department of Pathology
Box 129

City State Zip Code
Lawton OK 73502

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

Name of Employer: Comanche County Mem Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2008

Transaction ID: SA11AI.31262

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
W. Henry Bockelman, Dr.

Mailing Address Department of Pathology
600 Mary Street

City State Zip Code
Evansville IN 47747

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

Name of Employer: Deaconess Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: SA11AI.31273

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Miller Alyson Booth, Dr.
Mailing Address 1840 Wealthy St SE
City Grand Rapids State MI Zip Code 49506-2921
FEC ID number of contributing federal political committee. **C**
Name of Employer Spectrum Health Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 05 / 2008
Transaction ID: SA11AI.31446
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Hecht Edward Bossen, Dr.
Mailing Address 2811 Wade Road
City Durham State NC Zip Code 27705-5622
FEC ID number of contributing federal political committee. **C**
Name of Employer Duke Univ Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 20 / 2008
Transaction ID: SA11AI.31281
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Lee Clifton Bridges, Dr.
Mailing Address 1456 William St
City Leesburg State FL Zip Code 34748
FEC ID number of contributing federal political committee. **C**
Name of Employer Diagnostic Pathology Associates Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 03 / 2008
Transaction ID: SA11AI.31277
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) A. Robert Calhoun, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Department of Pathology 211 Church Street	Transaction ID: SA11AI.31433
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saratoga Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) D Jeffrey Cao, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Dept of Path Alumi Hall for Basic Science	Transaction ID: SA11AI.31332
	City State Zip Code Loma Linda CA 92350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Loma Linda Univ Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) K. David Carter, Dr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address Department of Pathology 407 E. 3rd St.	Transaction ID: SA11AI.31469
	City State Zip Code Duluth MN 55805	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Mary's/Duluth Clinic Health System Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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)

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

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

A.

Full Name (Last, First, Middle Initial) Victor Casas		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address Dept of Path 65 James St		Transaction ID: SA11AI.31316
City Edison	State NJ	Zip Code 08818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer John F. Kennedy Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) B. James Cash, Dr.		Date of Receipt MM / DD / YYYY 10 / 19 / 2008
Mailing Address Laboratory 2693 Forest Hills Rd		Transaction ID: SA11AI.31283
City Wilson	State NC	Zip Code 27893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Patholog- y, Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) K Samuel Caughron, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address 1605 Cobble Creek Trail		Transaction ID: SA11AI.31514
City Billings	State MT	Zip Code 59106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yellowstone Pathology Ins- titute Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Lizardo Cerezo

Mailing Address Dept of Path
1414 Kuhl Ave

City State Zip Code
Orlando FL 32806-2115

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

Name of Employer Occupation
Orlando Regional Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.31382

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
L. Lisa Chandler, Dr.

Mailing Address Path Dept
Hwy 16 East PO Box 1607

City State Zip Code
Canton MS 39042

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

Name of Employer Occupation
Madison Regional Medical Center Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11AI.31336

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
C. Paul Chang

Mailing Address Dept of Pathology
800 S Washington Ave

City State Zip Code
Saginaw MI 48601-2524

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

Name of Employer Occupation
St Mary's of Michigan Medical Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31459

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W. John Chowning, Dr.
Mailing Address 111 Franklin Health Commons
City Farmington State ME Zip Code 04938
FEC ID number of contributing federal political committee. **C**
Name of Employer Franklin Memorial Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31289
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Atwell Coleman
Mailing Address Department of Pathology Taylor @ Marion St
City Columbia State SC Zip Code 29220
FEC ID number of contributing federal political committee. **C**
Name of Employer Palmetto Hlth Baptist Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31384
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Scott Bradford Collins, Dr.
Mailing Address 955 Ribaut Rd
City Beaufort State SC Zip Code 29902-5441
FEC ID number of contributing federal political committee. **C**
Name of Employer Beaufort Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31224
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Douglas Paul Cook, Dr.		Date of Receipt																					
	Mailing Address Path Dept 1000 W 10th St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	6		2	0	0	8														
	City State Zip Code Rolla MO 65401-2905		Transaction ID: SA11AI.31402																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation Phelps County Reg Med Ctr Pathologists		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1000.00																						

B.	Full Name (Last, First, Middle Initial) J. Barbara Crain, Dr.		Date of Receipt																					
	Mailing Address Univ. School of Med 720 Rutland Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	2		2	0	0	8														
	City State Zip Code Baltimore MD 21205		Transaction ID: SA11AI.31321																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																						
Name of Employer Occupation Johns Hopkins Hosp Pathologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 300.00																						

C.	Full Name (Last, First, Middle Initial) B. David Danner, Dr.		Date of Receipt																					
	Mailing Address Laboratory 219 S Washington St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	1		2	0	0	8														
	City State Zip Code Easton MD 21601		Transaction ID: SA11AI.31348																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00																						
Name of Employer Occupation Memorial Hosp Pathologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 300.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 87

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) S. DeWitt Davenport, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008		
	Mailing Address PO Box 2918		Transaction ID: SA11AI.31279		
	City Harlingen	State TX	Zip Code 78551-2918	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Valley Baptist Med Ctr		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) E.G. Georgan DeBlois, Dr.		Date of Receipt MM / DD / YYYY 11 / 24 / 2008		
	Mailing Address Department of Pathology 1401 Johnston-Willis Dr.		Transaction ID: SA11AI.31263		
	City Richmond	State VA	Zip Code 23235-4789	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
Name of Employer Commonwealth Lab Consultants		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Ramon Fernando De Castro, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008		
	Mailing Address 250 Fountain Ct		Transaction ID: SA11AI.31276		
	City Lexington	State KY	Zip Code 40509-1888	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Dermatopathology Reference Lab		Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 87
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
R. James DeVillier, Dr.
Mailing Address 296 Denada Path

City State Zip Code
Roxboro NC 27574

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.31522

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
A Patricia Devine, Dr.
Mailing Address 200 F Main St 302

City State Zip Code
Stoneham MA 02180

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

Name of Employer Lowell General Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31333

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
S. Paul Dickman, Dr.
Mailing Address Department of Pathology/Laboratory
1919 E Thomas Rd

City State Zip Code
Phoenix AZ 85016-7710

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

Name of Employer Phoenix Children's Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.31403

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Jay Dieckhoff, Dr.	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address Dept of Path 11th St & Broadway	Transaction ID: SA11AI.31228
	City Quincy State IL Zip Code 62301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blessing Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) F Paul Edmonson, Dr.	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 200 NW 143rd St	Transaction ID: SA11AI.31381
	City Seattle State WA Zip Code 98177-3935	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northwest Pathology Services, Inc. Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) W. Gerald Eggers, Dr.	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address Department of Pathology 3333 Silas Creek Parkway	Transaction ID: SA11AI.31288
	City Winston-Salem State NC Zip Code 27103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Forsyth Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W. Jordan Eggers, Dr.
Mailing Address 38 Woodland Dr
City State Zip Code
Boyce LA 71409-9611
FEC ID number of contributing federal political committee. **C**
Name of Employer Rapides Regional Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31413
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Gilbert Paul Ellerbeck, Dr.
Mailing Address 350 N Grandview Ave
City State Zip Code
Dubuque IA 52001-6388
FEC ID number of contributing federal political committee. **C**
Name of Employer United Clinical Laboratories Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 06 / 2008
Transaction ID: SA11AI.31482
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
M Galen Eversole, Dr.
Mailing Address Dept of Path
4230 Burnham Ave
City State Zip Code
Las Vegas NV 89119
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diag @ Spring Valley Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31410
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward Ewing	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address Lab 405 W Grand Ave	Transaction ID: SA11AI.31297
	City Dayton State OH Zip Code 45405-4720	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grandview Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) D. Rebecca Folkerth, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address Department of Pathology 75 Francis St	Transaction ID: SA11AI.31236
	City Boston State MA Zip Code 02115-6110	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brigham & Women's Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) J. William Frable, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address Gateway Bldg, Rm 6205 1200 E Marshall St	Transaction ID: SA11AI.31500
	City Richmond State VA Zip Code 23219	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VCU Health System Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M Mostafa Fraig, Dr.

Mailing Address Dept of Path Bldg AA
4940 Eastern Ave Rm 154B

City Baltimore State MD Zip Code 21224-2735

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

Name of Employer Johns Hopkins Bayview Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31320
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Jane Marla Franks, Dr.

Mailing Address Laboratory
3950 Austell Road

City Austell State GA Zip Code 30106

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

Name of Employer Wellstar Cobb Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31506
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
S. Lester Freedman, Dr.

Mailing Address Department of Pathology
2201 Hempstead Turnpike

City East Meadow State NY Zip Code 11554

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

Name of Employer Nassau Univ Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.31371
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Frost

Mailing Address 3701 S Higuera St
Ste 200

City San Luis Obispo State CA Zip Code 93401-7462

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

Name of Employer Central Coast Pthlgy Cnsl-tns Occupation Unaffiliated

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2008
Transaction ID: SA11AI.31255
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
J. Steve Galatzan, Dr.

Mailing Address Doctors Regional Lab
3315 S Alameda

City Corpus Christi State TX Zip Code 78411

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

Name of Employer Corpus Christi Med Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.31267
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Daniel John Gentry, Dr.

Mailing Address 7423 N 118th Cir

City Omaha State NE Zip Code 68142-1624

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

Name of Employer Univ of Nebraska Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31489
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 87

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M Paul Gibbs, Dr.

Mailing Address 2308 Sandridge Dr

City State Zip Code
Dayton OH 45439-1856

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

Name of Employer Occupation
CompuNet Clinical Labs Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31264

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
A. Gary Gochman, Dr.

Mailing Address Dept of Pathology
9400 E. Rosecrans Avenue

City State Zip Code
Bellflower CA 90706

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

Name of Employer Occupation
Kaiser Permanente Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31323

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
C Juan Gonzalez-Vitale, Dr.

Mailing Address Dept of Path
2801 N Gantenbein Ave

City State Zip Code
Portland OR 97227-1623

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

Name of Employer Occupation
Emanuel Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31286

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Buntyn Paul Googe, Dr.

Mailing Address 315 Erin Dr

City State Zip Code
Knoxville TN 37919-6202

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

Name of Employer Occupation
Knoxville Dermatopathology Pathologist
Laboratorie

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31325

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Fred Gorstein

Mailing Address Dept of Path Anat & Cell Bio
132 South 10th St

City State Zip Code
Philadelphia PA 19107

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

Name of Employer Occupation
Thomas Jefferson Univ Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31478

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. Joseph Goswitz, Dr.

Mailing Address 311 Woodlawn Avenue

City State Zip Code
St. Paul MN 55105

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

Name of Employer Occupation
Unaffiliated Pathologist

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

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

Transaction ID: SA11AI.31350

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Travis Green, Dr.
Mailing Address 2922 Quail Oak
City San Antonio State TX Zip Code 78232
FEC ID number of contributing federal political committee. **C**
Name of Employer Path Ref Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31386
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Edina Grujic
Mailing Address Bryn Mawr Hospital Path 130 Bryn Mawr Ave
City Bryn Mawr State PA Zip Code 19010
FEC ID number of contributing federal political committee. **C**
Name of Employer Bryn Mawr Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31241
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
M Thomas Gudewicz, Dr.
Mailing Address 37 Port Royale Road
City Coronado State CA Zip Code 92118
FEC ID number of contributing federal political committee. **C**
Name of Employer Naval Med Ctr-San Diego Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.31373
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C. Ana Gutierrez, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 50 Casa de Amigos	Transaction ID: SA11AI.31261
	City State Zip Code Brownsville TX 78521-2742	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Colombia Valley Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) A. Jedd Hagen, Dr.	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address West Central Pathology PO Box 841	Transaction ID: SA11AI.31463
	City State Zip Code Carroll IA 51401	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Anthony Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dwayne Brent Hall, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address PO Box 1818	Transaction ID: SA11AI.31528
	City State Zip Code Boone NC 28607-1818	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation unaffiliated Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carl Gordon Handte, Dr.

Mailing Address 1800 E Park Ave

City State Zip Code
State College PA 16803-6701

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

Name of Employer Occupation
Mount Nittany Med Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: SA11AI.31368

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3701 S Higuera St

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer Occupation
Central Coast Pathology Consultants Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2008

Transaction ID: SA11AI.31256

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. John Harbour, Dr.

Mailing Address 416 Wellfield Rd

City State Zip Code
Manakin-Sabot VA 23103

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

Name of Employer Occupation
Bon Secours St. Mary's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2008

Transaction ID: SA11AI.31232

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Joseph Harmon, Dr.
Mailing Address 638 Rue De Muckle
City Mount Pleasant State SC Zip Code 29464-4364
FEC ID number of contributing federal political committee. **C**
Name of Employer Coastal Pathology Laboratories Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31260
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Kent Harshbarger, Dr.
Mailing Address 361 W Third St
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer Montgomery County Coroner's Office Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 535.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31364
Amount of Each Receipt this Period 535.00

C. Full Name (Last, First, Middle Initial)
M. Michelle Hebert, Dr.
Mailing Address PO Box 4001
110 Memorial Hospital Dr
City Huntsville State TX Zip Code 77342-4001
FEC ID number of contributing federal political committee. **C**
Name of Employer Huntsville Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31310
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2535.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
S David Hewitt, Dr.

Mailing Address 316 S Dunworth St

City Visalia State CA Zip Code 93292-6702

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

Name of Employer Visalia Path Grp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31505
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
E. A. Shirley Howard, Dr.

Mailing Address PO Box 911

City Coarsegold State CA Zip Code 93614

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31521
Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
G Robert Huber, Dr.

Mailing Address 205 Ozark Trl

City Madison State WI Zip Code 53705-2532

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11AI.31524
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 87
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Wayne Bruce Hughes, Dr.
Mailing Address PO Box 9010

City State Zip Code
Kokomo IN 46904-9010

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

Name of Employer Occupation
St. Joseph Hosp & Health Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.31465

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
M Douglas Hughes, Dr.
Mailing Address 6063 Sabal Creek Blvd

City State Zip Code
Port Orange FL 32128

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

Name of Employer Occupation
Halifax Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31301

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
S. Mehraboon Irani, Dr.
Mailing Address 1100 Central Ave S.E.

City State Zip Code
Albuquerque NM 87106

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

Name of Employer Occupation
Presbyterian Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31404

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 87

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

R Steven Jacobs, Dr.

Mailing Address 3000 Sillect Ave

City State Zip Code
Bakersfield CA 93308-6336

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

Name of Employer Occupation
Bakersfield Pathology Med Pathologist
Group

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

Date of Receipt

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

Transaction ID: SA11AI.31217

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Emmett William Jefferson, Dr.

Mailing Address 101 Elm Ave SE

City State Zip Code
Roanoke VA 24013-2222

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

Name of Employer Occupation
Carilion Roanoke Mem Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31246

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ziba Jelveh

Mailing Address 575 Underhill Blvd.

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
Quest Diagnostics Inc Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31411

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) D. Malcolm Joel, Dr.		Date of Receipt MM / DD / YYYY 11 / 20 / 2008
Mailing Address Dept of Pathology 1170 Cleveland Ave		Transaction ID: SA11AI.31442
City East Point	State Zip Code GA 30344-3615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Fulton Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) M David Johnson, Dr.		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
Mailing Address 2300 W Edward St		Transaction ID: SA11AI.31274
City Decatur	State Zip Code IL 62526	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Decatur Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) T. Michael Kafka, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
Mailing Address Department of Pathology 2720 Stone Park Blvd		Transaction ID: SA11AI.31458
City Sioux City	State Zip Code IA 51104	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St. Luke's Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Zahid Kaleem

Mailing Address Dept of Path
2316 E Meyer Blvd

City State Zip Code
Kansas City MO 64132-1136

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

Name of Employer Research Medical Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2008

Transaction ID: SA11AI.31415

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Elwin Marc Keen, Dr.

Mailing Address Director of Clinical Laboratory
One Atkinson Drive

City State Zip Code
Ludington MI 49431-9431

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

Name of Employer Memorial Med Ctr of W Michigan Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2008

Transaction ID: SA11AI.31349

Amount of Each Receipt this Period
2500.00

C.

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

Mailing Address 3202 Salinas Ct

City State Zip Code
Irving TX 75062

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

Name of Employer Baylor Med Center at Irving Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.31219

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 87

(check only one)

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

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

A.

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

Mailing Address 3601 W. 13 Mile Road

City State Zip Code
Royal Oak MI 48073-6769

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

Name of Employer Occupation
William Beaumont Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31512

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
L Dennis Laffay, Dr.

Mailing Address 18856 North Valley

City State Zip Code
Fairview Park OH 44126

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

Name of Employer Occupation
Hillcrest Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31309

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Myla Lai-Goldman

Mailing Address 1310 Old Lystra Rd

City State Zip Code
Chapel Hill NC 27517-9170

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

Name of Employer Occupation
unaffiliated Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 87

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M.Y. Ronald Lam, Dr.

Mailing Address Department of Pathology
200 Berteau Ave

City State Zip Code
Elmhurst IL 60126

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

Name of Employer Occupation
Elmhurst Memorial Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31284

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
D.K. Clarke Lambe, Dr.

Mailing Address 8900 N Central Ave Ste 103

City State Zip Code
Phoenix AZ 85020-2846

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

Name of Employer Occupation
John C Lincoln Hosp-North Mountain Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31315

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
L Rosanna Lapham, Dr.

Mailing Address Dept of Path
106 Venture Blvd

City State Zip Code
Spartanburg SC 29306

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

Name of Employer Occupation
Spartanburg Path Consultants Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E. Philip LeBoit, Dr.

Mailing Address 1701 Divisadero St Rm 350

City San Francisco State CA Zip Code 94115-3011

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

Name of Employer Univ of California San Francisco Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31483
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
M. Darlene Lee, Dr.

Mailing Address 1200 N Beaver

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Flagstaff Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31287
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
G.B. Debra Leonard, Dr.

Mailing Address Weill Cornell Med Ctr
525 E 68th St

City New York State NY Zip Code 10021

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

Name of Employer New York Presbyterian Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31375
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.		Date of Receipt	
	Mailing Address PO Box 870 1209 Bishop ST		M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 8	
	City State Zip Code Union City TN 38281-0870		Transaction ID: SA11AI.31218	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Baptist Memorial Hosp-Uni-on City Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) H Glenn Littell, Dr.		Date of Receipt	
	Mailing Address Young Novis Professional Assn 789 Central Ave		M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8	
	City State Zip Code Dover NH 03820		Transaction ID: SA11AI.31507	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Occupation Wentworth-Douglass Hosp Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) L. Fernando Lomba, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 2500 Harbor Blvd		M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8	
	City State Zip Code Port Charlotte FL 33952		Transaction ID: SA11AI.31398	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
	Name of Employer Occupation Peace River Regional Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 40 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Richard Lozano, Dr.

Mailing Address Dept of Path
290 Big Run Rd

City Lexington State KY Zip Code 40502

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

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31387
Amount of Each Receipt this Period 1000.00

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

Mailing Address 586 Sombrillo

City Arroyo Grande State CA Zip Code 93420-1441

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

Name of Employer Central Coast Pthlgy Cnsl-tns Occupation Pathologists

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2008
Transaction ID: SA11AI.31253
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
S. Judy Lyzak, Dr.

Mailing Address Department of Pathology
1201 S Main St

City Crown Point State IN Zip Code 46307

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

Name of Employer St. Anthony Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31464
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Ruth Macke, Dr.

Mailing Address Dept of Pathology
St. Luke's Hospital

City Cedar Rapids State IA Zip Code 52402-5036

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

Name of Employer St Luke's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31455
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Patrice Anne Marshall, Dr.

Mailing Address Dept of Pathology
290 Big Run Rd

City Lexington State KY Zip Code 40503

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

Name of Employer Pathology & Cytology Labs Inc. Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11AI.31388
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
A. Carlos Mattioli, Dr.

Mailing Address 900 S. Bryan Rd.

City Mission State TX Zip Code 78572

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

Name of Employer Mission Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31361
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 87
(check only one)

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

A. Full Name (Last, First, Middle Initial)
E. John McDonald, Dr.

Mailing Address Dept of Pathology
4401 Booth Calloway

City North Richland Hil State TX Zip Code 76180

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

Name of Employer North Hills Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31376
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
James Douglas McGrady, Dr.

Mailing Address 112 Oak Haven

City Morton State IL Zip Code 61550

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

Name of Employer Methodist Med Ctr of Illinois Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31357
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
D. John Milam, Dr.

Mailing Address Dept of Path and Lab Med
6431 Fannin St

City Houston State TX Zip Code 77030

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: SA11AI.31494
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Deepak Mohan

Mailing Address Medical Lab Director
500 W Hospital Rd

City French Camp State CA Zip Code 95231

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

Name of Employer San Joaquin General Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt 10 / 17 / 2008
Transaction ID: SA11AI.31431
Amount of Each Receipt this Period 600.00

B. Full Name (Last, First, Middle Initial)
Saeid Movahedi-Lankarani

Mailing Address Dept Of Path Internal Zip 11136
800 E 28th St

City Minneapolis State MN Zip Code 55407-3723

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

Name of Employer Abbott Northwestern Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2008
Transaction ID: SA11AI.31203
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Van Allen Keith Nance, Dr.

Mailing Address Department of Pathology
4420 Lake Boone Trail

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer Rex Healthcare Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2008
Transaction ID: SA11AI.31420
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address ACL Laboratories 2900 W. Oklahoma Avenue	Transaction ID: SA11AI.31457
	City State Zip Code Milwaukee WI 53215-4330	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Luke's Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Nagabhushanam Nimmagadda	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address Dept of Path 1 Brookdale Plz	Transaction ID: SA11AI.31240
	City State Zip Code Brooklyn NY 11212-3139	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Brookdale Univ Hosp Med Ctr Occupation Pathologists Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) E. Lucien Nochomovitz, Dr.	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address Path 300 Community Dr	Transaction ID: SA11AI.31377
	City State Zip Code Manhasset NY 11030	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Shore Univ Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) I Donnan O'Carroll, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	Mailing Address Dept of Path 900 W Clairemont Ave	Transaction ID: SA11AI.31430
	City Eau Claire State WI Zip Code 54701-6122	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sacred Heart Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 8
	Mailing Address 1004 1st ST N SUITE 200	Transaction ID: SA11AI.31272
	City ALABASTER State AL Zip Code 35007-8796	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cytology & Pathology Services Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) G. Cooley Pantazis, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Mailing Address 2240 SE 5th Street	Transaction ID: SA11AI.31305
	City Ocala State FL Zip Code 34471	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Munroe Regional Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
M. Cecilia Parada, Dr.

Mailing Address 5751 Hoover Blvd

City State Zip Code
Tampa FL 33634-5340

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

Name of Employer Occupation
Ruffolo, Hooper & Associates Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31428

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
G Richard Patton, Dr.

Mailing Address Dept of Path A220
1550 N 115th St

City State Zip Code
Seattle WA 98133

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

Name of Employer Occupation
Northwest Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31379

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
G William Price, Dr.

Mailing Address 2900 Tyler Rd

City State Zip Code
Christiansburg VA 24073-6374

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

Name of Employer Occupation
Carilion New River Valley Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31243

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G Thomas Puckett, Dr.

Mailing Address Dept of Path
421 S 28th Ave Ste 310

City State Zip Code
Hattiesburg MS 39401-7208

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

Name of Employer Occupation
Hattiesburg Clinic, PA Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2008

Transaction ID: SA11AI.31304

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
D. Bruce Ragsdale, Dr.

Mailing Address 3701 S Higuera St Ste 200

City State Zip Code
San Luis Obispo CA 93401-7462

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

Name of Employer Occupation
Central Coast Pathology Consultants Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2008

Transaction ID: SA11AI.31251

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
M David Reardon, Dr.

Mailing Address Lab
1620 Med Ln Ste 100

City State Zip Code
Ft Myers FL 33907

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

Name of Employer Occupation
AmeriPath Florida Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.31209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ann Rita Reik, Dr.
Mailing Address 2799 Palm Deer Dr
City Loxahatchee State FL Zip Code 33470-2564
FEC ID number of contributing federal political committee. **C**
Name of Employer Broward County Med Examiner Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31501
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
H. Michael Reilly, Dr.
Mailing Address Department of Pathology
223 N. Van Dien Avenue
City Ridgewood State NJ Zip Code 07450-2736
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 27 / 2008
Transaction ID: SA11AI.31497
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Randolph David Rizzuto, Dr.
Mailing Address 10384 SE 41st Ter
City Belleview State FL Zip Code 34420-6848
FEC ID number of contributing federal political committee. **C**
Name of Employer Leesburg Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 03 / 2008
Transaction ID: SA11AI.31328
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) J Gary Roloson, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Department of Pathology 1305 W Jefferson St Ste 140		Transaction ID: SA11AI.31220
	City Waxahachie	State TX	Zip Code 75165-2255
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Baylor Univ Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) J Assad Saad, Dr.		Date of Receipt MM / DD / YYYY 11 / 20 / 2008
	Mailing Address Pathology Lab 1441 N Beckley Ave		Transaction ID: SA11AI.31353
	City Dallas	State TX	Zip Code 75203-1201
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Methodist Dallas Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) F Jay Schamberg, Dr.		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 2901 W Kinnickinnic River Pkwy Ste 512		Transaction ID: SA11AI.31211
	City Milwaukee	State WI	Zip Code 53215-3660
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Aurora Health Care	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lawrence Wm. Selby, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Dept of Path 68 Hospital Rd	Transaction ID: SA11AI.31367
	City State Zip Code Sylva NC 28779-2722	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mountain Pathology Services Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) F. Mack Sexton	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 17836 John Connor Rd	Transaction ID: SA11AI.31393
	City State Zip Code Cornelius NC 28031-7659	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pathology Assocs Svcs Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) B. Ervin Shaw, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Department of Pathology 2720 Sunset Blvd.	Transaction ID: SA11AI.31330
	City State Zip Code West Columbia SC 29169-4810	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lexington Med Ctr Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tam Diane Singer, Dr.

Mailing Address 19951 Mariner Ave Ste 160

City State Zip Code
Torrance CA 90503

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

Name of Employer Pathology Inc., a Medical Corporation
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.31394

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Michael Steve Skoumal, Dr.

Mailing Address 1950 E Clark St

City State Zip Code
Pocatello ID 83201

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

Name of Employer Western Pathology Associates
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31508

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sawyer Randall Smith, Dr.

Mailing Address 1414 Bayvista

City State Zip Code
Brandon MS 39047-8654

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

Name of Employer St Dominic-Jackson Mem Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.31450

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) M. Ray Smith, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Department of Labs. 150 Kingsley Ln	Transaction ID: SA11AI.31231
	City State Zip Code Norfolk VA 23505-4602	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bon Secours DePaul Medical Center Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) L John Stavinoha, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Department of Pathology 7600 Beechnut St Fl 2	Transaction ID: SA11AI.31347
	City State Zip Code Houston TX 77074-4302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Memorial Hermann SW Hosp Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) A. Raed Sulaiman, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Dept of Path 800 E 21st St	Transaction ID: SA11AI.31215
	City State Zip Code Sioux Falls SD 57105-1016	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Avera McKennan Hosp Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) R Hassan Tahhan, Dr.	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address Dept of Pathology 600 Gresham Dr	Transaction ID: SA11AI.31438
	City Norfolk State VA Zip Code 23507-1904	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sentara Norfolk Gen Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) L. William Thelmo, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Dept of Path 374 Stockholm St	Transaction ID: SA11AI.31513
	City Brooklyn State NY Zip Code 11237	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wyckoff Heights Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 535.00	

C.	Full Name (Last, First, Middle Initial) V. Devendra Trivedi, Dr.	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address Peoria-Tazewell Pathology Group 221 NE Glen Oak Avenue	Transaction ID: SA11AI.31356
	City Peoria State IL Zip Code 61636	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Methodist Med Ctr of Illinois Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	2035.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Timothy Charles Via, Dr.
Mailing Address 1812 Bellview
City Roanoke State VA Zip Code 24013-2222
FEC ID number of contributing federal political committee. **C**
Name of Employer Carilion Roanoke Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.31245
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
M Connie Vitali, Dr.
Mailing Address Dept of Path 2400 N Rockton Ave
City Rockford State IL Zip Code 61103-3655
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockford Mem Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 20 / 2008
Transaction ID: SA11AI.31427
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lea Andrea Volk, Dr.
Mailing Address 4225 E Fowler Ave
City Tampa State FL Zip Code 33617
FEC ID number of contributing federal political committee. **C**
Name of Employer Quest Diagnostics Inc Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 16 / 2008
Transaction ID: SA11AI.31412
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 87

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) B Don Vollman, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 411 East Matthews	Transaction ID: SA11AI.31278
	City State Zip Code Jonesboro AR 72401-3142	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Doctors' Anatomic Path Sv- cs, PA	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) E Keith Volmar, Dr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address Rex Pathology Associates Pathology Laboratory	Transaction ID: SA11AI.31417
	City State Zip Code Raleigh NC 27607-7505	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Rex Healthcare	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) D James Weisberger, Dr.	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 481 Edward H Ross Dr	Transaction ID: SA11AI.31227
	City State Zip Code Elmwood Park NJ 07407-3118	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bio-Reference Laboratories Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
O. James White, Dr.

Mailing Address 2001 Webber St

City State Zip Code
Sarasota FL 34239

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

Name of Employer Occupation
Sarasota Pathology Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31432

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
S Jerome Wilkenfeld, Dr.

Mailing Address PO Box 55008

City State Zip Code
Houston TX 77255-5008

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

Name of Employer Occupation
Spring Branch Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.31448

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
R. Bruce Williams

Mailing Address 2915 Missouri Avenue

City State Zip Code
Shreveport LA 71109

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

Name of Employer Occupation
The Delta Pathology Group, LLP Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.31476

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G. Kent Zimmerman, Dr.

Mailing Address 2602 S. Gaucho

City	State	Zip Code
Mesa	AZ	85202

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

Name of Employer
Clin-Path Associates, P.C.

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.31258

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	88605.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS		Date of Receipt
	Mailing Address P.O. Box 71 PO BOX 71		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 3 / 2 0 0 8
	City	State	Zip Code
	Clarion	IA	50525
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.31651
	Name of Employer		Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1000.00	
Occupation		Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Soft Dollar Credit Card Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31668 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1100.00</p>
<p>B. Full Name (Last, First, Middle Initial) None PathPAC POLITICAL EDUCATION FU</p> <p>Mailing Address NONE</p> <p>City None State IL Zip Code 60093</p> <p>Purpose of Disbursement Soft Dollars Credit Card Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31669 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p>C. Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31644 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 332.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1782.05

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 87

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31645 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>50.50</td></tr></table>	50.50																		
50.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31648 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>76.85</td></tr></table>	76.85																		
76.85																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31640 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>94.25</td></tr></table>	94.25																		
94.25																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>221.60</td></tr></table>	221.60
221.60		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31641 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="2086.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31642 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="42.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.31643 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="50.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2179.16"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4182.81"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Alexander for Senate</p> <p>Mailing Address 1130 8th Avenue South</p> <p>City Nashville State TN Zip Code 37203</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31572</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AL GREEN FOR CONGRESS</p> <p>Mailing Address 3003 South Loop West Suite 321</p> <p>City Houston State TX Zip Code 77054</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31578</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31579</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 87

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

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

<p>A. Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 131134</p> <p>City Birmingham State AL Zip Code 35213</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06</p>	<p>Transaction ID: SB23.31583 Date of Disbursement: 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 09</p>	<p>Transaction ID: SB23.31581 Date of Disbursement: 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bistro Bis</p> <p>Mailing Address 15 E Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind Contribution <input type="checkbox"/></p> <p>Candidate Name FRIENDS OF MARK WARNER <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: VA District: 00 Other</p>	<p>Transaction ID: SB23.31657 Date of Disbursement: 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 480.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2480.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: SB23.31659
	Mailing Address 15 E Street NW	Date of Disbursement 10 / 29 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 1162.34
	Purpose of Disbursement In-Kind Contribution	
	Candidate Name FRIENDS OF MARK WARNER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: VA District: 00	Other

B.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.31530
	Mailing Address 3220 COBB GALLERIA PKWY	Date of Disbursement 10 / 23 / 2008
	City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 00	

C.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.31636
	Mailing Address 3220 COBB GALLERIA PKWY	Date of Disbursement 11 / 12 / 2008
	City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: GA District: 00	Runoff

SUBTOTAL of Disbursements This Page (optional)	▶	11162.34
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: LA District: 07
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31538

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Mailing Address 98 East Avenue Rear Building
98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CT District: 04
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31539

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address 499 South Capitol Street, SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District: 04
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31584

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.31585 Date of Disbursement 10 / 30 / 2008
	Mailing Address 426 C STREET, NE	Amount of Each Disbursement this Period 4000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.31564 Date of Disbursement 10 / 28 / 2008
	Mailing Address 680 TRANSFER ROAD SUITE A	Amount of Each Disbursement this Period 2000.00
	City ST PAUL State MN Zip Code 55114	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.31540 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO BOX 1096	Amount of Each Disbursement this Period 1500.00
	City BANGOR State ME Zip Code 04402	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.31586

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 8665 WILSHIRE BLVD #220

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.31587

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

C.

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

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.31588

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CULBERSON, JOHN</p> <p>Mailing Address P.O. Box 41964</p> <p>City Houston State TX Zip Code 77241</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31541</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 1631</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31562</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Diana DeGette for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31589</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DOGGETT FOR U S CONGRESS COMMITTEE	Transaction ID: SB23.31590 Date of Disbursement 10 / 30 / 2008
	Mailing Address PO BOX 5843	Amount of Each Disbursement this Period 3000.00
	City AUSTIN State TX Zip Code 78763	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE	Transaction ID: SB23.31593 Date of Disbursement 10 / 30 / 2008
	Mailing Address 205 HAWTHORNE COURT	Amount of Each Disbursement this Period 1000.00
	City PITTSBURGH State PA Zip Code 15221	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC	Transaction ID: SB23.31555 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO BOX 2918	Amount of Each Disbursement this Period 3000.00
	City RALEIGH State NC Zip Code 27602	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31594</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Eshoo for Congress</p> <p>Mailing Address 555 Capital Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31595</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS</p> <p>Mailing Address P.O. Box 1236 BOX 281</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31638</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS State FL Zip Code 34489

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31565

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

Category/
Type

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31567

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

Category/
Type

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF JAY ROCKEFELLER

Mailing Address 110 -B EAST BROAD STREET

City FALLS CHURCH State VA Zip Code 22046

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WV District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31596

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.31597 Date of Disbursement 10 / 30 / 2008
	Mailing Address PO BOX 775	Amount of Each Disbursement this Period 3000.00
	City UNIONVILLE State PA Zip Code 19375	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: SB23.31598 Date of Disbursement 10 / 30 / 2008
	Mailing Address Post Office Box 1994	Amount of Each Disbursement this Period 2000.00
	City Union City State TN Zip Code 38281	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS	Transaction ID: SB23.31599 Date of Disbursement 10 / 30 / 2008
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 4000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SENATOR CARL LEVIN	Transaction ID: SB23.31600 Date of Disbursement 10 / 30 / 2008	
	Mailing Address 10 G STREET NE, SUITE 470		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: SB23.31601 Date of Disbursement 10 / 30 / 2008	
	Mailing Address P.O. Box 16128		
	City Houston State TX Zip Code 77222	Amount of Each Disbursement this Period	3000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR CONGRESS	Transaction ID: SB23.31544 Date of Disbursement 10 / 24 / 2008	
	Mailing Address P.O. Box 15734		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement		
	Candidate Name	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS</p> <p>Mailing Address PO BOX 2916</p> <p>City Huntsville State AL Zip Code 35804</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31531 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS</p> <p>Mailing Address 406 College View Drive</p> <p>City Elizabethtown State KY Zip Code 42701</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31545 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE</p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City ROCKWALL State TX Zip Code 75087</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31602 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

10500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31603 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31605 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 7905 Malcolm Road Suite 102</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31606 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOHN SHADEGG FOR CONGRESS

Mailing Address P.O. Box 45444

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: AZ District: 04
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31536
Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OK District: 01
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31623
Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

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

Mailing Address PO BOX 317

City FLINT State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District: 05
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31607
Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. KIND FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31608
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

5000.00

B. KIRK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1707 PRINCE STREET, #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31547
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

C. LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.31610
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE</p> <p>Mailing Address RIVERFRONT PLAZA STATION PO BOX 200596</p> <p>City NEWARK State NJ Zip Code 07102</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31611 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31548 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE</p> <p>Mailing Address PO Box 526</p> <p>City Medford State MA Zip Code 02155</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31613 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.	Transaction ID: SB23.31615
	Mailing Address PO Box 682185	Date of Disbursement 10 / 31 / 2008
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Campaign	Transaction ID: SB23.31616
	Mailing Address P.O. Box 360	Date of Disbursement 10 / 30 / 2008
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OUR FUTURE POLITICAL ACTION COMMITTEE	Transaction ID: SB23.31570
	Mailing Address 1155 21ST STREET NW SUITE 300	Date of Disbursement 10 / 28 / 2008
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC.	Transaction ID: SB23.31573 Date of Disbursement 10 / 29 / 2008
	Mailing Address POB 640	Amount of Each Disbursement this Period 2000.00
	City Totowa State NJ Zip Code 07511	Category/ Type
	Purpose of Disbursement	
Candidate Name		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08		
B.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: SB23.31533 Date of Disbursement 10 / 23 / 2008
	Mailing Address PO BOX 1940	Amount of Each Disbursement this Period 5000.00
	City ERIE State PA Zip Code 16507	Category/ Type
	Purpose of Disbursement	
Candidate Name		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03		
C.	Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	Transaction ID: SB23.31563 Date of Disbursement 10 / 28 / 2008
	Mailing Address PO Box 26087	Amount of Each Disbursement this Period 2500.00
	City Las Vegas State NV Zip Code 89126	Category/ Type
	Purpose of Disbursement	
Candidate Name		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03		

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE</p> <p>Mailing Address PO Box 60405 PO Box 60405</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31534 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE</p> <p>Mailing Address 76 MAGNOLIA TERRACE</p> <p>City SPRINGFIELD State MA Zip Code 01108</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31617 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31552 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31618 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 5130</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31619 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SNYDER FOR CONGRESS CAMPAIGN COMMITTEE</p> <p>Mailing Address PO Box 250998</p> <p>City Little Rock State AR Zip Code 72225</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31553 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31621 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address 2501 Wisconsin Avenue, NW #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31622 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS</p> <p>Mailing Address P O BOX 696</p> <p>City MADISON State WI Zip Code 53701</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31625 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

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

A. Full Name (Last, First, Middle Initial) The Reed Committee Mailing Address P.O. Box 8628 City Cranston, State RI Zip Code 02920-8628 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31626 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS Mailing Address 217 3rd Street, SE City Washington, State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31627 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS Mailing Address 700 12th Street, NW City Pttsburgh, State PA Zip Code 15234 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31550 Date of Disbursement 10 / 24 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO <hr/> Mailing Address PO BOX 40158 <hr/> City DENVER State CO Zip Code 80204 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 00	Transaction ID: SB23.31556 Date of Disbursement 10 / 24 / 2008	
	Amount of Each Disbursement this Period 5000.00	
	Full Name (Last, First, Middle Initial) UDALL FOR US ALL <hr/> Mailing Address 3311 CANDELARIA NE SUITE A <hr/> City ALBUQUERQUE State NM Zip Code 87107 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 00	Transaction ID: SB23.31558 Date of Disbursement 10 / 24 / 2008
	Amount of Each Disbursement this Period 5000.00	
C. Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS <hr/> Mailing Address 10605 Concord Street Suite 202 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <input type="checkbox"/> Category/Type <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08	Transaction ID: SB23.31628 Date of Disbursement 10 / 30 / 2008	
	Amount of Each Disbursement this Period 2000.00	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS</p> <p>Mailing Address 2875 Towerview Road Suite 1000</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31629 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31630 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WICKER FOR SENATE</p> <p>Mailing Address PO BOX 64</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31631 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

197385.50