

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 07 31 2008

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

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

Signature of Treasurer Electronically Filed by R. Renee Ellerbroek, Dr. Date 08 19 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	123004.70									
(c) Total Receipts (from Line 19) .....	23575.00	306364.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	146579.70	442700.88								
7. Total Disbursements (from Line 31) .....	1828.17	297949.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	144751.53	144751.53								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17965.00	217997.00
(i) Itemized (use Schedule A) .....	5610.00	88367.00
(ii) Unitemized .....	23575.00	306364.00
(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) .....	23575.00	306364.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23575.00	306364.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23575.00	306364.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	598.17	4922.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	598.17	4922.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	288890.48
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.....	1230.00	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))..	1828.17	297949.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1828.17	297949.35

**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 .....	23575.00	306364.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23575.00	306364.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	598.17	4922.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	598.17	4922.46

**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 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hunter Monroe Adams, Dr.	Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address Mt. Clemens Regional Medical Cente 1000 Harrington Blvd.	Transaction ID: SA11AI.30534
	City State Zip Code Mt Clemens MI 48043	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mt. Clemens General Hospital Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Oyegoke Moses Adedeji, Dr.	Date of Receipt MM / DD / YYYY 07 / 10 / 2008
	Mailing Address 11803 Honey Bear Ln	Transaction ID: SA11AI.30596
	City State Zip Code Saucier MS 39574-5002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VA Med Ctr-Biloxi Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thompson Allan Bennett, Dr.	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address Professional Pathology Svcs 25 Hospital Ctr Blvd	Transaction ID: SA11AI.30503
	City State Zip Code Hilton Head Island SC 29926	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hilton Head Reg Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(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) James Christopher Britton, Dr.		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2008</span>
Mailing Address Department of Pathology 200 Hospital Drive		<b>Transaction ID:</b> SA11AI.30578
City State Zip Code Galax VA 24333	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
Name of Employer Twin County Reg Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span>	

**B.**

Full Name (Last, First, Middle Initial) W Richard Brown, Dr.		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">07 / 18 / 2008</span>
Mailing Address Dept of Pathology 7600 Beechnut 2nd Flr		<b>Transaction ID:</b> SA11AI.30527
City State Zip Code Houston TX 77074-4389	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
Name of Employer Memorial Hermann SW Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>	

**C.**

Full Name (Last, First, Middle Initial) E Robert Brown, Dr.		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">07 / 10 / 2008</span>
Mailing Address 6431 Fannin St, MSB 2-136		<b>Transaction ID:</b> SA11AI.30585
City State Zip Code Houston TX 77030-2017	Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		
Name of Employer Univ of TX-Houston Med Sc- hool	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) A Desiree Carlson, Dr.		Date of Receipt MM / DD / YYYY 07 / 25 / 2008		
	Mailing Address Chief of Path 680 Centre St		Transaction ID: SA11AI.30562		
	City Brockton	State MA	Zip Code 02302-3395	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Signature Healthcare Brockton Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) E Mark Christopher, Dr.		Date of Receipt MM / DD / YYYY 07 / 10 / 2008		
	Mailing Address 485 Quailwood Drive		Transaction ID: SA11AI.30531		
	City Blacksburg	State VA	Zip Code 24060	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Montgomery Reg 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>C.</b>	Full Name (Last, First, Middle Initial) W. Leslie Dalton, Dr.		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address 408 Las Lomas Dr		Transaction ID: SA11AI.30564		
	City Austin	State TX	Zip Code 78746-5487	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer South Austin Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 9 / 22  
(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)  
Ann Cheryl DelBridge, Dr.

Mailing Address Dept of Path CP 2  
506 6th St

City State Zip Code  
Brooklyn NY 11215-3609

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

Name of Employer Occupation  
New York Methodist 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  
07 / 01 / 2008

Transaction ID: SA11AI.30539

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Christopher Donahue, Dr.

Mailing Address 2201 Wadebridge Rd

City State Zip Code  
Midlothian VA 23113

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

Name of Employer Occupation  
Henrico Doctors Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2008

Transaction ID: SA11AI.30497

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Katherine Jane Dry, Dr.

Mailing Address DEpt of Path  
1978 Industrial Blvd

City State Zip Code  
Houma LA 70363

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

Name of Employer Occupation  
Leonard J. Chabert Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2008

Transaction ID: SA11AI.30515

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22  
(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)  
Clark Shawn Emery, Dr.  
Mailing Address 6676 Evans Creek Dr

City State Zip Code  
Reno NV 89519-8347

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

Name of Employer: Western Pathology Consultants  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 24 / 2008  
Transaction ID: SA11AI.30602  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
J. Webb Esber, Dr.  
Mailing Address 11545 E Ricks Cr

City State Zip Code  
Dallas TX 75230

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

Name of Employer: Med City Dallas Hosp  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 24 / 2008  
Transaction ID: SA11AI.30525  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
L. Marianne Feran, Dr.  
Mailing Address 23 Whittier St

City State Zip Code  
Melrose MA 02176-3601

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

Name of Employer: Hallmark Hlth  
Occupation: Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 07 / 01 / 2008  
Transaction ID: SA11AI.30495  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 22

(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)  
Vincent James Gallagher, Dr.

Mailing Address 4th and Walnut Sts

City State Zip Code  
Lebanon PA 17042

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

Name of Employer Occupation  
Lebanon Pathology Assoc Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2008

Transaction ID: SA11AI.30513

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
N Gene Herbek, Dr.

Mailing Address 8303 Dodge St

City State Zip Code  
Omaha NE 68114-4199

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

Name of Employer Occupation  
Methodist Hospital Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1750.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2008

Transaction ID: SA11AI.30528

Amount of Each Receipt this Period

1750.00

**C.**

Full Name (Last, First, Middle Initial)  
C Dennis Hwang, Dr.

Mailing Address Dept of Path  
1601 Ygnacio Valley Rd

City State Zip Code  
Walnut Creek CA 94598-3122

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

Name of Employer Occupation  
John Muir Med Ctr-Walnut Creek Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2008

Transaction ID: SA11AI.30509

Amount of Each Receipt this Period

250.00

**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: (check only one)	PAGE 12 / 22
	<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 Keith Izban, Dr.

Mailing Address 200 Berteau Ave

City State Zip Code  
Elmhurst IL 60126-2966

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

Name of Employer Occupation  
Elmhurst Mem 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  
07 / 11 / 2008

Transaction ID: SA11AI.30487

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Hernando Jimenez

Mailing Address 2500 Hospital Dr

City State Zip Code  
Martinsburg WV 25402

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

Name of Employer Occupation  
City Hosp, Inc 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  
07 / 10 / 2008

Transaction ID: SA11AI.30467

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
E Danna Johnson, Dr.

Mailing Address Dept of Path  
1401 Johnston Willis Dr

City State Zip Code  
Richmond VA 23235-4730

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

Name of Employer Occupation  
Commonwealth Lab 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  
07 / 11 / 2008

Transaction ID: SA11AI.30474

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
H Robert Knapp, Dr.

Mailing Address 2990 Franklin SW

City State Zip Code  
Grandville MI 49418

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

Name of Employer Pathology Laboratory, PC 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  
07 / 10 / 2008

**Transaction ID:** SA11AI.30549

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
L. Kathryn Lane, Dr.

Mailing Address 803 Franklin Street

City State Zip Code  
Huntsville AL 35801

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

Name of Employer Pathology Associates PC Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2008

**Transaction ID:** SA11AI.30548

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Vildan Manzo

Mailing Address 26 Marlboro Rd

City State Zip Code  
Hewitt NJ 07421-2412

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

Name of Employer Northern Westchester 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  
07 / 10 / 2008

**Transaction ID:** SA11AI.30541

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 / 22  
(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)  
Whittier John Mason, Dr.

Mailing Address 1 Beach Dr SE 2702

City State Zip Code  
St Petersburg FL 33701

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

Name of Employer Occupation  
VA Med Ctr-Bay Pines Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2008

**Transaction ID:** SA11AI.30594

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
G. Alden McBee, Dr.

Mailing Address Department of Pathology  
155 Wilson Avenue

City State Zip Code  
Washington PA 15301

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

Name of Employer Occupation  
Washington Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2008

**Transaction ID:** SA11AI.30598

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
R. James Miller, Dr.

Mailing Address 2916 S Brentwood Blvd

City State Zip Code  
Brentwood MO 63144

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

Name of Employer Occupation  
Pathology Services Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2008

**Transaction ID:** SA11AI.30550

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 / 22  
(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)  
Farhad Moatamed

Mailing Address 2449 Angelo Dr

City State Zip Code  
Los Angeles CA 90077-2126

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

Name of Employer Occupation  
VA Greater LA Healthcare pathologists  
Sys

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2008

**Transaction ID:** SA11AI.30592

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
P Claudia Molina, Dr.

Mailing Address 3730 Emerald Falls Dr

City State Zip Code  
Houston TX 77059

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

Name of Employer Occupation  
San Jacinto Methodist Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2008

**Transaction ID:** SA11AI.30559

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas James Molina, Dr.

Mailing Address 3820 Hwy 365 Ste 400

City State Zip Code  
Port Arthur TX 77642

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

Name of Employer Occupation  
Masterpath Pathology Consultants PA Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** SA11AI.30521

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 16 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 5287 Poola St	<b>Transaction ID:</b> SA11AI.30479
	City State Zip Code Honolulu HI 96821	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marie Nicole Nilson, Dr.	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 328 Taylor St	<b>Transaction ID:</b> SA11AI.30501
	City State Zip Code Bristol TN 37620	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Highlands Pathology Consultants, PC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) K. William Poston, Dr.	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 200 Hawthorne Ln	<b>Transaction ID:</b> SA11AI.30552
	City State Zip Code Charlotte NC 28204	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Presbyterian Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
H. Elizabeth Prichard, Dr.

Mailing Address Dept of Path  
920 Church St N

City State Zip Code  
Concord NC 28025-2303

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

Name of Employer Occupation  
CMC - Northest Med Ctr Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** SA11AI.30472

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
O David Scamurra, Dr.

Mailing Address 2950 Elmwood Ave

City State Zip Code  
Kenmore NY 14217

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

Name of Employer Occupation  
X-Cell Labs of Western New York Inc Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

**Transaction ID:** SA11AI.30610

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
O. V. Speights, Dr.

Mailing Address Department of Pathology  
2401 S. 31st Street

City State Zip Code  
Temple TX 76508-6508

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

Name of Employer Occupation  
Scott and White Memorial Hosp Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2008

**Transaction ID:** SA11AI.30560

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
J Werner Stamm, Dr.

Mailing Address 105A Cooper Ct

City State Zip Code  
Los Gatos CA 95032

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

Name of Employer Associated Path Med Group, Inc  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2008

**Transaction ID:** SA11AI.30454

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
L Sharon Steinman, Dr.

Mailing Address 2349 Railroad Street #2201

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer UPMC Mercy  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2008

**Transaction ID:** SA11AI.30590

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Eileen Velez

Mailing Address 255 Bert Kouns Industrial Loop

City State Zip Code  
Shreveport LA 71106-8150

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

Name of Employer Regional Urology, LLC  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** SA11AI.30557

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 22
	(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) Theresa Susan Williams, Dr.		Date of Receipt
Mailing Address 150 Collins St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 03 / 2008
City	State	Zip Code
Memphis	TN	38112
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.30491
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer GI Pathology, PLLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1000.00	

**B.**

Full Name (Last, First, Middle Initial) R Christina Yavarow, Dr.		Date of Receipt
Mailing Address Laboratory/Pathology 1521 Gull Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 18 / 2008
City	State	Zip Code
Kalamazoo	MI	49048-1666
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.30460
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer Borgess Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 17965.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.30623 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="14.50"/>
	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.30624 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="479.52"/>
	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.30625 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="30.45"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="524.47"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.30626 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> / <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="5.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.30627 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> / <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) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.30628 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="07"/> / <input type="text" value="28"/> / <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="17.40"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="73.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="598.17"/>

**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 22 / 22

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 North Capital Street NW City Washington State DC Zip Code 20001 Purpose of Disbursement In Kind Contribution Candidate Name MARY BONO COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.30620 Date of Disbursement 07 / 09 / 2008
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 North Capital Street NW City Washington State DC Zip Code 20001 Purpose of Disbursement In Kind Contribution Candidate Name CONGRESSMAN BART GORDON COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.30622 Date of Disbursement 07 / 09 / 2008
	Amount of Each Disbursement this Period 730.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

1230.00