

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2008 through 05 31 2008

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

Type or Print Name of Treasurer Dr. Alfred Wray Campbell

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 06 16 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

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 .....	94951.79									
(c) Total Receipts (from Line 19) .....	57485.00	221359.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	152436.79	357695.88								
7. Total Disbursements (from Line 31) .....	52439.79	257698.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	99997.00	99997.00								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

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	41300.00	159242.00
(i) Itemized (use Schedule A) .....	16185.00	62117.00
(ii) Unitemized .....	57485.00	221359.00
(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) .....	57485.00	221359.00
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)) .....	57485.00	221359.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57485.00	221359.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1830.40	3089.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1830.40	3089.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50262.50	252852.50
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.....	346.89	1756.89
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))..	52439.79	257698.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52439.79	257698.88

**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 .....	57485.00	221359.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57485.00	221359.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1830.40	3089.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1830.40	3089.49

**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 / 43
	<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

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) E Mary Adams, Dr.		Date of Receipt
	Mailing Address 1255 W Washington 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 0 5 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Tempe	AZ	85281-1210
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.29628
Name of Employer Clin-Path Associates, P.C.		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr.		Date of Receipt
	Mailing Address Dept. of Pathology 4201 Medical Center Dr.		<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 0 5 / 0 9 / 2 0 0 8
	City	State	Zip Code
	McHenry	IL	60050
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.29734
Name of Employer Centegra-Memorial Medical Center		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Anne Betty Allen, Dr.		Date of Receipt
	Mailing Address 824 N Eola Dr		<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 0 5 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Orlando	FL	32803
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.29664
Name of Employer Trust Lab Corporation		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 43  
(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)  
Primilina Andres-Corpus

Mailing Address 1305 N Elm Street

City Henderson State KY Zip Code 42420

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.29804  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Sung-ook Baik

Mailing Address 939 Oakdale

City Modesto State CA Zip Code 95355

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

Name of Employer Stanislaus County HSA Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2008  
Transaction ID: SA11AI.29906  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
A. Edward Barker, Dr.

Mailing Address 13751 Lake City Way NE

City Seattle State WA Zip Code 98125

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

Name of Employer Medical Lab Associates Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2008  
Transaction ID: SA11AI.29832  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43  
(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. Margaret Batt, Dr.  
Mailing Address 9303 Park West Boulevard  
City Knoxville State TN Zip Code 37923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pathology Laboratories West  
Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 16 / 2008  
Transaction ID: SA11AI.29834  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Ira Belenko  
Mailing Address Pathology Department  
777 Rural Ave  
City Williamsport State PA Zip Code 17701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Williamsport Pathology Assoc  
Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 23 / 2008  
Transaction ID: SA11AI.29880  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
F. Lynn Blake, Dr.  
Mailing Address 1601 Ailor Ave  
City Knoxville State TN Zip Code 37921-6702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medic Regional Blood Ctr  
Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 30 / 2008  
Transaction ID: SA11AI.29896  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 800.00  
**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 9 / 43  
(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. Stephen Brantley, Dr.  
Mailing Address 5751 Hoover Blvd

City Tampa State FL Zip Code 33634-5340

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

Name of Employer Ruffolo, Hooper & Associates Occupation Unknown

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2008  
Transaction ID: SA11AI.29708  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
L. Robert Breckenridge, Dr.  
Mailing Address 2750 Clay Edwards Dr Ste 420

City North Kansas City State MO Zip Code 64116

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

Name of Employer MAWD Pathology Group Inc Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 29 / 2008  
Transaction ID: SA11AI.29887  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
S. Alan Bricklin, Dr.  
Mailing Address Department of Pathology  
18321 Clark Street

City Tarzana State CA Zip Code 91356

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

Name of Employer Tarzana Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2008  
Transaction ID: SA11AI.29619  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00

**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 10 / 43
	<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) Dr. Michael B. Broscius		Date of Receipt MM / DD / YYYY 05 / 08 / 2008
Mailing Address 781 Keystone Industrial Park		<b>Transaction ID:</b> SA11AI.29687
City Dunmore	State PA	Zip Code 18512
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Associates of NE PA	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) L. Irwin Browarsky, Dr.		Date of Receipt MM / DD / YYYY 05 / 07 / 2008
Mailing Address Department of Pathology P O Box 1289		<b>Transaction ID:</b> SA11AI.29657
City Tampa	State FL	Zip Code 33601-1289
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Tampa General 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) J. Patrick Buckley, Dr.		Date of Receipt MM / DD / YYYY 05 / 22 / 2008
Mailing Address Dept of Pathology Box 3712		<b>Transaction ID:</b> SA11AI.29848
City Durham	State NC	Zip Code 27710
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Duke Univ 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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<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: (check only one)	PAGE 11 / 43
	<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) R. Peter Burke, Dr.	Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address Laboratory Director PO Box 1370 133 Fairfield St	Transaction ID: SA11AI.29805
	City State Zip Code St Albans VT 05478	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northwestern Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A. Barbara Centeno, Dr.	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address Laboratory 12902 Magnolia Drive	Transaction ID: SA11AI.29640
	City State Zip Code Tampa FL 33612	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation H Lee Moffitt Cancer Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) E. Robert Charles, Dr.	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 710 FM 1960 West Medical Mall 3	Transaction ID: SA11AI.29689
	City State Zip Code Houston TX 77090	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Houston Northwest Med Ctr 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) .....	▶	1250.00
<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 12 / 43  
(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)  
B. Erwin Clahasse, Dr.

Mailing Address Pathology Department  
147 N. Brent St.

City State Zip Code  
Ventura CA 93003

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

Name of Employer Cmnty 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  
0 5 / 0 2 / 2 0 0 8

**Transaction ID:** SA11AI.29599

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Cristina Maria Cleto-Quiaoit, Dr.

Mailing Address Dept of Path  
695 N Kellogg St

City State Zip Code  
Galesburg IL 61401-2885

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

Name of Employer Galesburg Cottage Hosp 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  
0 5 / 0 8 / 2 0 0 8

**Transaction ID:** SA11AI.29685

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
J William Colburn, Dr.

Mailing Address 21114 Vanowen St

City State Zip Code  
Canoga Park CA 91303-2821

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

Name of Employer Interscope Pathology Med Grp 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  
0 5 / 0 2 / 2 0 0 8

**Transaction ID:** SA11AI.29611

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 / 43  
(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. Suzanne Cook, Dr.  
Mailing Address 7725 N Foothill Dr  
City State Zip Code  
Paradise Valley AZ 85253-3067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Clin-Path Associates, P.C. Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 05 / 15 / 2008  
Transaction ID: SA11AI.29797  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
R. Franklin Elevitch, Dr.  
Mailing Address 430 Nevada Avenue  
City State Zip Code  
Palo Alto CA 94301-4121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Health Care Engineering Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 05 / 02 / 2008  
Transaction ID: SA11AI.29609  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Joan Etzell, Dr.  
Mailing Address Clin Lab M524 Box 0100  
505 Parnassus Ave  
City State Zip Code  
San Francisco CA 94143-0100  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Univ of California San Francisco Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 05 / 07 / 2008  
Transaction ID: SA11AI.29658  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**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 / 43  
(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 Patricia Fenderson, Dr.

Mailing Address Dept of Path  
1401 Pennsylvania Ave

City State Zip Code  
Ft Worth TX 76104

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

Name of Employer Harris Methodist Ft Worth Hospital  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11AI.29744

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Joseph Foley, Dr.

Mailing Address 2252 E Minton St

City State Zip Code  
Mesa AZ 85213-1400

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

Name of Employer Banner Baywood Med Ctr  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: SA11AI.29669

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Erskine Hugh Fraser, Dr.

Mailing Address Department of Pathology  
Danville Regional Medical Center

City State Zip Code  
Danville VA 24541

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

Name of Employer Danville Reg Méd Ctr  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: SA11AI.29865

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: PAGE 15 / 43  
(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)  
Maurice Fremont-Smith

Mailing Address 1 Hampton Rd  
Bldg B Ste 208

City Exeter State NH Zip Code 03833-4849

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

Name of Employer Seacoast Pathology 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  
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.29653

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
J Anthony Guidi, Dr.

Mailing Address Department of Pathology  
81 Highland Ave

City Salem State MA Zip Code 01970

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

Name of Employer North Shore Med Ctr-Salem 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  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29698

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
O. Edgar Hartle, Dr.

Mailing Address Laboratory  
171 Fairview Rd

City Mooresville State NC Zip Code 28117-9500

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

Name of Employer Lake Norman Regional Med Ctr 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  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29694

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 / 43
	<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) W. Howard Hoffman	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address Associated Pathologists Chartered 4230 Burnham Ave	<b>Transaction ID:</b> SA11AI.29651
	City State Zip Code Las Vegas NV 89119-5410	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Quest Diagnostics Incorporated Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ruth Laura Hofmeister, Dr.	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 834 McKenzie Ave	<b>Transaction ID:</b> SA11AI.29867
	City State Zip Code Watsonville CA 95076	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Watsonville Community 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) S. Herman Hurwitz, Dr.	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 1004 Annapolis Lane	<b>Transaction ID:</b> SA11AI.29704
	City State Zip Code Cherry Hill NJ 08003-8003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Quest Diagnostics Inc Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<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 / 43  
(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. Bharat Jhaveri, Dr.

Mailing Address Dept of Path  
1925 Pacific Ave

City State Zip Code  
Atlantic City NJ 08401

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

Name of Employer Atlantic City Medical Center 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  
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.29631

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
C. Judd Johnston, Dr.

Mailing Address Department of Pathology  
101 S. 4th Street

City State Zip Code  
Ishpeming MI 49849

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

Name of Employer F.A. Bell 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  
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.29850

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
J Edward Kane, Dr.

Mailing Address 11352 Village Ridge Rd

City State Zip Code  
San Diego CA 92131-3900

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

Name of Employer Scripps Clinic Medical Laboratory 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  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29710

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43  
(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 Michael Kane, Dr.

Mailing Address Dept of Path  
2700 McClelland Blvd Ste 205

City Joplin State MO Zip Code 64804-1624

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

Name of Employer Ferguson's Med Labs Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.29800

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
H Richard Kely, Dr.

Mailing Address 3664 Twin Lake Ridge

City Westlake Village State CA Zip Code 91361-3927

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

Name of Employer Los Robles Reg Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.29812

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
R Thomas Kluzak, Dr.

Mailing Address 3219 Keywest Ct

City Wichita State KS Zip Code 67204-2364

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

Name of Employer Via Christi Reg Med Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2008

Transaction ID: SA11AI.29860

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 19 / 43
	<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)  
C Nancy Kois, Dr.

Mailing Address 1577 E Holly St

City State Zip Code  
Boise ID 83712

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

Name of Employer St. Alphonsus Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** SA11AI.29764

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Igor Kozlov

Mailing Address 14535 Margate St Apt 7

City State Zip Code  
Sherman Oaks CA 91411-4802

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

Name of Employer Encino-Tarzana Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2008

**Transaction ID:** SA11AI.29603

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
A Keith Krabill, Dr.

Mailing Address Pathology - Laboratory Administrat  
Kaleida Health

City State Zip Code  
Buffalo NY 14203-1154

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

Name of Employer Buffalo General Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** SA11AI.29632

Amount of Each Receipt this Period  
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 20 / 43  
(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 Suzanne Kreisberg, Dr.  
Mailing Address 4770 Regent Blvd  
City Irving State TX Zip Code 75063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Quest Diagnostics Incorporated Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.29808  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
A Patrick Leoni, Dr.  
Mailing Address Dept of Path 9100 W 74th St  
City Shawnee Mission State KS Zip Code 66204-4019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Shawnee Mission Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 07 / 2008  
Transaction ID: SA11AI.29654  
Amount of Each Receipt this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
K W David Lieu, Dr.  
Mailing Address 837 Country Rd.  
City Monterey Park State CA Zip Code 91755-4976  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fine Needle Aspiration Med Group Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: SA11AI.29886  
Amount of Each Receipt this Period 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 21 / 43  
(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)  
T.Y. Bryan Lin, Dr.

Mailing Address 913 Blackbourne Point

City State Zip Code  
Oak Park CA 91377

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

Name of Employer Tarzana Regional Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2008

Transaction ID: SA11AI.29621

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Hunt R. MacMillan, Dr.

Mailing Address Department of Pathology  
459 Locust Avenue

City State Zip Code  
Charlottesville VA 22902

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

Name of Employer Martha Jefferson Hosp Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11AI.29749

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address Department of Pathology  
500 J. Clyde Morris Blvd.

City State Zip Code  
Newport News VA 23601

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

Name of Employer Riverside Reg Med Ctr Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11AI.29758

Amount of Each Receipt this Period  
1000.00

**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 22 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
S Larry Mapow, Dr.  
Mailing Address 901 Easy St  
City Millville State NJ Zip Code 08332  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Jersey Healthcare RMC Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 09 / 2008  
Transaction ID: SA11AI.29763  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Felix Martinez  
Mailing Address 13103 E Mansfield Ave  
City Spokane Valley State WA Zip Code 99216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer InCyte Path PS Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: SA11AI.29690  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
C Edward McDonald, Dr.  
Mailing Address Dept of Path 4220 Harding Pike  
City Nashville State TN Zip Code 37205-2095  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St. Thomas Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: SA11AI.29713  
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 23 / 43
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	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Jonathan Musicant, Dr.		Date of Receipt	
	Mailing Address Path Lab 1650 Creekside Dr		<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 0 5 / 0 9 / 2 0 0 8	
	City State Zip Code Folsom CA 95630		<b>Transaction ID:</b> SA11AI.29751	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Mercy Hosp of Folsom Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) V. Santo Nicosia, Dr.		Date of Receipt	
	Mailing Address 13813 Shady Shores Dr		<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 0 5 / 1 5 / 2 0 0 8	
	City State Zip Code Tampa FL 33613		<b>Transaction ID:</b> SA11AI.29818	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Univ of South Florida Hosp 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) P Diosdado Non, Dr.		Date of Receipt	
	Mailing Address 418 Cassville 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 0 5 / 2 3 / 2 0 0 8	
	City State Zip Code Jackson NJ 08527-4720		<b>Transaction ID:</b> SA11AI.29874	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00	
	Name of Employer Occupation Ocean County Med Labs 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) .....	<b>700.00</b>
<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 24 / 43  
(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)  
F. Thomas O'Brien, Dr.

Mailing Address Dept of Pathology  
1211 Union Ave Ste 300

City State Zip Code  
Memphis TN 38104

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

Name of Employer Occupation  
Duckworth Pathology Group Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.29866

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
W Charles Panchari, Dr.

Mailing Address 9808 Colima Rd

City State Zip Code  
Whittier CA 90605-1898

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

Name of Employer Occupation  
Whittier Hosp Medical Ctr. 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  
0 5 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.29781

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
F. Mary Pascucci, Dr.

Mailing Address 148 N Sherman Ct

City State Zip Code  
Hazleton PA 18201-5863

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

Name of Employer Occupation  
Physicians Clinical Laboratory 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  
0 5 / 1 5 / 2 0 0 8

**Transaction ID:** SA11AI.29807

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 25 / 43  
(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)  
T. William Pastuszak, Dr.

Mailing Address Department of Pathology  
80 Seymour St.

City State Zip Code  
Hartford CT 06102-5037

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

Name of Employer Occupation  
Hartford 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  
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.29607

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
James Michael Pushchak, Dr.

Mailing Address 23 Martin Lane

City State Zip Code  
Cherry Hills Villa CO 80113

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

Name of Employer Occupation  
Exempla Lutheran 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  
0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.29637

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
D Dennis Reinke, Dr.

Mailing Address 1209 Brook Ave

City State Zip Code  
Wichita Falls TX 76301-4308

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

Name of Employer Occupation  
Pathology Associates 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  
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29900

Amount of Each Receipt this Period  
1000.00

**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 26 / 43  
(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. Robert Ridout, Dr.

Mailing Address Department of Pathology  
PO Box 1140

City State Zip Code  
Texarkana TX 75504-1140

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

Name of Employer Occupation  
Christus-St. Michael Health Sys Pathologist

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

**Transaction ID:** SA11AI.29741

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
F Charles Romberger, Dr.

Mailing Address 555 N. Duke St.  
P.O. Box 3555

City State Zip Code  
Lancaster PA 17604-3555

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) ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	8

**Transaction ID:** SA11AI.29863

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
D. Clifford Sauls, Dr.

Mailing Address 4899 Montrose Blvd Apt 1510

City State Zip Code  
Houston TX 77006-6170

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

Name of Employer Occupation  
Houston Pathology Associates Doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	8

**Transaction ID:** SA11AI.29642

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4250.00**

**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 27 / 43  
(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. James Schnabel, Dr.

Mailing Address Department of Pathology  
3300 NW Expressway

City State Zip Code  
Oklahoma City OK 73112

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

Name of Employer Occupation  
Integris Baptist Med Ctr Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** SA11AI.29747

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Howard Byron Simmons, Dr.

Mailing Address PO Box 25036

City State Zip Code  
Woodbury MN 55125

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

Name of Employer Occupation  
Central Reg Pathology Lab Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** SA11AI.29737

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
D Daniel Slagel, Dr.

Mailing Address Mercy Medical Ctr  
250 Mercy Dr

City State Zip Code  
Dubuque IA 52001-7320

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

Name of Employer Occupation  
United Clinical Laboratories Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** SA11AI.29773

Amount of Each Receipt this Period  
500.00

**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 28 / 43  
(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)  
David Gene Spencer, Dr.

Mailing Address 922 Turnberry CV

City State Zip Code  
Collierville TN 38017

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

Name of Employer Occupation  
Trumbull Laboratories, LLC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.29814

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
C Kimberlee Tams, Dr.

Mailing Address P O Box 5134

City State Zip Code  
Sioux Falls SD 57117

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

Name of Employer Occupation  
LCM Pathologists, PC Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** SA11AI.29645

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
E. Maureen Trotter, Dr.

Mailing Address PO Box 3138

City State Zip Code  
Abilene TX 79604

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

Name of Employer Occupation  
Clinical Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** SA11AI.29677

Amount of Each Receipt this Period  
300.00

**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 29 / 43  
(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)  
A Carol Van der Harten, Dr.

Mailing Address 4230 Burnham Ave Ste 250

City State Zip Code  
Las Vegas NV 89119-5489

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

Name of Employer Quest Diagnostics Incorporated  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** SA11AI.29652

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
C. Larry VonKuster, Dr.

Mailing Address Department of Pathology  
715 South Taft

City State Zip Code  
Fremont OH 43420

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

Name of Employer Fremont Mem Hosp  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** SA11AI.29638

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
A David Wiese, Dr.

Mailing Address Dept of Pathology  
401 S Ballenger Hwy

City State Zip Code  
Flint MI 48532-3685

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

Name of Employer McLaren Regional Medical Center  
Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** SA11AI.29695

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 30 / 43

(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)

W. Reginald Wilson, Dr.

Mailing Address 821 N Cobb St

City Milledgeville State GA Zip Code 31061

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

Name of Employer Oconee Regional Med Ctr 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  
0 5 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29701

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

B. Gary Witkin, Dr.

Mailing Address Dept of Pathology  
4755 Ogletown-Stanton Rd

City Newark State DE Zip Code 19718

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

Name of Employer Christiana 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  
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29740

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

R. Moises Zepeda, Dr.

Mailing Address Department of Pathology  
900 S Atlantic Blvd

City Monterey Park State CA Zip Code 91754-4780

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

Name of Employer Monterey Park 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  
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29833

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 31 / 43  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) L. David Zwick, Dr.		Date of Receipt		
	Mailing Address Dept of Path 2401 Gillham Rd		M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8		
	City Kansas City	State MO	Zip Code 64108	<b>Transaction ID:</b> SA11AI.29739	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer Children's Mercy 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) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	41300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 43

<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.29996 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="169.65"/>
	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.29997 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Services Charges	<input type="text" value="121.80"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.29998 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Services Charges	<input type="text" value="1304.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1595.75"/>
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement Bank Services 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><b>Transaction ID:</b> SB21B.30004</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 143.55</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</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><b>Transaction ID:</b> SB21B.30000</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 24.65</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement Bank Services 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><b>Transaction ID:</b> SB21B.30001</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 50.50</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>218.70</b>
<b>TOTAL</b> 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 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

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
Bank Service Charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:

District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.30002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.95

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

15.95

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

1830.40

**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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS</p> <p>Mailing Address 349 KEATING ST.</p> <p>City HENDERSON State NV Zip Code 89014</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name BERKLEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.29936</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) 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 VERN BUCHANAN FOR CONGRESS</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><b>Transaction ID:</b> SB23.29938</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Burgess for Congress</p> <p>Mailing Address P.O. Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MICHAEL C DR. BURGESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.29940</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlie Palmer Steak DC</p> <p>Mailing Address 101 Constitution Ave, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind Contribution</p> <p>Candidate Name ENZI FOR US SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.29920 <b>Date of Disbursement</b> 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 262.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement</p> <p>Candidate Name C. W. BILL YOUNG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.29942 <b>Date of Disbursement</b> 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> 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</p> <p>Candidate Name ELIOT ENGEL</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.29944 <b>Date of Disbursement</b> 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2262.50
<b>TOTAL</b> 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)  
**FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)**

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

Transaction ID: SB23.29950  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
**Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name  
GENE (RAYMOND E.) GREEN

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: TX District: 29

Transaction ID: SB23.29952  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
**GILLIBRAND FOR CONGRESS**

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
Mrs. KIRSTEN ELIZABETH GILLIBRAND

Office Sought:  House  Senate  President  
 Disbursement For: 2008  Primary  General  Other (specify) ▼  
 State: NY District: 20

Transaction ID: SB23.29993  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) JOHN KERRY FOR SENATE	Transaction ID: SB23.29957 Date of Disbursement
	Mailing Address 10 G STREET NE SUITE 710	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name JOHN FORBES KERRY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS	Transaction ID: SB23.29960 Date of Disbursement
	Mailing Address P.O. BOX 636	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. JOHN LEWIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND A.K.A MIKE R FUND	Transaction ID: SB23.29979 Date of Disbursement
	Mailing Address PO Box 2485	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Springfield State VA Zip Code 22152	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	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) ▼

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

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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) Mike Ross For Congress Campaign	Transaction ID: SB23.29962 Date of Disbursement
	Mailing Address P.O. Box 360	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL AVERY ROSS	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) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE	Transaction ID: SB23.29909 Date of Disbursement
	Mailing Address 425 SECOND STREET NE	<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="15000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) NEXT CENTURY FUND	Transaction ID: SB23.29964 Date of Disbursement
	Mailing Address 116 S ROYAL STREET	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19000.00"/>
<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 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)  
**PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name  
**PETE SESSIONS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

**Transaction ID:** SB23.29969

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**Rangel for Congress**

Mailing Address PO Box 5577 Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement

Candidate Name  
**CHARLES B RANGEL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 15

**Transaction ID:** SB23.29972

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name  
**RICHARD E MR. NEAL**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

**Transaction ID:** SB23.29974

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Transaction ID: SB23.29966

Date of Disbursement

Mailing Address 700 12th Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City State Zip Code  
Pittsburgh PA 15234

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name  
TIM MURPHY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

B.

Full Name (Last, First, Middle Initial)  
TREASURE STATE PAC

Transaction ID: SB23.29981

Date of Disbursement

Mailing Address 200 East Jefferson Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City State Zip Code  
Fall Church VA 20046

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Transaction ID: SB23.29983

Date of Disbursement

Mailing Address 236 Massachusetts, Ave, NW  
Suite 508

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City State Zip Code  
Washington DC 20002

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

7500.00
---------

**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)

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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)  
VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.29985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address PO Box 5458  
PO BOX 5458

Amount of Each Disbursement this Period

2500.00
---------

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name  
JOHN M SHIMKUS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

B.

Full Name (Last, First, Middle Initial)  
WHITEHOUSE FOR SENATE

Transaction ID: SB23.29989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address PO BOX 40280

Amount of Each Disbursement this Period

1000.00
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City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement

Category/ Type
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Candidate Name  
SHELDON II WHITEHOUSE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 00

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

3500.00
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TOTAL This Period (last page this line number only) ..... ►

50262.50
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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 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

A.	Full Name (Last, First, Middle Initial) Mr Chris Donnellan	Transaction ID: SB29.29928 Date of Disbursement 05 / 21 / 2008
	Mailing Address 1350 I Street, NW Suite 590	Amount of Each Disbursement this Period 246.89
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement In-Kind Contribution	Category/Type
	Candidate Name GERRY CONNOLLY FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: SB29.29932 Date of Disbursement 05 / 29 / 2008
	Mailing Address 400 North Capital Street NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind Contribution	Category/Type
	Candidate Name FRIENDS OF DICK DURBIN COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: SB29.29934 Date of Disbursement 05 / 29 / 2008
	Mailing Address 400 North Capital Street NW	Amount of Each Disbursement this Period 50.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind Contribution	Category/Type
	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>346.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>346.89</b>