06/17/2008 15:27

Image# 28991270512

# **FORM 3X**

FE6AN026

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

•		For Ot	her Than An	Authorize	ed Commi	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE PE OR PRINT *	_	xample:If typing ver the lines	ng, type		• • • •		
L	College of American Patholo	ogists Polit	tical Action Comn	nittee						J
Ш	<u> </u>									
AD	DRESS (number and street)	1350	I Street, NW				<u> </u>			
	Check if different	Suite	e 590 							L
L	than previously reported. (ACC)	Was	hington				DC	200	05	J
2.	FEC IDENTIFICATION NU	MBER	<b>—</b>	CITY 🛋			STATEA	ZI	PCODE A	
	C00274944		;	3. IS THIS REPOR	Т	NEW (N) OR		AMENDED A)		
4.	TYPE OF REPORT (Choose One)	( )	Monthly Report Due On:	Feb 20 (M		May 20 (M5)	Au	ıg 20 (M8)	Nov 20 (M1 (Non-Election Year Only)	
	(a) Quarterly Reports:			Mar 20 (M	3) X	Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (M12 (Non-Election Year Only)	2) 1
	April 15			Apr 20 (M <sup>2</sup>	1)	Jul 20 (M7)	Od	et 20 (M10)	Jan 31 (YE)	
	Quarterly Report(0		(c) 12-Day		Primary (1	2P)	Genera	I (12G)	Runoff (12R	<b>(</b> )
	Quarterly Report(0	Q2)	<b>PRE</b> -Election Report for the		Convention	ı (12C)	Special	(12G)	_	
	Quarterly Report(0 January 31 Quarterly Report()		E	Election on					n the	
	July 31 Mid-Year Report(Non-electi Year Only) (MY)	on (	(d) 30-Day Post -Electi		General (3	0G)	Runoff		Special (308	3)
	Termination Repo (TER)	rt	Report for the	le: Election on					n the state of	
5.	Covering Period 0	5	01 200	3	through	0.5	3 1	2008		
	ertify that I have examined this be or Print Name of Treasurer		nd to the best of m		e and belief it	is true, correct	and complete	e.		_
. 16	or or rink reality or readular			-						
Sig	nature of Treasurer Electron	onically Fil	led by Dr. Alfre	d Wray Cam	pbell	D	ate 0	16	2008	
NO	OTE : Submission of false, erro	oneous, or	r incomplete inforr	mation may s	subject the pe	rson signing thi	s Report to th	ne penalties of	2 U.S.C 437g.	
	Office Use								FORM 3X 12/2004)	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

ž008 Y Y Y v v v v v v v v v v v v v v v v	COLUMN A This Period	COLUMN B Calendar Year-to-Date
2008 at		136336.88
	94951.79	
from Line 19)	57485.00	221359.00
nes 6(b) and		
A and Lines r Column B)	152436.79	357695.88
(from Line 31)	52439.79	257698.88
se of Line 6(d))	99997.00	99997.00
is owed <b>TO</b> ze all on chedule D)	0.00	
s owed <b>BY</b> ze all on	0.00	
ze a che is c ze a	all on edule D)	all on

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

College of American Pathologists Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	41300.00	159242.00
	(ii) Unitemized	16185.00	62117.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	57485.00	221359.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	57485.00	221359.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(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
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	50262.50	252852.50
4.	Independent Expenditure	0.00	
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
_	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	346.89	1756.89
).	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
1	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52439.79	257698.88
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	52439.79	257698.88
		JZ4JJ./J	237030.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

FE6AN026

or f	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	v not he sold or used hv anv ners	
	College of American Pathologists Politi	cal Action	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α	Full Name (Last, First, Middle Initial) E Mary Adams, Dr. Mailing Address 1255 W Washington St	i		Date of Receipt  0 5 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.29628
	Tempe	AZ	85281-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clin-Path Associates, P.C.	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr.			Date of Receipt
	Mailing Address Dept. of Pathology 4201 Medical Center D	05 09 2008		
	City McHenry	State IL	Zip Code 60050	Transaction ID: SA11Al.29734  Amount of Each Receipt this Period
Ī	FEC ID number of contributing federal political committee.	C		250.00
-	Name of Employer Centegra-Memorial Medical Center Receipt For: Primary General Other (specify)	Occupation Patholog Aggregate		
<b>)</b> .	Full Name (Last, First, Middle Initial) Anne Betty Allen, Dr. Mailing Address 824 N Eola Dr			Date of Receipt
				05 07 2008
	City Orlando	State FL	Zip Code 32803	Transaction ID: SA11AI.29664
	FEC ID number of contributing federal political committee.	C	32003	Amount of Each Receipt this Period 500.00
ļ	Name of Employer Trust Lab Corporation	Occupation Patholog		
Ī	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	d Statements may not be sold or used by any personant the name and address of any political committee of colitical Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Primilina Andres-Corpus  Mailing Address 1305 N Elm Street  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer Methodist Hospital  Receipt For: Primary General Other (specify)	State Zip Code KY 42420  C  Occupation Pathologist  Aggregate Year-to-Date   400.00	Date of Receipt    M   M   D   D   2 0 0 8
Full Name (Last, First, Middle Initial) Sung-ook Baik Mailing Address 939 Oakdale  City Modesto  FEC ID number of contributing federal political committee.  Name of Employer Stanislaus County HSA  Receipt For: Primary General Other (specify)	State Zip Code CA 95355  C  Occupation Pathologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M J D D D Z D O S  Transaction ID: SA11AI.29906  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) A. Edward Barker, Dr.  Mailing Address 13751 Lake City Walling Seattle  FEC ID number of contributing federal political committee.  Name of Employer Medical Lab Associates  Receipt For:  Primary General  Other (specify)	State Zip Code WA 98125  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	950.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, othe  NAME OF COMMITTEE (In F College of American Path	than using the name and actual)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle  A. Margaret Batt, Dr.  Mailing Address 9303 Parl	,		Date of Receipt
City	State	Zip Code	0 5 1 6 2 0 0 8 Transaction ID: SA11Al.29834
Knoxville  FEC ID number of contributing federal political committee.	TN C	37923	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Laboratories West Receipt For: Primary Gener Other (specify) ▼	00 0		
Full Name (Last, First, Middle Dr. Michael Ira Belenko  Mailing Address Pathology 777 Rural	/ Department		Date of Receipt  0 5 2 3 2 0 0 8
City Williamsport	State PA	Zip Code 17701	Transaction ID: SA11AI.29880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Williamsport Pathology As- soc	Occupation Pathology	gist	
Receipt For:  Primary Gener  Other (specify) ▼	00 0	te Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle F. Lynn Blake, Dr.	Initial)		Date of Receipt
Mailing Address 1601 Ailo			05 30 2008
City <u>Knoxville</u>	State TN	Zip Code 37921-6702	Transaction ID: SA11AI.29896  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medic Regional Blood Ctr	Occupation Patholog		
Receipt For:  Primary Gener  Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	age (optional)		800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) G. Stephen Brantley, Dr.  Mailing Address 5751 Hoover Blvd			Date of Receipt
	City	State	Zip Code	0 5 0 8 2 0 0 8 Transaction ID: SA11Al.29708
	Tampa	FL	33634-5340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ruffolo, Hooper & Associa- tes	Occupation Unknown		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
- В.	Full Name (Last, First, Middle Initial) L. Robert Breckenridge, Dr.			Date of Receipt
	Mailing Address 2750 Clay Edwards [	05 29 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.29887
	North Kansas City	MO	64116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer MAWD Pathology Group Inc	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary ☐ General Other (specify) ▼		2500.00	
с. С.	Full Name (Last, First, Middle Initial) S. Alan Bricklin, Dr.			Date of Receipt
	Mailing Address Department of Patho 18321 Clark Street	logy		05 / 02 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.29619
	Tarzana FEC ID number of contributing federal political committee.	CA	91356	Amount of Each Receipt this Period 250.00
	Name of Employer Tarzana Regional Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	_ ' <u>`</u>	e Year-to-Date ▼ 250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			3750.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe he name and address of any political committee	
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael B. Broscius		Date of Receipt
Mailing Address 781 Keystone Indust  City	rial Park State Zip Code	05 08 2008  Transaction ID: SA11AI.29687
Dunmore	PA 18512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pathology Associates of NE PA	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L. Irwin Browarsky, Dr.  Mailing Address Department of Patho	ology	Date of Receipt
P Ó Box 1289	<u> </u>	05 07 2008
City	State Zip Code	Transaction ID: SA11AI.29657
Tampa  FEC ID number of contributing federal political committee.	FL 33601-1289	Amount of Each Receipt this Period 500.00
Name of Employer Tampa General Heathcare	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) J. Patrick Buckley, Dr.		Date of Receipt
Mailing Address Dept of Pathology Box 3712		05 / 22 / 2008
City	State Zip Code	Transaction ID: SA11AI.29848
Durham  FEC ID number of contributing federal political committee.	NC 27710	Amount of Each Receipt this Period 500.00
Name of Employer Duke Univ Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 43   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) R. Peter Burke, Dr.			Date of Receipt
R. Peter Burke, Dr.  Mailing Address Laboratory Director PO Box 1370 133 F			05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St Albans	State VT	Zip Code 05478	Transaction ID: SA11AI.29805
FEC ID number of contributing federal political committee.	C	05478	Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) A. Barbara Centeno, Dr.			Date of Receipt
Mailing Address Laboratory 12902 Magnolia Dri			05 07 2008
City Tampa	State FL	Zip Code 33612	Transaction ID: SA11AI.29640  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00012	500.00
Name of Employer H Lee Moffitt Cancer Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E. Robert Charles, Dr.			Date of Receipt
Mailing Address 710 FM 1960 West Medical Mall 3			05 / 08 / 2008
City Houston	State TX	Zip Code 77090	Transaction ID: SA11AI.29689  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77030	500.00
Name of Employer Houston Northwest Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.l\		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Politics	name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) B. Erwin Clahassey, Dr.  Mailing Address Pathology Department 147 N. Brent St.  City Ventura  FEC ID number of contributing federal political committee.  Name of Employer Cmnty Mem Hosp  Receipt For: Primary General	State CA C Occupation Pathologis	Year-to-Date ▼	Date of Receipt  M M M D D D 2 2 0 0 8  Transaction ID: SA11AI.29599  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Cristina Maria Cleto-Quiaoit, Dr.  Mailing Address Dept of Path 695 N Kellogg St  City  Galesburg  FEC ID number of contributing federal political committee.  Name of Employer Galesburg Cottage Hosp	State IL C Occupation Pathologis		Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) J William Colburn, Dr. Mailing Address 21114 Vanowen St  City Canoga Park  FEC ID number of contributing federal political committee.  Name of Employer Interscope Pathology Med	State CA C	Zip Code 91303-2821	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Interscope Pathology Med Grp Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Pathologis Aggregate	Year-to-Date ▼ 250.00	800.00

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. Suzanne Cook, Dr.  Mailing Address 7725 N Foothill Dr  City Paradise Valley  FEC ID number of contributing federal political committee.  Name of Employer Clin-Path Associates, P.C.  Receipt For: Primary General Other (specify)	State Zip Code AZ 85253-3067  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) R. Franklin Elevitch, Dr. Mailing Address 430 Nevada Avenue  City Palo Alto  FEC ID number of contributing federal political committee.  Name of Employer Health Care Engineering  Receipt For: Primary General Other (specify)	State Zip Code CA 94301-4121  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Elizabeth Joan Etzell, Dr.  Mailing Address Clin Lab M524 Box 505 Parnassus Ave  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Univ of California San Francisco Receipt For:  Primary General Other (specify)	O100  State Zip Code CA 94143-0100  C  Occupation Pathologist  Aggregate Year-to-Date   400.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	)	1400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) G Patricia Fenderson, Dr.  Mailing Address Dept of Path 1401 Pennsylvania City	Ave State	Zip Code	Date of Receipt    M
Ft Worth  FEC ID number of contributing federal political committee.	TX	76104	Amount of Each Receipt this Period  300.00
Name of Employer Harris Methodist Ft Worth Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) Michael Joseph Foley, Dr. Mailing Address 2252 E Minton St			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.29669
Mesa  FEC ID number of contributing federal political committee.	C	85213-1400	Amount of Each Receipt this Period  500.00
Name of Employer Banner Baywood Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Erskine Hugh Fraser, Dr.			Date of Receipt
Mailing Address Department of Path Danville Regional N	Medical Center		05 23 2008
City Danville	State VA	Zip Code 24541	Transaction ID: SA11AI.29865  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1	250.00
Name of Employer Danville Reg Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any perso the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Maurice Fremont-Smith Mailing Address 1 Hampton Rd Bldg B Ste 208 City Exeter FEC ID number of contributing federal political committee.  Name of Employer Seacoast Pathology	State Zip Code NH 03833-4849  C Occupation Pathologist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) J Anthony Guidi, Dr.  Mailing Address Department of Patho 81 Highland Ave  City Salem  FEC ID number of contributing federal political committee.  Name of Employer North Shore Med Ctr-Salem Hosp Receipt For:	State Zip Code MA 01970  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	250.00	
O. Edgar Hartle, Dr.  Mailing Address Laboratory 171 Fairview Rd  City  Mooresville  FEC ID number of contributing federal political committee.  Name of Employer Lake Norman Regional Med Ctr Receipt For:	State Zip Code NC 28117-9500  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb		750.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	21.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) W. Howard Hoffman Mailing Address Associated Pathologis	sts Chartered	<u> </u>	Date of Receipt
	4230 Burnham Ave	Ctata	7in Code	05 07 2008
	City Las Vegas	State NV	Zip Code 89119-5410	Transaction ID: SA11AI.29651  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3000.00
	Name of Employer Quest Diagnostics Incorpo- rated Receipt For:  Primary  General  Other (specify) ▼	Occupation Patholog Aggregate		7
– В.	Full Name (Last, First, Middle Initial) Ruth Laura Hofmeister, Dr. Mailing Address 834 McKenzie Ave			Date of Receipt  0 5 2 3 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.29867
	<u>Watsonville</u>	CA	95076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Watsonville Community Hosp	Occupation Patholog	pist	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
_ c.	Full Name (Last, First, Middle Initial) S. Herman Hurwitz, Dr.  Mailing Address 1004 Annapolis Lane			Date of Receipt
	City	State	Zip Code	0 5 0 8 2 0 0 8 Transaction ID: SA11Al.29704
	Cherry Hill	State NJ	08003-8003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Quest Diagnostics Inc	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			3500.00
	TOTAL This Period (last page this line number	r onlv)		

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)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Bharat Jhaveri, Dr.  Mailing Address Dept of Path 1925 Pacific Ave  City  Atlantic City  FEC ID number of contributing federal political committee.  Name of Employer Atlantic City Medical Cen-	State Zip Code NJ 08401  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Pathologist  Aggregate Year-to-Date ▼  250.00	]
Full Name (Last, First, Middle Initial) C. Judd Johnston, Dr.  Mailing Address Department of Pathor 101 S. 4th Street  City  Ishpeming  FEC ID number of contributing federal political committee.	State Zip Code MI 49849	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer F.A. Bell Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) J Edward Kane, Dr. Mailing Address 11352 Village Ridge		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Diego  FEC ID number of contributing federal political committee.	State Zip Code CA 92131-3900  C	Transaction ID: SA11AI.29710  Amount of Each Receipt this Period  250.00
Name of Employer Scripps Clinic Medical La- boratory Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FITEMIZED RECE	IPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one)    X   11a
or for commercial purposes  NAME OF COMMITTE	s, other than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I James Michael Kane, Dr.	Middle Initial)		Date of Receipt
	t of Path 0 McClelland Blvd Ste 205		05 15 2008
City	State	Zip Code	Transaction ID: SA11AI.29800
Joplin FEC ID number of cont federal political committed		64804-1624	Amount of Each Receipt this Period  500.00
Name of Employer Ferguson's Med Labs	Occupatio Patholog	ist	
Receipt For:  Primary  Other (specify) ▼	General	e Year-to-Date ▼ 500.00	
Full Name (Last, First, I H Richard Kelty, Dr.	Middle Initial)		Date of Receipt
Mailing Address 366	4 Twin Lake Ridge		05 15 YYYY 2008
City Westlake Village	State CA	Zip Code 91361-3927	Transaction ID: SA11AI.29812 Amount of Each Receipt this Period
FEC ID number of cont federal political committee			1000.00
Name of Employer Los Robles Reg Med C	Occupatio Patholog		
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 1000.00	
Full Name (Last, First, I R Thomas Kluzak, Dr.	Middle Initial)		Date of Receipt
	9 Keywest Ct		05 22 2008
City Wichita	State KS	Zip Code 67204-2364	Transaction ID: SA11AI.29860 Amount of Each Receipt this Period
FEC ID number of cont federal political committee			250.00
Name of Employer Via Christi Reg Med Ct	r Occupatio		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional)		1750.00

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

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one)    X   11a
or for commercial   NAME OF COI	pied from such Reports and Sta purposes, other than using the n MMITTEE (In Full) merican Pathologists Politic	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. C Nancy Kois, D Mailing Addres  City Boise	r of contributing committee.	State ID  C Occupation Patholog Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. Igor Kozlov  Mailing Addres  City  Sherman Oa	or of contributing committee.	State CA  C  Occupation Patholog		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5
A Keith Krabill, I Mailing Addres  City Buffalo	S Pathology - Laboratory / Kaleida Health  or of contributing committee.  over al Hosp  General	State NY  C Occupation Patholog	Zip Code 14203-1154	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	eceipts This Page (optional)		<u> </u>	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts are	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd		Date of Receipt  0 5 1 5 2 0 0 8
City Irving	State Zip Code TX 75063	Transaction ID: SA11AI.29808  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Quest Diagnostics Incorpo- rated Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date  500.00	
Full Name (Last, First, Middle Initial)  A Patrick Leoni, Dr.  Mailing Address Dept of Path		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9100 W 74th St City Shawnee Mission FEC ID number of contributing	State Zip Code KS 66204-4019	Transaction ID: SA11AI.29654  Amount of Each Receipt this Period
federal political committee.  Name of Employer Shawnee Mission Med Ctr	Occupation	2000.00
Receipt For:  Primary General  Other (specify) ▼	Pathologist  Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial) K W David Lieu, Dr.		Date of Receipt
Mailing Address 837 Country Rd.		05 29 2008
City <u>Monterey</u> Park	State Zip Code CA 91755-4976	Transaction ID: SA11AI.29886  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Fine Needle Aspiration Med Group	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J)	3500.00

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

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 43   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may r g the name and addre	not be sold or used by any personss of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Co	ommittee	
Full Name (Last, First, Middle Initial) T.Y. Bryan Lin, Dr.			Date of Receipt
Mailing Address 913 Blackbourne F	Point		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oak Park	State CA	Zip Code 91377	Transaction ID: SA11AI.29621  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tarzana Regional Med Ctr	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	vear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Hunt R. MacMillan, Dr.			Date of Receipt
Mailing Address Department of Pat 459 Locust Avenue			05 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.29749
<u>Charlottesville</u>	VA	22902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Martha Jefferson Hosp	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. John Maddox, Dr.			Date of Receipt
Mailing Address Department of Pat 500 J. Clyde Morris			M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City Newport News	State VA	Zip Code 23601	Transaction ID: SA11AI.29758
FEC ID number of contributing federal political committee.	C	23001	Amount of Each Receipt this Period
Name of Employer Riverside Reg Med Ctr	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	<del>_ ' '</del>	/ear-to-Date ▼	
	al)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists Pathologi	he name and address of	any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Larry Mapow, Dr.  Mailing Address 901 Easy St			Date of Receipt
City  Millville  FEC ID number of contributing		o Code 3332	Transaction ID: SA11AI.29763  Amount of Each Receipt this Period  250.00
Name of Employer South Jersey Healthcare RMC Receipt For: Primary General Other (specify)	Occupation Pathologist Aggregate Year-to	o-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Felix Martinez Mailing Address 13103 E Mansfield A	Ave		Date of Receipt  0 5 0 8 2 0 0 8
City Spokane Valley FEC ID number of contributing	WA 99	Code 0216	Transaction ID: SA11AI.29690  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Pathologist Aggregate Year-to	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C Edward McDonald, Dr.  Mailing Address Dept of Path			Date of Receipt  0 5 0 8 2 0 0 8
A220 Harding Pike City Nashville FEC ID number of contributing federal political committee.		O Code '205-2095	Transaction ID: SA11Al.29713  Amount of Each Receipt this Period  250.00
Name of Employer St. Thomas Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify)	Aggregate Year-to	250.00	
SUBTOTAL of Receipts This Page (optional	)		750.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 43 (check only one)    X   11a
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ege of American Pathologists Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Edwa	Name (Last, First, Middle Initial) urd Jonathan Musicant, Dr. ng Address Path Lab 1650 Creekside Dr			Date of Receipt  0 5 0 9 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.29751
<u>Fols</u>	om	CA	95630	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Merc	e of Employer y Hosp of Folsom	Occupatio Patholog		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>V. Sa</u>	Name (Last, First, Middle Initial) nto Nicosia, Dr.			Date of Receipt
Maili	ng Address 13813 Shady Shores E	)r		05 15 2008
City		State	Zip Code	Transaction ID: SA11AI.29818
<u>Tam</u>	ра	FL	33613	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Univ	e of Employer of South Florida Hosp	Occupatio Patholog		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) sdado Non, Dr.			Date of Receipt
Mailii	ng Address 418 Cassville Rd			05 23 YYYY 2008
City		State	Zip Code	Transaction ID: SA11AI.29874
<u>Jack</u>	son	NJ	08527-4720	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		200.00
	e of Employer an County Med Labs	Occupatio Patholog		
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTO	PTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  College of American Pathologis	is and Statements may not be sold or used by any p sing the name and address of any political committee ts Political Action Committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. Thomas O'Brien, Dr.  Mailing Address Dept of Patholo		Date of Receipt  0 5 2 3 2 0 0 8
1211 Union Ave	State Zip Code	Transaction ID: SA11AI.29866
<u>Memphis</u>	TN 38104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) W Charles Panchari, Dr.  Mailing Address 9808 Colima Ro	1	Date of Receipt
City	State Zip Code	0 5 0 9 2 0 0 8 Transaction ID: SA11AI.29781
Whittier	CA 90605-1898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Whittier Hosp Medical Ctr.	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. Mary Pascucci, Dr.		Date of Receipt
Mailing Address 148 N Sherman	Ct	05 15 YYYYY 2008
City	State Zip Code	Transaction ID: SA11AI.29807
Hazleton	PA 18201-5863	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Physicians Clinical Labor- atory	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (on	ional)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 43 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) T. William Pastuszak, Dr.  Mailing Address Department of Path 80 Seymour St.			Date of Receipt  0 5 0 2 2 0 0 8
City  Hartford  FEC ID number of contributing federal political committee.	State CT	Zip Code 06102-5037	Transaction ID: SA11AI.29607  Amount of Each Receipt this Period  250.00
Name of Employer Hartford Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) James Michael Pushchak, Dr.  Mailing Address 23 Martin Lane	<u>'</u>		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: SA11AI.29637
Cherry Hills Villa  FEC ID number of contributing federal political committee.	C	80113	Amount of Each Receipt this Period  500.00
Name of Employer Exempla Lutheran Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) D Dennis Reinke, Dr.	I		Date of Receipt
Mailing Address 1209 Brook Ave			05 30 YYYY 2008
City	State	Zip Code	Transaction ID: SA11AI.29900
Wichita Falls  FEC ID number of contributing federal political committee.	C	76301-4308	Amount of Each Receipt this Period  1000.00
Name of Employer Pathology Associates	Occupation Patholog		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)		1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one)    X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
			Committee	
۱.	Full Name (Last, First, Middle Initial)  M. Robert Ridout, Dr.  Mailing Address Department of Patho	logv		Date of Receipt
	PO Box 1140		7' 0 1	05 09 2008
	City Texarkana	State TX	Zip Code 75504-1140	Transaction ID: SA11AI.29741  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73304-1140	250.00
	Name of Employer Christus-St. Michael Heal- th Sys Receipt For: Primary General	Occupation Patholog Aggregate		1
_	Full Name (Last, First, Middle Initial) F Charles Romberger, Dr.  Mailing Address 555 N. Duke St.	0 0		Date of Receipt
	Mailing Address 555 N. Duke St. P.O. Box 3555			05 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.29863
	Lancaster	<u>PA</u>	17604-3555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer unaffiliated	Occupation Pathologo		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	]
_	Full Name (Last, First, Middle Initial) D. Clifford Sauls, Dr.			Date of Receipt
	Mailing Address 4899 Montrose Blvd	Apt 1510		05 07 Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.29642
	Houston	TX	77006-6170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3000.00
	Name of Employer Houston Pathology Associa- tes	Occupation Doctor		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
	UBTOTAL of Receipts This Page (optional)	•		4250.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 43 (check only one)    X
or for	formation copied from such Reports and commercial purposes, other than using the ME OF COMMITTEE (In Full) bllege of American Pathologists Policy	ie name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>ا.</u>	Il Name (Last, First, Middle Initial) James Schnabel, Dr. ailing Address Department of Pathol			Date of Receipt  0 5 0 9 2 0 0 8
Cit	3300 NW Expressway	y State	Zip Code	0 5 0 9 2 0 0 8 Transaction ID: SA11Al.29747
	klahoma City	OK	73112	Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C		300.00
Na Int	me of Employer egris Baptist Med Ctr	Occupation Patholog		
Re	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
. <u>Ho</u>	II Name (Last, First, Middle Initial) ward Byron Simmons, Dr. ailing Address PO Box 25036			Date of Receipt  0 5 0 9 2 0 0 8
Cit	v	State	Zip Code	Transaction ID: SA11AI.29737
	oodbury	MN	55125	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		250.00
Na Ce	me of Employer entral Reg Pathology Lab	Occupation Patholog		
Re	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	II Name (Last, First, Middle Initial) Daniel Slagel, Dr.			Date of Receipt
Ma	iling Address Mercy Medical Ctr 250 Mercy Dr			05 / 09 / 19 2008
Cit	•	State	Zip Code	Transaction ID: SA11AI.29773
FE	ubuque C ID number of contributing deral political committee.	C	52001-7320	Amount of Each Receipt this Period 500.00
Na Ur ies	me of Employer hited Clinical Laborator-	Occupatio Patholog		7
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUB.	TOTAL of Receipts This Page (optional)			1050.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 43 (check only one)  X 11a 11b 11c 12  13 14 15 16
or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action	Committee	
. <u>!</u>	Full Name (Last, First, Middle Initial) David Gene Spencer, Dr. Mailing Address 922 Turnberry CV			Date of Receipt
_	S S S S S S S S S S S S S S S S S S S			05 15 2008
	City	State	Zip Code	Transaction ID: SA11Al.29814
_	Collierville	TN	38017	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
_	Name of Employer Trumbull Laboratories, LLC	Occupation Patholog		
F	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) C Kimberlee Tams, Dr.			Date of Receipt
_	Mailing Address P O Box 5134			05 / 07 / 4 4 4 4 4
	City	State	Zip Code	Transaction ID: SA11Al.29645
-	Sioux Falls	SD	57117	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
_	Name of Employer LCM Pathologists, PC	Occupation Patholog	jist	
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) E. Maureen Trotter, Dr.	1		Date of Receipt
ľ	Mailing Address PO Box 3138			05 08 YYYY 2008
(	City	State	Zip Code	Transaction ID: SA11AI.29677
1	Abilene	TX	79604	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		300.00
( <u>:</u>	Name of Employer Clinical Pathology Associ- ates	Occupation Patholog	jist	
F	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
	BTOTAL of Receipts This Page (optional) .	1		1800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 43   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action C	Committee	
Full Name (Last, First, Middle Initial) A Carol Van der Harten, Dr.			Date of Receipt
Mailing Address 4230 Burnham Ave	Ste 250		05 07 YYYY 2008
City Las Vegas	State NV	Zip Code 89119-5489	Transaction ID: SA11AI.29652  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Quest Diagnostics Incorpo- rated	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Larry VonKuster, Dr.			Date of Receipt
Mailing Address Department of Path 715 South Taft	nology		05 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fremont	State OH	Zip Code 43420	Transaction ID: SA11AI.29638  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.120	500.00
Name of Employer Fremont Mem Hosp	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	<del>_ , '</del>	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) A David Wiese, Dr.			Date of Receipt
Mailing Address Dept of Pathology 401 S Ballenger Hv	vy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Flint	State MI	Zip Code 48532-3685	Transaction ID: SA11AI.29695  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer McLaren Regional Medical Center	Occupation Pathologi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 43 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
College of American Pathologists P	olitical Action Committee	
Full Name (Last, First, Middle Initial) W. Reginald Wilson, Dr.		Date of Receipt
Mailing Address 821 N Cobb St		05 08 2008
City Milledgeville	State Zip Code GA 31061	Transaction ID: SA11AI.29701
FEC ID number of contributing federal political committee.	GA 31061	Amount of Each Receipt this Period 500.00
Name of Employer Oconee Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) B. Gary Witkin, Dr.		Date of Receipt
Mailing Address Dept of Pathology 4755 Ogletown-Star		05 / 09 / 2008
City	State Zip Code	Transaction ID: SA11AI.29740
<u>Newark</u>	DE 19718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Christiana Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) R. Moises Zepeda, Dr.		Date of Receipt
Mailing Address Department of Patho 900 S Atlantic Blvd		0 5 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Monterey Park	State Zip Code CA 91754-4780	Transaction ID: SA11AI.29833  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Monterey Park Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	1	1250.00

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FOR LINE NUMBER: PAGE 31 / 43 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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 Full Name (Last, First, Middle Initial) L. David Zwick, Dr. Date of Receipt Dept of Path Mailing Address 0 5 09 2008 2401 Gillham Rd City State Zip Code Transaction ID: SA11AI.29739 Kansas City MO 64108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Children's Mercy Hosp Occupation Pathologist Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	41300.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE NUMBER: PAGE 32 / 43 conly one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b   27	22 23 28a 28b	24 28c	25 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		y any person	for the purpose of	soliciting co	ontribution					
NAME OF COMMITTEE (In Full)										
College of American Pathologists Political	Action Committee									
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction II Date of Disburs	_	3.29996					
Mailing Address PO Box 85024			05 / 0	0 3 / Y	Ž 0 Ŏ 8	3 <sup>Y</sup>				
City Richmond	State         Zip Code           VA         23285-5024		Amount of Eac	h Disburse						
Purpose of Disbursement					169.6	5				
Bank Service Charges  Candidate Name		Cotogon/								
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)										
Sun Trust Bank			Transaction II Date of Disburs	sement						
Mailing Address PO Box 85024			0 5 D	0 5 / Y	2 0 0 8	3 Y				
City Richmond	State         Zip Code           VA         23285-5024		Amount of Eac	h Disburse	ment this	Period				
Purpose of Disbursement Bank Services Charges			L		121.8	0				
Candidate Name		Category/ Type								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction II Date of Disburs	sement						
Mailing Address PO Box 85024			05 / 0	0 6 Y	Ž 0 Ŏ 8	3 <sup>Y</sup>				
City Richmond	State         Zip Code           VA         23285-5024		Amount of Eac	h Disburse						
Purpose of Disbursement Bank Services Charges					1304.3	0				
Candidate Name		Category/ Type								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
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SUBTOTAL of Disbursements This Page (optional)		<b>)</b>			1595.7	5				

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	nedule(s) FOR LIN			ER:		PAGE 33 / 43					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check of X 21b 27	22 28a	П	23 28b	24 28c	F	25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			ny persor	n for the p		e of s	oliciting o	ontril	outions	-		
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee											
Full Name (Last, First, Middle Initial) Sun Trust Bank  Mailing Address PO Box 85024					of Di	sburs	SB21 ement		004 0 0 8	B <sup>Y</sup>		
	State Zip Code VA 23285-5024			Amo	unt of	Each	Disburs	emen	t this F	Period		
Purpose of Disbursement Bank Services Charges Candidate Name			tegory/				•	1	43.5	5		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		урс									
Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024				_	of Di	sburs	SB21 ement		0000 0 ŏ e	B <sup>Y</sup>		
City	State Zip Code VA 23285-5024			Amo	unt of	Each	Disburs	emen	t this F	Period		
Purpose of Disbursement Bank Service Charges	VA 23263-3024	Г							24.6	5		
Candidate Name		_	tegory/ ype									
Senate President	ement For:  Primary General  Other (specify) ▼											
State: District: Full Name (Last, First, Middle Initial)				Tran	sactio	on ID:	: SB21	B.30	0001			
Sun Trust Bank  Mailing Address PO Box 85024					of Di	sburs	ement		0 ŏ 8	Y		
	State Zip Code						Disburs	Î				
Richmond	VA 23285-5024			Amo	unit oi	Each	DISDUIS	emen	50.50	-		
Purpose of Disbursement Bank Services Charges					-	-		-	50.50	,		
Candidate Name			tegory/ ype									
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)											
State: District:	·											
SUBTOTAL of Disbursements This Page (optional)			▶					2	18.70	)		

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

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District:

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SCHEDULE B (FEC Form 3X)				Use separate schedule(s) (check of												PAGE 34 / 43				
IT	EMIZED DIS	BURSEMEN	ITS		category of the Summary Page		X	21b 27		22 28a		23 28b		24 28c		25 29	Н	26 30b		
	y Information copied for commercial purpo			•		•	•				•			_						
$\rangle$	NAME OF COMMI College of Ameri	` ,	s Political <i>I</i>	Action Co	mmittee															
	Full Name (Last, Find Sun Trust Bank Mailing Address	rst, Middle Initial) PO Box 85024								Trans Date of		sburs	_			002 0 0 8	Y			
	City Richmond Purpose of Disburs	ement		State VA	Zip Code 23285-5024	1 	v	_		Amou	nt of	Each	Dis	burser	nen	t this F		d		
	Bank Service Charge Candidate Name	ges				1	ateg	ory/												
	Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe	General ecify) ▼															

SUBTOTAL of Disbursements This Page (optional)	•	15.95
TOTAL This Period (last page this line number only)	<b></b>	1830.40

# SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 35 / 43
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22   X 23   24   25   26   28a   28b   28c   29   30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
Α.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS			Transaction ID: SB23.29936 Date of Disbursement
	Mailing Address 349 KEATING ST.			05 30 2008
	City HENDERSON	State Zip Code NV 89014		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name BERKLEY FOR CONGRESS		Category/ Type	
	X	ement For: 2008 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23,29938
B.	Buchanan for Congress			Date of Disbursement
	Mailing Address 2875 Towerview Road, S	Suite 1000		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & S \\ Y & O & O & S \end{bmatrix}$
	City Herndon	State Zip Code VA 20171		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name VERN BUCHANAN FOR CONGRESS		Category/ Type	
	Senate President	ement For: 2008 Primary X General Other (specify)		
	State: FL District: 13  Full Name (Last, First, Middle Initial)			Transaction ID: SB23.29940
C.	Burgess for Congress			Date of Disbursement
	Mailing Address P.O. Box 2334			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} & \begin{smallmatrix} I & D & 3 & 0 \\ 0 & 3 & 0 \end{smallmatrix} & \begin{smallmatrix} I & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 & Y \end{bmatrix}$
	City Denton	State Zip Code TX 76202		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name MICHAEL C DR. BURGESS		Category/ Type	
	Senate President	ement For: 2008 Primary X General Other (specify)		
Г	State: TX District: 26			
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3000.00
Т.	OTAL This Period (last page this line number only)			

ITI		•		Jse sepa	arate schedule(s)		OR LINE			Ľ	AGE 3		
•••	EMIZED DI	SBURSEMEN	ITS   f	or each	category of the Summary Page		check onl 21b 27	22 28a	X 23 28b	24 280		25	
		ed from such Reports rposes, other than usi											_
$\setminus$	NAME OF COM	MITTEE (In Full) erican Pathologists											
	Full Name (Last, Charlie Palme	First, Middle Initial) r Steak DC							action II of Disbur	D: SB23	3.29920	)	
	Mailing Address	101 Constitutio	on Ave, NW					0 <sup>M</sup> 5	M / D	21 /	Ý Ž0	ŏ8°	
	City Washington		Sta D(		Zip Code 20001			Amou	nt of Eac	h Disburs			rioc
	Purpose of Disbuin-Kind Contribuing Candidate Name	tion						L.			26	2.50	•
	ENZI FOR US  Office Sought:		Disburseme	nt For:	2008	Cate Ty	gory/ pe						
	Office Sought.	X Senate President	Pi	rimary ther (spe	General								
	•	District: 00 First, Middle Initial)	Other							<b>D</b> : SB23	3.29942	2	
	CONGRESSM Mailing Address	P. O. Box 4702		COMM	ITTEE				of Disbur		Ý Ž O	ý 8 °	1
		1 . O. DOX 47 02	_0										
	City		Sta	te	Zip Code			Amou	nt of Eac	h Disburs	ement tl	nis Per	
	City St. Petersburg Purpose of Disb		Sta FL		Zip Code 33743		· ]	Amou	nt of Eac	h Disburs		nis Per 0.00	
	St. Petersburg	ursement					gory/	Amou	nt of Eac	h Disburs			
	St. Petersburg Purpose of Disbi Candidate Name C. W. BILL YO Office Sought:	DUNG  X House Senate President	Disburseme		2008 General		gory/ pe	Amou	nt of Eac	ch Disburs			
	St. Petersburg Purpose of Disbo Candidate Name C. W. BILL YO Office Sought: State: FL	DUNG  X House Senate President District: 10  First, Middle Initial)	Disburseme	nt For:	2008 General			Trans		D: SB23	100	0.00	
	St. Petersburg Purpose of Disbi Candidate Name C. W. BILL YO Office Sought: State: FL Full Name (Last,	DUNG  X House Senate President District: 10  First, Middle Initial)	Disburseme X Pr	nt For:	2008 General			Trans Date of	action II	D: SB23 sement	100	0.00	rio
	St. Petersburg Purpose of Disbi Candidate Name C. W. BILL YO Office Sought: State: FL Full Name (Last, ENGEL FOR O	DUNG  X House Senate President District: 10  First, Middle Initial)  CONGRESS	Disburseme X Pr	nt For: rimary ther (spe	2008 General			Trans Date of	action II of Disbur	D: SB23 sement	1000 3.29944 Y Y Y O	0.00 1 0 8	rio
	St. Petersburg Purpose of Disbi Candidate Name C. W. BILL YO Office Sought:  State: FL Full Name (Last, ENGEL FOR O Mailing Address City Bronxville Purpose of Disbi	DUNG  X House Senate President District: 10  First, Middle Initial) CONGRESS  462 California	Disburseme X Pr O	nt For: rimary ther (spe	2008 General ecify) ▼	Ту	ре	Trans Date of	action II of Disbur	D: SB23 sement	1000 3.29944 Y Y Y O	0.00 1 0 8	rio
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	CHEDULE B (FEC FOIII 3	′ Use sep	parate schedule(s)		LINE NUMBER: PAGE 37 / 43 only one)
	EMIZED DISBURSEMENT	Detailed	n category of the d Summary Page	21 27	b 22 X 23 24 25 28a 28b 28c 29
	or commercial purposes, other than using				son for the purpose of soliciting contributions o solicit contributions from such committee
	NAME OF COMMITTEE (In Full) College of American Pathologists I	Political Action C	ommittee		
	Full Name (Last, First, Middle Initial) FOR AMERICAS REPUBLICAN M	AJORITY PAC (F	FARM PAC)		Transaction ID: SB23.29950 Date of Disbursement
	Mailing Address 217 3rd Street, S	E			05 M / D 3 D / Y Y Y O O 8 Y
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
	Purpose of Disbursement				1000.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	2008 X General pecify) ▼		
	State: District:				
	Full Name (Last, First, Middle Initial) Gene Green Congressional Campa	aign			<b>Transaction ID:</b> SB23.29952 Date of Disbursement
	Mailing Address P.O. Box 16128				05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City Houston	State TX	Zip Code 77222		Amount of Each Disbursement this Perio
	Purpose of Disbursement				1000.00
	Candidate Name GENE (RAYMOND E.) GREEN				
	Office Sought: X House Senate President	Disbursement For: Primary Other (sp	2008 X General pecify) ▼		
	State: TX District: 29  Full Name (Last, First, Middle Initial)  GILLIBRAND FOR CONGRESS				Transaction ID: SB23.29993 Date of Disbursement
	Mailing Address P.O. Box 15734				05
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Candidate Name Mrs. KIRSTEN ELIZABETH GILLIE	BRAND		Category/ Type	
	Office Sought: X House Senate President	Disbursement For:  X Primary  Other (sp	2008 General Decify)		
	State: NY District: 20				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	NUMBER: PAGE 38 / 43
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one) 22   X   23   24   25   1
		27	28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.29957
JOHN KERRY FOR SENATE			Date of Disbursement
Mailing Address 10 G STREET NE SUITE 710			05
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement	2002		2500.00
Candidate Name		0.1	
JOHN FORBES KERRY		Category/ Type	
· — I —	ement For: 2008 Primary General		
X Seriale President	Other (specify)		
State: MA District: 00			
Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS			Transaction ID: SB23.29960
			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 636			05 30 2008
City ANNANDALE	State Zip Code VA 22003		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/	
Mr. JOHN LEWIS		Туре	
· -	ement For: 2008 Primary General		
President	Other (specify)		
State: GA District: 05			
Full Name (Last, First, Middle Initial)  MAJORITY INITIATIVE TO KEEP ELECT A.K.A MIKE R FUND	ND	Transaction ID: SB23.29979 Date of Disbursement	
Mailing Address PO Box 2485			05 M / D 3 D / Y 2 0 0 8 Y
City Springfield	State Zip Code VA 22152		Amount of Each Disbursement this Perior
Purpose of Disbursement	VII ZEIJE		2500.00
-			
Candidate Name		Category/ Type	
	ement For: 2008	1	
Senate President	Primary X General Other (specify) ▼		
State: District:	_ Ciriei (Specify) \		
otate. District.		I	
SUBTOTAL of Disbursements This Page (optional)			6000.00

	DISBURSEMENTS	for each category of the Detailed Summary Page		
1 4 1 6 11		<u> </u>	27	22 X 23 24 25 28 28a 28b 28c 29
				for the purpose of soliciting contributions solicit contributions from such committee
NAME OF CO	DMMITTEE (In Full) American Pathologists Politic			
•	ast, First, Middle Initial) For Congress Campaign			Transaction ID: SB23.29962 Date of Disbursement
Mailing Addre	P.O. Box 360			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Prescott		State Zip Code AR 71857		Amount of Each Disbursement this Period 1000.00
Purpose of D	isbursement			1000.00
	AVERY ROSS		Category/ Type	
Office Sough	Senate President	Primary X Gene Other (specify)	ral	
,	District: 04 ast, First, Middle Initial)			Transaction ID: SB23.29909
Mailing Addre	REPUBLICAN SENATORIAI			Date of Disbursement  Date of Disbursement  D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code		Amount of Each Disbursement this Perio
WÁSHING		DC 20002		
Purpose of D	isbursement			15000.00
Candidate Na	ıme		Category/ Type	
Office Sough	t: House Disbu Senate President District:	rsement For: 2008 Primary X Gene Other (specify)	ral	
Full Name (La	ast, First, Middle Initial) TURY FUND			Transaction ID: SB23.29964 Date of Disbursement
Mailing Addre	ess 116 S ROYAL STREE	Γ		05 7 3 0 7 2 0 0 8
City ALEXANDF	RIA	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of D			Catagory	3000.00
			Category/ Type	
Office Sough	Senate President	Primary X Gene Other (specify)	ral	
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# SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		NUMBER: PAGE 40 / 43
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22   X 23   24   25   26   28a   28b   28c   29   30
Any Information copied from such Reports and Stator for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action Committee		
Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS			Transaction ID: SB23.29969 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 38585			05 30 2008
City Dallas	State Zip Code TX 75238		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name PETE SESSIONS		Category/ Type	
Office Sought:  X House Senate President State: TX District: 32	rsement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.29972
Rangel for Congress			Date of Disbursement
Mailing Address PO Box 5577 Manhati	anville Station		$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} $
City New York	State Zip Code NY 10027		Amount of Each Disbursement this Period
Purpose of Disbursement		, ,	2500.00
Candidate Name CHARLES B RANGEL		Category/ Type	
Office Sought:  X House Senate President State: NY District: 15	rrsement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS C	COMMITTEE		Transaction ID: SB23.29974 Date of Disbursement
Mailing Address 76 MAGNOLIA TERR	ACE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O \\ Z & O & O & S \end{smallmatrix} \end{bmatrix}$
City SPRINGFIELD	State Zip Code MA 01108		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name RICHARD E MR. NEAL		Category/ Type	
Senate President	orsement For: 2008 Primary X General Other (specify) ▼		
State: MA District: 02			
SUBTOTAL of Disbursements This Page (option	al)	<b>)</b>	6000.00
TOTAL This Period (last page this line number o	nly)		

CHEDULE B (FEC FOIII 3X)	Use separate schedule(	s)   FOR LINE	NUMBER: PAGE 41 / 43
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
any Information copied from such Reports and Start for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)  College of American Pathologists Politic	cal Action Committee		
Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS			Transaction ID: SB23.29966 Date of Disbursement
Mailing Address 700 12th Street, NW			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} S \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} O \\ O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} O \\ O \end{smallmatrix} \begin{smallmatrix} N \\ S \end{smallmatrix} $
City Pttsburgh	State Zip Code PA 15234	_	Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name TIM MURPHY		Category/ Type	
Senate President	ursement For: 2008 Primary X Genera Other (specify) ▼	ı	
State: PA District: 18			
Full Name (Last, First, Middle Initial) TREASURE STATE PAC			Transaction ID: SB23.29981 Date of Disbursement
Mailing Address 200 East Jefferson St		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} S \\ M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} O \\ O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} $	
City Fall Church	State Zip Code VA 20046		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	ursement For: 2008 Primary X Genera Other (specify) ▼	ı	
State: District:			
Full Name (Last, First, Middle Initial) VICTORY IN NOVEMBER ELECTION		Transaction ID: SB23.29983 Date of Disbursement	
Mailing Address 236 Massachusetts, A Suite 508	Ave, NW		05
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement			1500.00
Candidate Name		Category/ Type	
9 🗎	ursement For: 2008 Primary X Genera	· I	
Senate President	Other (specify)	I	
Senate President State: District:	Other (specify)		

В.

District: 00

001150111 5 0 /550 5 0 00/			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	and address of any political of	committee to sol	licit contributions from such committee
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Towns attack ID CD00 00005
VOLUNTEERS FOR SHIMKUS			Transaction ID: SB23.29985 Date of Disbursement
Mailing Address PO Box 5458 PO BOX 5458			0 5 M / D 3 D / Y 2 0 0 8 Y
	State Zip Code		Amount of Each Disbursement this Period
<u>-1- 9</u>	IL 62705		2500.00
Purpose of Disbursement		•	2300.00
Candidate Name		Onto no my	
JOHN M SHIMKUS		Category/ Type	
Office Sought: X House Disburse	ment For: 2008	1,700	
Senate	Primary X General		
President	Other (specify)		
State: IL District: 19			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.29989
WHITEHOUSE FOR SENATE			Date of Disbursement
Mailing Address PO BOX 40280			$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} 0.3 & 0 \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
PROVIDENCE	RI 02940		
Purpose of Disbursement			1000.00
Candidate Name SHELDON II WHITEHOUSE		Category/ Type	
Office Sought: House Disburse	ment For: 2012		
	Primary General		
President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3500.00
TOTAL This Period (last page this line number only)	•	50262.50

State: RI

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 43 / 43
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	, ,		
College of American Pathologists Political	al Action Committee		
Full Name (Last, First, Middle Initial) Mr Chris Donnellan			Transaction ID: SB29.29928 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1350 I Street, NW Suite 590			05 21 2008
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Perio
Purpose of Disbursement			246.89
In-Kind Contribution Candidate Name		Category/	
GERRY CONNOLLY FOR CONGRESS		Type	
Office Sought: X House Disbut	sement For: 2008 Primary General		
President	X Other (specify) ▼		
State: VA District: 11 Other  Full Name (Last, First, Middle Initial)			
Johnny's Half Shell			Transaction ID: SB29.29932 Date of Disbursement
Mailing Address 400 North Capital Street	et NW		$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Perio
Washington Purpose of Disbursement	DC 20001		50.00
In-Kind Contribution			
Candidate Name FRIENDS OF DICK DURBIN COMMITTI	Ε	Category/ Type	
	sement For: 2008		
X Senate President	Primary General  X Other (specify) ▼		
State: IL District: 00 Other	\ \ \ \ // \ \		
Full Name (Last, First, Middle Initial) Johnny's Half Shell			Transaction ID: SB29.29934 Date of Disbursement
Mailing Address 400 North Capital Street	et NW		05
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Perio
Purpose of Disbursement In-Kind Contribution			50.00
Candidate Name CONGRESSMAN BART GORDON CON	Candidate Name		
	sement For: 2008	Туре	
Senate	Primary General  X Other (specify) ▼		
State: TN District: 06 Other			
SUBTOTAL of Disbursements This Page (optional	 l)		346.89