05/19/2008 10:46

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# **FORM 3X**

FE6AN026

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

T OTTIWI OX	For Other Than An Authoriz	ed Committee	Office Use Onl	ly
NAME OF COMMITTEE (in full)		example:If typing, type ever the lines		
College of American Pathol	ogists Political Action Committee			
ADDDEGG	1350 I Street, NW			
ADDRESS (number and street)	L			
Check if different				
than previously reported. (ACC)	Washington		DC 20005	
2. FEC IDENTIFICATION NU	MBER ♥ CITY ♠		STATE A ZIPC	CODE A
C00274944	3. IS THIS REPOR		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	2) X May 20 (M5)	) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M	3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M-	4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report(	DDE Election	Tilliary (121)	General (12G)	Trunon (1211)
October 15 Quarterly Report(	Report for the:	Convention (12C)	Special (12G)	
January 31 Quarterly Report(			in th State	
July 31 Mid-Year Report(Non-electi Year Only) (MY)	on (d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repo (TER)	rt   Report for the:  Election on		in th State	
5. Covering Period 0	4 01 2008	through 0 4	30 2008	
I certify that I have examined this	Report and to the best of my knowledg	e and belief it is true, correct	t and complete.	
Type or Print Name of Treasurer	Dr. Alfred Wray Campbell			
Signature of Treasurer Electr	onically Filed by Dr. Alfred Wray Can	npbell	Date 0 4 1 9	2008
NOTE : Submission of false, err	oneous, or incomplete information may	subject the person signing th	his Report to the penalties of 2	U.S.C 437g.
Office Use Only			FEC FO (Rev. 12/	

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name College of American Pathologists Political Action Committee " D " D 0 4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 136336.88 January 1 (b) Cash on Hand at 74370.56 Begining of Reporting Period ..... 106851.00 163874.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 181221.56 300210.88 6(a) and 6(c) for Column B) ..... 86269.77 205259.09 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 94951.79 94951.79 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

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
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	75042.00	117942.00
(ii) Unitemized	31809.00	45932.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106851.00	163874.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	106851.00	163874.00
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
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. 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
O. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	106851.00	163874.00
Total Federal Receipts     (subtract Line 18(c) from Line 19)	106851.00	163874.00

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity

(i) Federal Share .....

(ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely

With Federal Funds ..... (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees .....

(such as PACs) .....

Expenditures.....

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 769.77 1259.09 769.77 1259.09 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 84500.00 202590.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 1000.00 1410.00 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 86269.77 205259.09

86269.77

205259.09

_					
F	F6	Δ	N	no	)

### **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)	106851.00	163874.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	106851.00	163874.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	769.77	1259.09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	769.77	1259.09

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 76 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
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 of solicit contributions from such committee.
\ <u>/</u> \.	Full Name (Last, First, Middle Initial) Jon Jared Abbott, Dr.  Mailing Address 305 41st St			Date of Receipt
	City West Des Moines	State IA	Zip Code 50265	Transaction ID: SA11AI.29057  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer unaffiliated  Receipt For:  Primary General Other (specify) ▼	Occupation Pathology Aggregate		
3.	Full Name (Last, First, Middle Initial)  M Osama Abdelatif, Dr.  Mailing Address Clin Lab-Path 350 N Wilmot Rd			Date of Receipt  0 4 0 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.28949
	Tucson  FEC ID number of contributing federal political committee.	AZ C	85711	Amount of Each Receipt this Period  1000.00
	Name of Employer St Joseph Hosp	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	_, '`	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) M Kenneth Algino, Dr. Mailing Address 3610 Colonial Green	Cir		Date of Receipt
	City	State	Zip Code	0 4 0 1 2 0 0 8 Transaction ID: SA11AI.28929
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Carilion Labs	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			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 7 / 76 (check only one)    X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Po	e 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, Middle Initial) Ebrahim Amir-Mokri			Date of Receipt
	Mailing Address Department of Pathol 5645 W Addison St	logy		04 / 09 / 2008
	City Chicago	State IL	Zip Code 60634	Transaction ID: SA11AI.29071  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00004	250.00
	Name of Employer Our Lady of the Resurrect- ion Med Ctr Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		
3.	Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr.  Mailing Address 901 Montgomery St			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: SA11AI.29333
	Decorah	IA	52101-2325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Winneshiek County Mem Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) A. Douglas Anderson, Dr.  Mailing Address 4110 E Oak Knoll St			Date of Receipt
	City	State	Zip Code	04 29 2008
	Springfield	MO	65809-2228	Transaction ID: SA11AI.29356  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cox Med Ctr South	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 76 (check only one)    X   11a
	ny information copied from such Reports and r 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)  Lawrence Ariano  Mailing Address  Department of Pathology			Date of Receipt  0 4 0 2 2 0 0 8
	25 North Winfield Roa	State	Zip Code	Transaction ID: SA11AI.28956
	Winfield  FEC ID number of contributing federal political committee.	C	60190	Amount of Each Receipt this Period  2499.00
	Name of Employer Central DuPage Hosp  Receipt For:  Primary General Other (specify) ▼	Occupation Patholog Aggregate		
 3.	Full Name (Last, First, Middle Initial) F. Paul Atkinson, Dr.  Mailing Address Department of Pathologous 1000 Johnson Ferry F			Date of Receipt  0 4 2 9 2 0 0 8
	City Atlanta	State GA	Zip Code	Transaction ID: SA11AI.29381
	FEC ID number of contributing federal political committee.	C	30042	Amount of Each Receipt this Period  250.00
	Name of Employer Northside Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) R Marshall Austin			Date of Receipt
•	Mailing Address Dept of Path 300 Halket St			0 4 2 3 2 0 0 8
	City Pittsburgh	State PA	Zip Code 15213-3108	Transaction ID: SA11AI.29299  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13213-5100	250.00
	Name of Employer Magee Women's Hosp	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	_ ·	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		2999.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 76 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  College of American Pathologists Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial)  N. Balasubramanian			Date of Receipt
	Mailing Address 1101 Nott St Laborat	ory		04 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.29119
	Schenectady	NY	12308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Ellis Hospital	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	7
_	Full Name (Last, First, Middle Initial) Kay Sarah Barksdale, Dr.			Date of Receipt
-	Mailing Address Presbyterian Hospita 1100 Central Ave. SE			0 4 2 9 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.29433
	Albuquerque	NM	87106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) D. Norman Bell, Dr.	l		Date of Receipt
	Mailing Address PO Box 242752			0 4 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.29343
	Montgomery	AL	36124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Baptist Medical Ctr-East	Occupation Patholog	jist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			3300.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In Function of College of American Patho	han using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle I L Robert Bernstein, Dr.  Mailing Address Dept of Pa 855 N Wes	<u> </u>	Zip Code	Date of Receipt    M M
Oshkosh  FEC ID number of contributing federal political committee.	WI C	54904	Amount of Each Receipt this Period 500.00
Name of Employer Aurora Med Ctr of Oshkosh Inc Receipt For:  Primary Genera Other (specify) ▼			
Full Name (Last, First, Middle I P Steven Bleiweiss, Dr. Mailing Address 4 Arabian	nitial)		Date of Receipt  0 4 2 9 2 0 0 8
City  Coto De Caza  FEC ID number of contributing federal political committee.	State CA	Zip Code 92679	Transaction ID: SA11AI.29401 Amount of Each Receipt this Period 250.00
Name of Employer St Bernardine Med Ctr	Occupati Patholo		
Receipt For:  Primary Genera  Other (specify) ▼	00 0	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle I L Benjamin Blend, Dr. Mailing Address 925 Highla	nitial) nd Blvd Ste 1240		Date of Receipt
City Bozeman	State MT	Zip Code 59715-6999	Transaction ID: SA11AI.29129  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Bozeman Deaconess Hosp	Occupati Patholo	gist	
Receipt For:  Primary Genera  Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	e (optional)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 76 (check only one)    X
Ar	ny information copied from such Reports and Story 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.
	Full Name (Last, First, Middle Initial) Joseph Karl Blessinger, Dr.  Mailing Address Department of Patholo 172 4th Street SE	ogy		Date of Receipt  0 4 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.29363
	<u>Huron</u>	SD	57350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Regional Med Ctr	Occupatio Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Loyd Bobby Boyanton, Dr.	•		Date of Receipt
	Mailing Address Dept of Clinical Patho 3601 W Thirteen Mile	Rd	7: 0.1.	04 18 2008
	City Royal Oak	State MI	Zip Code 48073	Transaction ID: SA11AI.29278  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40070	250.00
	Name of Employer William Beaumont Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) A. Evander Boynton, Dr.			Date of Receipt
	Mailing Address 802 Lexington St			04 01 2008
	City	State	Zip Code	Transaction ID: SA11AI.28938
	Lakeland  FEC ID number of contributing federal political committee.	FL C	33801-5515	Amount of Each Receipt this Period  300.00
	Name of Employer Micro Path Laboratories	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	, ·	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (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 12 / 76 (check only one)    X   11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any person 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 Political Political Pathologists Pathol	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial)  A. David Brinker, Dr.  Mailing Address Department of Pathology			Date of Receipt
	Mailing Address Department of Patholo 7601 Osler Dr	gy		04 11 2008
	City	State	Zip Code	Transaction ID: SA11Al.29109
	Towson	MD	21204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St. Joseph Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	
— В.	Full Name (Last, First, Middle Initial) H. John Burgess, Dr.			Date of Receipt
	Mailing Address Dept of Lab 335 Glessner Ave		7: 0 1	04 01 2008
	City Mansfield	State OH	Zip Code 44903-2269	Transaction ID: SA11AI.28935
	FEC ID number of contributing federal political committee.	C	44505-2205	Amount of Each Receipt this Period  250.00
	Name of Employer MedCentral Health System	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) E Michael Bush, Dr.			Date of Receipt
	Mailing Address Dept of Path Maple St			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: SA11Al.29382
	Norwalk	СТ	06850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Norwalk Hosp	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		1550.00
卜	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 76 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	und Statements may not be sold or used by any pers g the name and address of any political committee to	
College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) Aristides Pedro Carmona, Dr.		Date of Receipt
Mailing Address Pathology Departm 951 North Washing	nent gton Ave	04 07 2008
City	State Zip Code	Transaction ID: SA11AI.29021
Titusville	FL 32796-2194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Parrish Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) John Daniel Carter, Dr.		Date of Receipt
Mailing Address Dept of Path 725 North St		04 29 2008
City	State Zip Code	Transaction ID: SA11AI.29347
Pittsfield	MA 01201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.		Date of Receipt
Mailing Address Department of Pati 206 E. Brown Stree		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.29108
East Stroudsburg	PA 18301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pocono Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
	al)	1650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 76   (check only one)     X   11a     11b     11c   12   13   14     15   16
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action (	Committee	
Full Name (Last, First, Middle Initial) N Ryan Cole, Dr.			Date of Receipt
Mailing Address 12899 N Schicks F	Ridge Rd		0 4 1 6 2 0 0 8
City Boise	State ID	Zip Code	Transaction ID: SA11AI.29161
FEC ID number of contributing federal political committee.	C	83714-9454	Amount of Each Receipt this Period 250.00
Name of Employer Cole Diagnostics	Occupation Patholog		7
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. William Cox, Dr.			Date of Receipt
Mailing Address Department of Pat 1024 Central Park			0 4 2 3 Y Y Y Y Y Y
City Steamboat Springs	State CO	Zip Code 80487	Transaction ID: SA11AI.29313
FEC ID number of contributing federal political committee.	C	00407	Amount of Each Receipt this Period 250.00
Name of Employer Yampa Valley Medical Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Domnita Crisan			Date of Receipt
Mailing Address Dept of Clinical Pa			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Royal Oak	State MI	Zip Code 48073	Transaction ID: SA11AI.29117  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10070	250.00
Name of Employer William Beaumont Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any person the name and address of any political committee to sold itself.	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Frederick John Dauterman, Dr.		Date of Receipt
Mailing Address Dept of Path 2700 Stewart Pkwy City	State Zip Code	0 4 0 3 2 0 0 8 Transaction ID: SA11AI.28999
Roseburg	OR 97470-1281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  M Todd DeBoom, Dr.  Mailing Address Dept of Path		Date of Receipt
1950 Mountain View		04 23 2008
City	State Zip Code	Transaction ID: SA11AI.29298
Longmont	CO 80501-9865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Longmont United Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) D. Russell Deidiker, Dr.		Date of Receipt
Mailing Address Dept of Path 1212 Weber Rd.		04 / 15 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.29137
Farmington  FEC ID number of contributing federal political committee.	MO 63640	Amount of Each Receipt this Period 250.00
Name of Employer Mineral Area Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 76 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Louis Peter Depowski, Dr.			Date of Receipt
Mailing Address Department of Path 201 State St City	ology State	Zip Code	0 4 2 4 2 0 0 8  Transaction ID: SA11Al.29317
Erie	PA	16550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hamot Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.  Mailing Address Laboratory 6100 Harris Parkwa	v		Date of Receipt  0 4 0 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.29028
Ft Worth	TX	76132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Harris Methodist Southwest	Occupatio Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  E. Rosemary Detweiler, Dr.			Date of Receipt
Mailing Address Department of Path 6100 Harris Pkwy		7:p Code	0 4
City Ft Worth	State TX	Zip Code 76132	Transaction ID: SA11AI.29029
FEC ID number of contributing federal political committee.	C	70102	Amount of Each Receipt this Period  500.00
Name of Employer Harris Methodist Southwest	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 17 / 76 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any personal committee to be name and address of any political committee to blitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) V. Richard Dieterle, Dr.  Mailing Address Dept of Pathology 205 N East Ave  City  Jackson  FEC ID number of contributing federal political committee.  Name of Employer W.A. Foote Mem Hosp  Receipt For:  Primary General	State Zip Code MI 49201  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  M M M J D D J 2 0 0 8  Transaction ID: SA11AI.29487  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) E Russell Dodds, Dr.  Mailing Address Dept of Path 800 N Fant St  City Anderson  FEC ID number of contributing	State Zip Code SC 29621-5708	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  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) M. Michelle Dolan, Dr.  Mailing Address 280 Sunflower Court  City  Vadnais Heights  FEC ID number of contributing federal political committee.	State Zip Code MN 55127	Date of Receipt    M M
Name of Employer Univ of MN Med Ctr-Fairvi- ew Receipt For: Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 18 / 76   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) A Sandy Dorman, Dr.		Date of Receipt
Mailing Address Dept of Path 250 S 21st St		04 09 2008
City Easton	State Zip Code PA 18042	Transaction ID: SA11AI.29052  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Easton Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Allen Christopher Dowling, Dr.		Date of Receipt
Mailing Address Spectrum Medical 6 22 Bramhall St	·	04 / 16 / Y Y Y Y Y Y
City Portland	State Zip Code ME 04102	Transaction ID: SA11AI.29170  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Maine Medical Center	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) A. Peter Dysert, Dr.	l	Date of Receipt
Mailing Address Department of Path 3500 Gaston Avenu	nology ue	04 29 7 2008
City Dallas	State Zip Code TX 75246	Transaction ID: SA11AI.29345  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baylor Univ Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option)	al)	1000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 76 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	d Statements may r		13 14 15 16 on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  College of American Pathologists Po			Solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			Data of Resolut
Anwar Moushira Ebrahim, Dr.  Mailing Address 4818 Wellington St	Ste 8		Date of Receipt  0 4 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.29386
Greenville	TX	75402-6010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pathology Associates	Occupation Pathologis	t	
Receipt For:	<del>-, '</del>	'ear-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	99.03	500.00	
Full Name (Last, First, Middle Initial) C. Stephen Eliason, Dr.			Date of Receipt
Mailing Address 1303 Gleneagles Pla	ace		0 4 3 0 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.29450
Lawrenceburg	<u>IN</u>	47025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dearborn County Hosp	Occupation Pathologis	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. Andrew Evanger, Dr.			Date of Receipt
Mailing Address Department of Patho 1650 Cowles Street	ology		04 30 7 2008
City	State	Zip Code	Transaction ID: SA11AI.29453
<u>Fairbanks</u>	AK	99701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Fairbanks Memorial Hosp	Occupation Pathologis	t	
Receipt For: Primary General	Aggregate Y	rear-to-Date ▼	1
Other (specify) ▼		250.00	
			1

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

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 76 (check only one)    X   11a
,	Any information copied from such Reports and sor for 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	
Α.	Full Name (Last, First, Middle Initial)  J Frank Foss  Mailing Address - 004 B. H. A.			Date of Receipt
	Mailing Address 304 Belle Ave	State	Zip Code	04 23 2008
	City Mankato	MN	56001	Transaction ID: SA11AI.29296  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LCM Pathologists PC	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) P John Fullenwider, Dr.  Mailing Address 2301 S Lamar			Date of Receipt
	Mailing Address 2301 S Lamar			04 09 2008
	City	State	Zip Code	Transaction ID: SA11AI.29060
	Oxford	MS	38655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer JPB Pathology	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) H. Keith Fulling, Dr.	•		Date of Receipt
	Mailing Address Department of Lab Monday 615 South New Ballas	Road		04 / 17 / 2008
	City St Louis	State MO	Zip Code 63141-8277	Transaction ID: SA11AI.29239  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00141 0277	500.00
	Name of Employer St. Johns Mercy Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 76   (check only one)     X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
College of American Pathologists Pe	olitical Action (	Committee	_
Full Name (Last, First, Middle Initial) E Jack Garon, Dr.			Date of Receipt
Mailing Address Dept of Path 1500 S Calif Ave			04 16 4 2008
City Chicago	State IL	Zip Code 60608-1797	Transaction ID: SA11AI.29182  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mt Sinai Hosp Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  A. Stephen Geller, Dr.			Date of Receipt
Mailing Address Dept of Pathology & 8700 Beverly Blvd	Lab Med		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Los Angeles	State CA	Zip Code 90048-0750	Transaction ID: SA11AI.29226
FEC ID number of contributing federal political committee.	C	90040-0750	Amount of Each Receipt this Period  250.00
Name of Employer Cedars-Sinal Med Ctr	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P. William Gibbons, Dr.			Date of Receipt
Mailing Address Department of Patho 2000 Ogden Ave	ology		04 02 7 2008
City Aurora	State IL	Zip Code 60504-7222	Transaction ID: SA11AI.28975  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	000017222	250.00
Name of Employer Rush Copley Med Ctr	Occupatio Patholog		
Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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 Political Political Pathologists	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E. Fred Gilbert, Dr.  Mailing Address 1 Pine Hollow Dr  City Newnan  FEC ID number of contributing federal political committee.  Name of Employer Newnan Hospital - West  Receipt For: Primary General Other (specify)	State Zip Code GA 30263  C  Occupation Pathologist  Aggregate Year-to-Date  1000.00	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) Anne Cathryn Goldberg, Dr.  Mailing Address Department of Patholog 801 S Washington  City Naperville  FEC ID number of contributing federal political committee.  Name of Employer Edward Hosp  Receipt For: Primary General Other (specify)	State Zip Code IL 60540  C  Occupation Pathologist  Aggregate Year-to-Date   400.00	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) A Robert Goldschmidt, Dr.  Mailing Address 2650 Ridge Ave  City  Evanston  FEC ID number of contributing federal political committee.  Name of Employer Evanston Northwestern HIt-hcare Receipt For:  Primary General Other (specify)	State Zip Code IL 60201-1718  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M Z 3 Z 0 0 8  Transaction ID: SA11AI.29290  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		1650.00

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 23 / 76 (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)  D Jeffrey Goldsmith, Dr.  Mailing Address  Department of Path	nology		Date of Receipt  0 4 1 6 2 0 0 8
City Boston  FEC ID number of contributing federal political committee.	State MA	Zip Code 02215	Transaction ID: SA11AI.29158  Amount of Each Receipt this Period  250.00
Name of Employer Beth Israel Deaconess Med Ctr  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
Full Name (Last, First, Middle Initial) W. Herschel Gordon, Dr.  Mailing Address Ukiah Valley Med C 275 Hospital Dr  City	Ctr Lab	Zip Code	Date of Receipt    M M
Ukiah  FEC ID number of contributing federal political committee.  Name of Employer Unaffiliated  Receipt For: Primary General	CA C Occupation Patholog Aggregate		Amount of Each Receipt this Period 500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) M Allen Gown, Dr.  Mailing Address 551 N 34th St Ste	100	500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seattle FEC ID number of contributing federal political committee.	State WA	Zip Code 98103-8675	Transaction ID: SA11AI.29391  Amount of Each Receipt this Period  400.00
Name of Employer PhenoPath Labs  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		1150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
, A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) C Joyce Greathouse  Mailing Address 760 Airport Rd			Date of Receipt
		01-1-	7's Oads	04 / 30 / 2008
	City Panama City	State FL	Zip Code 32405-4003	Transaction ID: SA11AI.29445  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Bay Pathology Associates	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) G. Donald Guinee, Dr.  Mailing Address 1100 Ninth Ave C6-Pa			Date of Receipt
	Mailing Address   1100 NINth Ave C6-P8	atri		04 29 2008
	City Seattle	State WA	Zip Code 98111	Transaction ID: SA11AI.29428
	FEC ID number of contributing federal political committee.	C	30111	Amount of Each Receipt this Period 250.00
	Name of Employer Virginia Mason Med Ctr	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr.			Date of Receipt
	Mailing Address Dept of Path 1350 E Market St			04 / 04 / 2008
	City Warren	State OH	Zip Code 44482	Transaction ID: SA11AI.29020  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11102	250.00
	Name of Employer Trumbull Memorial Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		l	1000.00
	TOTAL This Period (last page this line number	r 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 / 76 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R Tim Hamill, Dr.  Mailing Address 2625 Venado Camino  City  Walnut Creek  FEC ID number of contributing federal political committee.  Name of Employer Univ of California San Francisco  Receipt For:  Primary  General  Other (specify)	State Zip Code CA 94598  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) H. M. Elizabeth Hammond, Dr.  Mailing Address Dept of Pathology 8th Ave and C St  City  Salt Lake City  FEC ID number of contributing federal political committee.  Name of Employer LDS Hosp  Receipt For: Primary General Other (specify)	State Zip Code UT 84143  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M O 1 2008  Transaction ID: SA11AI.28934  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) E. Thomas Hanes, Dr.  Mailing Address Main Lab 3441 Dickerson Pike  City  Nashville  FEC ID number of contributing federal political committee.  Name of Employer Skyline Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code TN 37207  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / 30 / 2008  Transaction ID: SA11AI.29475  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 76 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	litical Action (	Committee	
۸.	Full Name (Last, First, Middle Initial) P Randy Hausted, Dr.  Mailing Address Dept of Path			Date of Receipt
	10 Woodland Rd			04 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.29206
	St Helena	CA	94574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Helena Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) M. Grant Hayashi, Dr.			Date of Receipt
	Mailing Address 1350 Stardust St			04 / 14 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.29125
	Reno FEC ID number of contributing federal political committee.	C	89503	Amount of Each Receipt this Period  250.00
	Name of Employer Nevada Histology Inc	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) S. Joseph Heard, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 2915 Missouri			04 / 30 / 4 / 2008
	City Shreveport	State LA	Zip Code 71109	Transaction ID: SA11AI.29481
	FEC ID number of contributing federal political committee.	C	71109	Amount of Each Receipt this Period  250.00
	Name of Employer The Delta Pathology Group, LLP	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 76 (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 Personal Commercial Pathologists Personal Path	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) Paul Jason Heese, Dr.  Mailing Address Dept of Path 900 Illinois Ave  City Stevens Point  FEC ID number of contributing federal political committee.  Name of Employer St. Michaels Hosp  Receipt For: Primary General Other (specify)	State Zip Code WI 54481-3114  C  Occupation Pathologist  Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  M Christine Hobbs, Dr.  Mailing Address 121 S Pembroke Dri  City  Schaumburg  FEC ID number of contributing federal political committee.  Name of Employer Quest Diagnostics Inc  Receipt For:  Primary General	State Zip Code IL 60193  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y  O 1 2 0 0 8  Transaction ID: SA11AI.28943  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Neil Ernest Holburt, Dr.  Mailing Address Dept of Path 25470 Medical Cent City Murrieta  FEC ID number of contributing federal political committee.  Name of Employer Med Lab Svcs  Receipt For:	er Dr  State Zip Code CA 92562-4901  C  Occupation Pathologist  Aggregate Year-to-Date	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.00	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 28 / 76   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) J. Robert Hubbard, Dr.			Date of Receipt
Mailing Address Dept. of Laboratory 1805 Medical Center			04 16 2008
City	State	Zip Code	Transaction ID: SA11AI.29195
San Bernardino	CA	92411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer San Bernardino Community Hosp	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	400.00	
Full Name (Last, First, Middle Initial) L Jerry Hudson, Dr.	I		Date of Receipt
Mailing Address 7026 Edgewater Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.28946
Mandeville	LA	70471-7415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer Slidell Memorial Hosp	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) V Mary Jacocca, Dr.			Date of Receipt
Mailing Address Dept of Path 4755 Ogletown-Sta	nton Rd		04 30 7 2008
City	State	Zip Code	Transaction ID: SA11AI.29449
<u>Newark</u>	DE	19718-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Christiana Hosp	Occupation Patholog		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	7
Primary General		500.00	1
Other (specify) ▼		300.00	
	•		2400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 76 (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 the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t		
College of American Pathologists Pol	itical Action Committee		
Full Name (Last, First, Middle Initial) N. Charles Iknayan, Dr.		Date of Receipt	
Mailing Address E6385 Gheller Dr	7.0	04 30 2008	
City <u>Bessemer</u>	State Zip Code MI 49911-9754	Transaction ID: SA11AI.29456	
FEC ID number of contributing federal political committee.	MI 49911-9754	Amount of Each Receipt this Period 250.00	
Name of Employer Grandview Hospital	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00		
Full Name (Last, First, Middle Initial) M. Thomas James, Dr.	1	Date of Receipt	
Mailing Address Dept of Pathology 4343 N Josey Ln		04 30 2008	
City	State Zip Code	Transaction ID: SA11AI.29482	
Carrollton  FEC ID number of contributing federal political committee.	TX 75010	Amount of Each Receipt this Period  500.00	
Name of Employer Trinity Med Ctr	Occupation Pathologist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) F Peter Jelsma, Dr.	1	Date of Receipt	
Mailing Address 4220 Harding Pike		04 29 2008	
City Nashville	State Zip Code TN 37205-2095	Transaction ID: SA11AI.29408  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer St. Thomas Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional) .	1	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 30 / 76 (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	d Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) R.P. Gareth Johnson, Dr.  Mailing Address 13111 E 57th Street  City  Kansas City  FEC ID number of contributing		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Receipt For:  Primary  Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   500.00			
Full Name (Last, First, Middle Initial) L Gordon Johnson, Dr.  Mailing Address 2030 W McNab Rd S				
City	City State Zip Code			
Ft Lauderdale  FEC ID number of contributing federal political committee.	FL 33309	Amount of Each Receipt this Period  300.00		
Name of Employer The Meditrend Group Inc	Occupation Pathologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) P. Michael Johnson, Dr.  Mailing Address Dept of Pathology 503 E Thomason Cir	r	Date of Receipt    M		
City	State Zip Code	Transaction ID: SA11AI.29462		
Opelika  FEC ID number of contributing federal political committee.	AL 36801	Amount of Each Receipt this Period 250.00		
Name of Employer Lee Pathology Lab, PA	Occupation Pathologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
	<u>'</u>	1050.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 76 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.		Date of Receipt
Mailing Address Pathology & Clinica 725 North Street	al Labs	04 03 2008
City	State Zip Code	Transaction ID: SA11AI.28987
Pittsfield	MA 01201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  B. Dewitt Richard Johnson, Dr.		Date of Receipt
Mailing Address Main Lab 300 W 27Th St		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.29237
Lumberton	NC 28358-3075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Southeastern Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Emil Salim Kabawat, Dr.	•	Date of Receipt
Mailing Address Main Lab 415 Massachusetts	s Ave	04 30 2008
City Cambridge	State Zip Code MA 02139-4102	Transaction ID: SA11AI.29473  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Quest Diagnostics	Occupation Pathologist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00

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

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 32 / 76   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso 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 P	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) I. Mikhail Kantius, Dr.			Date of Receipt
Mailing Address 79-18 164th Street	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 Jamaica	State NY	Zip Code 11432	Transaction ID: SA11AI.29003  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Sophora Diagnostic Labora- tory	Occupatio Patholog		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dennis Kasimian			Date of Receipt
Mailing Address 15107 Vanowen St	0 4 1 7 2 0 0 8		
City Van Nuys	Zip Code	Transaction ID: SA11AI.29243	
FEC ID number of contributing federal political committee.	CA	91405-4542	Amount of Each Receipt this Period  500.00
Name of Employer Valley Presbyterian Hosp	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L Jon Keller, Dr.			Date of Receipt
Mailing Address Dept of Path 199 Reedsdale Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milton	State MA	Zip Code 02186-3926	Transaction ID: SA11AI.29181  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Milton Hosp	Occupatio Patholog		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)		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 33 / 76 (check only one)    X   11a
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	ull Name (Last, First, Middle Initial)	icai Action		T
_	lbert Edward Klein, Dr.  Iailing Address Path and Lab Consult 200 Belle Terre Rd	of LI		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
C	ity	State	Zip Code	Transaction ID: SA11AI.29410
<u>F</u>	Port Jefferson	NY	11777	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
N S	ame of Employer tt. Charles Hosp	Occupation Patholog		
R	deceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) Iadimirov Petio Kotov, Dr.			Date of Receipt
_	lailing Address Dept of Path 500 Campus Dr			04 08 2008
	ity	State	Zip Code	Transaction ID: SA11AI.29040
F	Hancock  EC ID number of contributing ederal political committee.	C	49930	Amount of Each Receipt this Period  250.00
N F	ame of Employer ortage View Hosp	Occupation Patholog		
R	eceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) . Elliot Krauss, Dr.			Date of Receipt
N	lailing Address Department of Patholo 253 Witherspoon Street			04 / 23 / 4 2008
	ity Princeton	State NJ	Zip Code 08540	Transaction ID: SA11AI.29311  Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C		250.00
N	lame of Employer INAFFILIATED	Occupatio Patholog		
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SIII	BTOTAL of Receipts This Page (optional)	l		1500.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 76 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial pur	poses, other than using the na	ame and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, F L. Linton Kuchler, D Mailing Address				Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.29469
<u>Gainesville</u>		GA	30501	Amount of Each Receipt this Period
FEC ID number of federal political co		C		250.00
Name of Employer Northeast Georgia	Med Ctr	Occupation Pathologi		
Receipt For: Primary Other (speci	General y) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, F Joseph Alexander L	azar, Dr.			Date of Receipt
	Dept of Pathology 1515 Holcombe Blvd	Otata	7's Oads	04 23 2008
City		State	Zip Code	Transaction ID: SA11AI.29301
Houston FEC ID number of federal political con		C	77030	Amount of Each Receipt this Period  250.00
Name of Employer Memorial Sloan-Ko Cancer Ctr	ettering	Occupation Pathologi		
Receipt For: Primary Other (speci	General (y) <b>▼</b>	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, F H. Won Lee, Dr.	irst, Middle Initial)			Date of Receipt
	Laboratory 3700 Kolbe Road			04 / 23 / 4 2008
City		State	Zip Code	Transaction ID: SA11AI.29289
Lorain FEC ID number of federal political col		OH C	44053-1697	Amount of Each Receipt this Period  300.00
Name of Employer Community Health West Campus	Partners	Occupation Pathologi		
Receipt For: Primary Other (speci	General (y) ▼	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Rece	ipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 76 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) J. Christopher Leigh, Dr.  Mailing Address 205 Bluff Street			Date of Receipt
City <u>Dubuque</u> FEC ID number of contributing	State IA	Zip Code 52001-6900	0 4
Name of Employer United Clinical Laborator- ies Receipt For: Primary General Other (specify)	Occupation Patholog		
Full Name (Last, First, Middle Initial) B Ronald Lepoff, Dr.  Mailing Address UCH Clinical Lab, 12401 East 17th A	Date of Receipt    M		
Aurora  FEC ID number of contributing federal political committee.  Name of Employer Univ of Colorado Hosp Authority  Receipt For:  Primary General  Other (specify)	CO C Occupation Patholog Aggregate		Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Alan Levin Mailing Address 1701 Hillmoor Dr S	Ste C11		Date of Receipt
City Port St Lucie FEC ID number of contributing federal political committee.	State FL	Zip Code 34952	Transaction ID: SA11AI.29437  Amount of Each Receipt this Period  500.00
Name of Employer AmeriPath  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog  Aggregate		
SUBTOTAL of Receipts This Page (options	al)		1550.00

	IZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)    X   11a   11b   11c   12   15   16   11
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full)	statements may e 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.
\ \	lege of American Pathologists Poli	tical Action (	Committee	
. <u>К Ме</u>	Name (Last, First, Middle Initial)			Date of Receipt
Maiii	ng Address Dept of Path 9205 SW Barnes Rd			04 18 2008
City		State	Zip Code	Transaction ID: SA11AI.29262
	tland	OR	97225-6603	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		250.00
Nam Prov Ctr	e of Employer ridence St. Vincent Med	Occupation Patholog		
	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	250.00	
	Name (Last, First, Middle Initial) <sub>r</sub> -Yen Ryan Lin, Dr.	1		Date of Receipt
	ng Address Dept of Path 163 Van Buren Rd Ste	04 29 7 2008		
•	City State Zip Code Caribou ME 04736-2509			Transaction ID: SA11AI.29351  Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C	04730*2309	250.00
Nam Cary	e of Employer Med Ctr	Occupation Patholog		
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial) gluo Liu	1		Date of Receipt
Maili	ng Address 10710 Harpenden Ave	nue		04 08 7 9 9 9
City		State	Zip Code	Transaction ID: SA11AI.29047
· · · · · · · · · · · · · · · · · · ·	ersfield	CA	93311-3517	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		400.00
Com <u>Can</u>	e of Employer prehensive Blood and cer Ctr	Occupation Patholog	ist	
Rece	eipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		400.00	
CUPT	OTAL of Receipts This Page (optional)	ı		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 76 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alan Lawrence Machtinger, Dr. Mailing Address 14 Oakcliff Dr  City Laguna Niguel  FEC ID number of contributing federal political committee.  Name of Employer South Coast Med Ctr  Receipt For: Primary General	State CA C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 3 0 2 0 0 8  Transaction ID: SA11AI.29476  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.  Mailing Address Department of Pathol 2900 N, Lake Shore  City Chicago	logy State IL	Zip Code 60657	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer St Joseph Hosp  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		250.00
Full Name (Last, First, Middle Initial) E John Maxwell, Dr. Mailing Address 109 Circle Dr  City West Monroe  FEC ID number of contributing federal political committee.	State LA	Zip Code 71291-5303	Date of Receipt  M M M / D D M 2008  Transaction ID: SA11AI.29026  Amount of Each Receipt this Period  250.00
Name of Employer Bayou Pathology, APMC  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC FO	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  con for the purpose of soliciting contributions
NAME OF COMMITTEE (In Ful College of American Patho	han using the name and addr II)	ess of any political committee to	os solicit contributions from such committee.
Full Name (Last, First, Middle In Jane Mary McClements, Dr.	itial)		Date of Receipt
Mailing Address Bayhealth I 21 W Clark	Medical Center e Ave		04 09 2008
City	State	Zip Code	Transaction ID: SA11AI.29067
Milford  FEC ID number of contributing federal political committee.	DE C	19963	Amount of Each Receipt this Period  300.00
Name of Employer Milford Memorial Hosp Receipt For:	Occupation Pathologis Aggregate	st ∕ear-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle In Daniel Michael McEachin, Dr.	itial)		Date of Receipt
Mailing Address #1105 285 Centen	nial Olympic Pk Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State GA	Zip Code 30313	Transaction ID: SA11AI.29070
FEC ID number of contributing federal political committee.	C	30313	Amount of Each Receipt this Period  250.00
Name of Employer Newnan Hosp	Occupation Pathologis	et	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle In Austin Curtis McGuyer, Dr.	itial)		Date of Receipt
Mailing Address 6655 Alvara	ado Rd		04 30 4 2008
City San Diego	State CA	Zip Code 92120-5208	Transaction ID: SA11AI.29435  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alvarado Pathology Associ- ates	Occupation Pathologis	et	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pag	e (optional)		800.00

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Pole	e name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.  Mailing Address Dept of Path 3200 Providence Dr  City Anchorage  FEC ID number of contributing federal political committee.  Name of Employer Providence Alaska Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code AK 99508-4615  C  Occupation Pathologist  Aggregate Year-to-Date  25	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 Myron Melamed, Dr.  Mailing Address Department of Pathol Grasslands Rd  City Valhalla  FEC ID number of contributing federal political committee.  Name of Employer Westchester Med Ctr  Receipt For: Primary General Other (specify)	State Zip Code NY 10595  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
Full Name (Last, First, Middle Initial) D. Bruce Melin, Dr.  Mailing Address Department of Pathol 401 E Spruce St  City  Garden City  FEC ID number of contributing federal political committee.  Name of Employer St. Catherine Hosp  Receipt For: Primary General Other (specify)	State Zip Code KS 67846-5672  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
SUBTOTAL of Receipts This Page (optional)	1	4000.00

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 40 / 76   (check only one)     X   11a     11b     11c   12   13   14     15   16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	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.
College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) G. Jacqueline Monheit, Dr.			Date of Receipt
Mailing Address 5463 Darnell St			04 29 7 2008
City Houston	State TX	Zip Code 77096	Transaction ID: SA11AI.29344  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Baylor College of Medicine	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) W. Dwight Morrow, Dr.	I		Date of Receipt
Mailing Address Department of Path 801 S Washington	nology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naperville	State IL	Zip Code 60566-7060	Transaction ID: SA11AI.29228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Edward Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ , ' </del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kamala Murali	I		Date of Receipt
Mailing Address Department of Path 14 Prospect St	nology		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milford	State MA	Zip Code 01757	Transaction ID: SA11AI.29259  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Milford-Whitinsville Reg Hosp	Occupation Patholog	ist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		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 41 / 76 (check only one)    X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Saraswathi Nair Mailing Address Dept of Path		Date of Receipt
Mailing Address Dept of Path  Maple St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.29383
Norwalk	CT 06856	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Norwalk Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) T. Lawrence Nelsen, Dr.		Date of Receipt
Mailing Address Laboratory 1000 First Dr NW		04 / 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.29440
Austin  FEC ID number of contributing federal political committee.	MN 55912	Amount of Each Receipt this Period  250.00
Name of Employer Austin Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) O. Robert Newbury, Dr.		Date of Receipt
Mailing Address Department of Patho 3020 Childrens Way		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.29194
San Diego	CA 92123-4282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rady Children's Hosp-San Diego	Occupation Pathologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 76 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to sold Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) E. Patrick O'Reilly, Dr.  Mailing Address Dept of Pathology 100 E Caroll Stree  City  Salisbury		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Peninsula Regional Med Ctr  Receipt For:  Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   300.00	200.00
Full Name (Last, First, Middle Initial) Jo Amy Owen, Dr. Mailing Address 801 Virginia Pl  City Clinton FEC ID number of contributing federal political committee.	State Zip Code MO 64735-3076  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Golden Valley Mem Hosp  Receipt For: Primary General Other (specify)	Pathologist  Aggregate Year-to-Date ▼  250.00	]
Full Name (Last, First, Middle Initial)  A Frances Owl-Smith, Dr.  Mailing Address Dept of Path  262 Leroy George  City  Clyde  FEC ID number of contributing federal political committee.	e Dr State Zip Code NC 28721-7430	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Haywood Regional Med Ctr  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optic	onal)	700.00

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 76   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Fall)	Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) D. Wilfredo Pacio, Dr.			Date of Receipt
Mailing Address Dept of Path 950 W Wooster St			04 30 7 2008
City	State	Zip Code	Transaction ID: SA11AI.29490
Bowling Green  FEC ID number of contributing federal political committee.	OH C	43402	Amount of Each Receipt this Period 250.00
Name of Employer Wood County Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del>_ '</del>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) M. Joon Park, Dr.			Date of Receipt
Mailing Address Department of Patho 269 Portland Way S			04 29 2008
City Galion	State OH	Zip Code	Transaction ID: SA11AI.29360
FEC ID number of contributing federal political committee.	C	44833	Amount of Each Receipt this Period  250.00
Name of Employer Galion Community Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L Carl Parrott, Dr.			Date of Receipt
Mailing Address 3994 Rose Hill Aven	ue		04 18 2008
City	State	Zip Code	Transaction ID: SA11AI.29281
Cincinnati	OH	45229-1484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Highland District Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	'		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. Jumen Paulson, Dr.  Mailing Address 425 Anthwyn Road  City  Narberth  PA 19072:2301  FEC ID number of contributing federal political committee.  Name of Employer Larienau Hosp Primary  General  Other (specify) ▼  State Zip Code  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  A. Jumen Paulson, Dr.  Mailing Address Laboratory Department  1 Medical Village Dr  City  State Zip Code  KY 41017  FEC ID number of contributing federal political committee.  C Jumper State Zip Code  Eddewood  FEC ID number of contributing federal political committee.  C Jumper State Zip Code  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Juli Name (Last, First, Middle Initial)  A Luke Perioda, Dr.  Mailing Address Laboratory Department  1600 Divisadero St B-221  City  San Francisco  C A 94143-1785  FEU ID number of contributing federal political committee.  C A 94143-1785  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C San Francisco  C A 94143-1785  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C A 94143-1785  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period  Transaction ID: SA11AL29274  Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Full Name (Last, First, Middle Initial)  Auries Paulson, Dr.  Mailing Address 425 Anthwyn Road  City State Zip Code Narberth PA 19072-2301  FEC ID number of contributing federal political committee.  C C Cocupation Pathologist Receipt For: Perimary General Other (specify) ▼ State Zip Code Edgewood KY 41017  FEU Nume of Employer Science of Employer Science of Employer City State Zip Code Edgewood KY 41017  FEU Nume of Employer Science of Employer UCSF Mount Zion Medical Center Ciln Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.299274 Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Science of Employer UCSF Mount Zion Medical Center Ciln Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Science Ciln Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al.299274  Amount of Each Receipt this Period  Transaction ID: SA11Al	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 425 Anthwyn Road  City State Zip Code 19072-2301  FEC ID number of contributing federal political committee.  Name of Employer Lankenau Hosp Primary General Other (specify) ▼	,		Date of Receipt
Narberth PA 19072-2301  FEC ID number of contributing federal political committee.  Name of Employer Lankenau Hosp Primary General Other (specify) ▼ State Zip Code Edgewood KY 41017  FEC ID number of contributing federal political committee.  Name of Employer Lankenau Hosp Primary General Other (specify) ▼ State Zip Code Edgewood KY 41017  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code State			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.    Name of Employer Lankertau Hosp	City	State Zip Code	Transaction ID: SA11AI.29372
Name of Employer Lankenau Hosp  Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼    Date of Receipt	Narberth	PA 19072-2301	Amount of Each Receipt this Period
Receipt For:		C	500.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) O. Jackson Pemberton, Dr.  Mailing Address Laboratory Department 1 Medical Village Dr  City State Zip Code KY 41017  FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeth Med Ctr Primary General Other (specify) ▼  State Zip Code KY 41017  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FULL Name (Last, First, Middle Initial) A Luke Periocha, Dr.  Mailing Address Dept of Path 1600 Divisadero St B-221  City State Zip Code State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  C State Zip Code State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  C State Zip Code State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  C State Zip Code State Zip Code CA 94143-1785  Fec ip from State	Name of Employer Lankenau Hosp	_   ·	
O. Jackson Pemberton, Dr.  Mailing Address Laboratory Department 1 Medical Village Dr  City State Zip Code Edgewood KY 41017  FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeth Med Ctr Primary General Other (specify) ▼ General City General City State Zip Code KY 41017  C C Scapation Pathologist  Receipt For: Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ State Zip Code State Zip Code State Zip Code Transaction ID: SA11Al.28980  Amount of Each Receipt this Period  Date of Receipt  M	Primary General		
Mailing Address Laboratory Department 1 Medical Village Dr  City State Zip Code Edgewood KY 41017  FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeth Med Ctr Primary General Other (specify) ▼  Cocupation Pathologist  Authe Perkocha, Dr. Mailing Address Dept of Path 1600 Divisadero St B-221  City State Zip Code State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  Date of Receipt  M M M D D O 2 Y 2 0 0 8  Transaction ID: SA11Al.28980  Amount of Each Receipt this Period  Date of Receipt  M M M D D D D D D D D D D D D D D D D			Date of Receipt
Edgewood KY 41017  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeth Med Ctr  Perimary General Other (specify) ▼  Mailing Address Dept of Path 1600 Divisadero St B-221  City State Zip Code San Francisco CA 94143-1785  FEC ID number of contributing federal political committee.  Name of Employer Carbon State Stat	Mailing Address Laboratory Departmen	nt	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeth Med Ctr  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pathologist  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address Dept of Path 1600 Divisadero St B-221  City State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  Name of Employer CA 94143-1785  Name of Employer Canter Clin Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•	'	Transaction ID: SA11AI.28980
Name of Employer   St. Elizabeth Med Ctr   Pathologist	Edgewood	KY 41017	Amount of Each Receipt this Period
Receipt For:    Primary   General   Aggregate Year-to-Date ▼		C	300.00
Primary General Other (specify) ▼ 300.00  Full Name (Last, First, Middle Initial) A Luke Perkocha, Dr.  Mailing Address Dept of Path 1600 Divisadero St B-221  City State Zip Code CA 94143-1785  FEC ID number of contributing federal political committee.  Name of Employer UCSF Mount Zion Medical Center Clin Receipt For: Aggregate Year-to-Date ▼ 300.00	Name of Employer St. Elizabeth Med Ctr	·	
A Luke Perkocha, Dr.  Mailing Address Dept of Path	Primary General		
City State Zip Code San Francisco CA 94143-1785  FEC ID number of contributing federal political committee.  Name of Employer UCSF Mount Zion Medical Center Clin Receipt For:  Primary General Other (specify) ▼  O4 18 2008  Transaction ID: SA11AI.29274  Amount of Each Receipt this Period  Occupation Pathologist  Aggregate Year-to-Date ▼  1100.00	, , ,	1	Date of Receipt
San Francisco  CA 94143-1785  Amount of Each Receipt this Period  C 300.00  Name of Employer UCSF Mount Zion Medical Center Clin  Receipt For:  Primary General  Other (specify) ▼  Amount of Each Receipt this Period  Amount of Each Receipt this Period  300.00	2 200.0 4	221	
FEC ID number of contributing federal political committee.  Name of Employer UCSF Mount Zion Medical Center Clin Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   300.00	•	•	
federal political committee.  Name of Employer UCSF Mount Zion Medical Center Clin Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  300.00		CA 94143-1785	Amount of Each Receipt this Period
Center Clin Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  300.00		C	300.00
Primary General 300.00 Other (specify) ▼	Center Clin	Pathologist	
Other (specify) ▼ 300.00		Aggregate Year-to-Date ▼	
1100 00		300.00	
SUBTOTAL of Receipts This Page (optional)	CURTOTAL of Descints This Description II		1100.00

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

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 76 (check only one)    X   11a
Any information copied from such Regor for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any pers on using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	gists Political Action Committee	
Full Name (Last, First, Middle Initia C. Alan Peterson, Dr. Mailing Address 1225 Highlan	<u> </u>	Date of Receipt
City	State Zip Code	0 4 1 6 2 0 0 8 Transaction ID: SA11AI.29186
Clarkston	WA 99403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Pathologists Regional Lab	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initia L. Britton Pilcher, Dr.	al)	Date of Receipt
Mailing Address Laboratory 1601 Watson		04 / 23 / 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.29293
Warner Robins  FEC ID number of contributing federal political committee.	GA 31093	Amount of Each Receipt this Period 250.00
Name of Employer Houston Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initia Alan Douglas Pohl, Dr.	al)	Date of Receipt
Mailing Address 18701 SE Cr	osswinds Ln	04 30 7 2008
City	State Zip Code	Transaction ID: SA11AI.29474
Jupiter  FEC ID number of contributing federal political committee.	FL 33478	Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)	800.00
	ne number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 46 / 76   (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	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) H Timothy Prahlow, Dr.			Date of Receipt
Mailing Address Valparaiso Campus 814 LaPorte Ave	s/Dept of Path		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.29073
Valparaiso  FEC ID number of contributing federal political committee.	C	46383	Amount of Each Receipt this Period 250.00
Name of Employer Porter Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James Puerner			Date of Receipt
Mailing Address Department of Path 13111 N. Port Was			04 03 7 2008
City	State	Zip Code	Transaction ID: SA11AI.29007
Mequon	WI	53097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		260.00
Name of Employer St. Mary's Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) M. Joseph Pyle, Dr.			Date of Receipt
Mailing Address Dept of Path 4440 W 95th St			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.29127
Oak Lawn  FEC ID number of contributing federal political committee.	C	60435	Amount of Each Receipt this Period  333.00
Name of Employer Advocate Christ Medical Center	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.00	]
SUBTOTAL of Receipts This Page (optional			843.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 76 (check only one)    X
or for con	mercial purposes, other than using the OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Colle	ge of American Pathologists Poli	tical Action (	Committee	
M. Sus	ame (Last, First, Middle Initial) an Rendon, Dr.			Date of Receipt
Mailinç 	Address 913B North Blvd East			04 01 4 2008
City		State	Zip Code	Transaction ID: SA11AI.28940
	Durg  Durmber of contributing  political committee.	C	34748	Amount of Each Receipt this Period  1750.00
ories,	of Employer ogy Medical Laborat- PA	Occupatio Patholog		
	ot For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
	ame (Last, First, Middle Initial) sco Reyes			Date of Receipt
Mailino 	Address Department of Patholo 900 Seton Drive	gy		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: SA11AI.28953
FEC II	perland  O number of contributing  I political committee.	C	21502	Amount of Each Receipt this Period  500.00
Name Weste Syster	of Employer rrn Maryland Health n	Occupation Patholog		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	ame (Last, First, Middle Initial) es Roberts, Dr.	1		Date of Receipt
Mailing	Address 565 Memorial Circle			04 29 2008
City		State	Zip Code	Transaction ID: SA11AI.29429
	ond Beach	FL	32174	Amount of Each Receipt this Period
	O number of contributing political committee.	C		250.00
	of Employer a Pathology Group	Occupation Patholog		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
QUIDTO	AL of Receipts This Page (optional)	1		2500.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any persithe name and address of any political committee to blitical Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S Demaretta Rush, Dr.  Mailing Address Dept of Path Univ of Florida Box City Gainesville  FEC ID number of contributing federal political committee.  Name of Employer UNIV OF FLORIDA  Receipt For: Primary General	100275 State Zip Code FL 32610  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  O 4
Other (specify)  Full Name (Last, First, Middle Initial) Michael Alan Rushovich, Dr. Mailing Address 10 Sirius  City Irvine  FEC ID number of contributing federal political committee.  Name of Employer	250.00  State Zip Code CA 92603-5714  C	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Irvine Reg Hosp & Med Ctr  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) C John Sacoolidge, Dr.  Mailing Address Dept of Pathology 14445 Olive View Dr	Pathologist Aggregate Year-to-Date ▼  250.00	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City Sylmar  FEC ID number of contributing federal political committee.	State Zip Code CA 91342	Transaction ID: SA11AI.29324  Amount of Each Receipt this Period  250.00
Name of Employer Olive View UCLA Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 76 (check only one)    X
or for comme	ion copied from such Reports and ercial purposes, other than using the F COMMITTEE (In Full) 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.
	e (Last, First, Middle Initial) Sandhaus, Dr. ddress Department of Patho 11100 Euclid Ave	logy		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.29418
<u>Clevela</u>	nd	OH	44106	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		250.00
	Employer p of Cleveland	Occupatio Patholog		
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
K. Satees	e (Last, First, Middle Initial) n Satchidanand, Dr.			Date of Receipt
Mailing A	ddress Department of Patho 2605 Harlem Road			04 29 2008
City Cheekto	NACCO.	State NY	Zip Code 14225	Transaction ID: SA11AI.29412
FEC ID n	umber of contributing olitical committee.	C	14225	Amount of Each Receipt this Period  300.00
Name of St. Josep	Employer h Hosp	Occupation Patholog		
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	e (Last, First, Middle Initial) Schaeffer, Dr.			Date of Receipt
Mailing A	ddress Dept of Path 214 Hospital Cir			04 29 2008
City	la.	State GA	Zip Code	Transaction ID: SA11AI.29417
	umber of contributing litical committee.	C	30512-3102	Amount of Each Receipt this Period  1000.00
Name of Union Ge	Employer neral Hosp	Occupatio Patholog		7
	or: nary General er (specify) ▼	_,	e Year-to-Date ▼ 1000.00	
SUBTOTAL	of Receipts This Page (optional)		<b>\</b>	1550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 76 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Po	Statements may not be sold or used by any personal name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  F. Michael Schaldenbrand, Dr.  Mailing Address Department of Patho PO Box 2500  City Dearborn  FEC ID number of contributing federal political committee.  Name of Employer Oakwood Hosp & Med Ctr  Receipt For: Primary General Other (specify)		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) N. Jared Schwartz, Dr.  Mailing Address Dept of Lab Med & P PO Box 33549  City  Charlotte  FEC ID number of contributing federal political committee.	athology  State Zip Code NC 28233	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Presbyterian Health Care Sys Receipt For:  □ Primary □ General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  5000.00	]
Full Name (Last, First, Middle Initial) B. John Schweitzer, Dr.  Mailing Address Department of Patho PO Box 70568  City	logy State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Johnson City  FEC ID number of contributing federal political committee.	TN 37614-0568	Amount of Each Receipt this Period  350.00
Name of Employer East Tennessee State Univ  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   350.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	5600.00

SCHEDULE A (FEC For	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by an using the name and address of any political committee	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dean Michael Sennett, Dr.		Date of Receipt
Mailing Address 1600 Wallace		04 30 4 2008
City	State Zip Code TX 79106	Transaction ID: SA11AI.29442
Amarillo  FEC ID number of contributing federal political committee.	TX 79106	Amount of Each Receipt this Period  250.00
Name of Employer Baptist St Anthonys HIth Sys Receipt For: Primary General	Occupation Pathologist  Aggregate Year-to-Date ▼	
Other (specify)  Full Name (Last, First, Middle Initia	250.	00
S Gregory Severson, Dr.  Mailing Address 1907 S 182nc	,	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.29339
Omaha  FEC ID number of contributing federal political committee.	NE 68130	Amount of Each Receipt this Period  500.00
Name of Employer Alegent Health Lakeside Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	00
Full Name (Last, First, Middle Initia Suash Sharma	)	Date of Receipt
1120 15th St	logy, BAE 2575	04 16 2008
City	State Zip Code GA 30912	Transaction ID: SA11AI.29173
Augusta  FEC ID number of contributing federal political committee.	C 30912	Amount of Each Receipt this Period  300.00
Name of Employer Med College of Georgia	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (	optional)	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 76 (check only one)    X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  **College of American Pathologists Pole	e 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, Middle Initial) Alan David Sherman, Dr.			Date of Receipt
	Mailing Address Dept of Path 133 ORNAC			04 / 09 / 2008
	City Concord	State MA	Zip Code 01742-4169	Transaction ID: SA11AI.29055  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01742 4103	300.00
	Name of Employer Emerson Hosp	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	<del>- '                                   </del>	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr.  Mailing Address 1500 E Sherman Blvd			Date of Receipt
	City	State	Zip Code	0 4 2 9 2 0 0 8 Transaction ID: SA11AI.29377
	Muskegon	MI	49444-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy General Health Part- ners	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) E Gerald Simon, Dr.			Date of Receipt
	Mailing Address 3714 Northgate Blvd			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.28973
	Sacramento FEC ID number of contributing federal political committee.	CA	95834-1617	Amount of Each Receipt this Period 500.00
	Name of Employer Quest Diagnostics-Sacrame- nto	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify)   ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	SUBTOTAL of Receipts This Page (optional)	1		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 53 / 76 (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 Poli	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  E. Karim Sirgi, Dr.		Date of Receipt
Mailing Address Laboratory 1719 East 19th Avenu		04 01 2008
City <u>Denver</u>	State Zip Code CO 80218	Transaction ID: SA11AI.28941  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Presbyterian St. Lukes Med Ctr Receipt For:  Primary  General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) W. David Smith, Dr.  Mailing Address 3 Santa Clara Court		Date of Receipt  0 4 0 2 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.28964
San Rafael	CA 94903-3729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser Foundation Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Phillip John Sorge, Dr.	1	Date of Receipt
Mailing Address Pathology Departmen 4420 Lake Boone Trai		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Raleig</u> h	State Zip Code NC 27607	Transaction ID: SA11AI.28974  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Rex Healthcare Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1500

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 54 / 76   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g 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 I	Political Action (	Committee	
Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.			Date of Receipt
Mailing Address 730 W Market Stre	eet		04 23 2008
City Lima	State OH	Zip Code 45801	Transaction ID: SA11AI.29309  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Rita's Medical Center	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ann Nancy Standler, Dr.			Date of Receipt
Mailing Address 1303 N Main St			0 4 0 9 2 0 0 8
City	State UT	Zip Code	Transaction ID: SA11AI.29080
Cedar City  FEC ID number of contributing federal political committee.	C	84720	Amount of Each Receipt this Period 250.00
Name of Employer Valley View Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) D. Michael Stargel, Dr.			Date of Receipt
Mailing Address Pathology Departm 5665 Peachtree-Du	nent Jnwoody Rd NE		0 4 2 9 2 0 0 8
City Atlanta	State GA	Zip Code 30342	Transaction ID: SA11AI.29413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30042	250.00
Name of Employer St. Joseph's Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	_	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by ar the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Committee	
Full Name (Last, First, Middle Initial) Blake Jeffrey Stricker, Dr.		Date of Receipt
Mailing Address 1107 Memorial Dr S	State Zip Code	0 4 1 6 2 0 0 8
Dalton	GA 30720	Transaction ID: SA11AI.29198  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Skin Cancer and Cosmetic Derma Ctr Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date ▼  500.	00
Full Name (Last, First, Middle Initial) Wade John Strong, Dr.  Mailing Address Dept of Pathology		Date of Receipt
2095 Henry Teckler		04 01 2008
City Charleston	State Zip Code SC 29414-5733	Transaction ID: SA11AI.28927
FEC ID number of contributing federal political committee.	SC 29414-5733	Amount of Each Receipt this Period  1000.00
Name of Employer Bon Secours St. Francis	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.	00
Full Name (Last, First, Middle Initial) R Arthur Summerlin, Dr.		Date of Receipt
Mailing Address 1801 1st Ave S		0 4 1 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11Al.29136
Birmingham  FEC ID number of contributing federal political committee.	AL 35233	Amount of Each Receipt this Period 250.00
Name of Employer Lab Corp of America	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
SUBTOTAL of Receipts This Page (optional	l)	1750.00
TOTAL This Period (last page this line num		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 76 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) S Mark Synovec, Dr. Mailing Address Laboratory			Date of Receipt
	Mailing Address Laboratory 1500 SW 10th Street			04 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.29144
	<u>Topeka</u>	KS	66606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Stormont-Vail Reg Health Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	900.00	
- В.	Full Name (Last, First, Middle Initial) Ali Tamsen			Date of Receipt
	Mailing Address 240 Meeting House La Suite 3			04 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.29398
	Southampton	NY	11968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Southampton Hosp	Occupation Pathologo		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) J. Jeffrey Tarrand, Dr.			Date of Receipt
	Mailing Address Microbiology 1515 Holcombe Blvd		7.0.1	04 08 2008
	City Houston	State TX	Zip Code 77030-4009	Transaction ID: SA11AI.29045
	FEC ID number of contributing federal political committee.	C	77030-4009	Amount of Each Receipt this Period  250.00
	Name of Employer UT MD Anderson Cancer Ctr	Occupation		
	Receipt For:	<del>, '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			1400.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 76 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	College of American Pathologists Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) L. M. Deborah Turski, Dr.			Date of Receipt
	Mailing Address Laboratory 707 S. Mills Street			04 29 2008
	City Madison	State WI	Zip Code 53715	Transaction ID: SA11AI.29414  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33713	300.00
	Name of Employer St. Mary's Hosp	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Jean Eva Vachal, Dr.			Date of Receipt
	Mailing Address Pathology Dept 401 E Spruce St			04 29 2008
	City	State KS	Zip Code	Transaction ID: SA11AI.29409
	Garden City  FEC ID number of contributing federal political committee.	C	67846-5672	Amount of Each Receipt this Period 500.00
	Name of Employer St. Catherine Hosp	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.			Date of Receipt
	Mailing Address Path Dept School of N 3601 Fourth St	Лed		04 22 2008
	City Lubbock	State TX	Zip Code 79430	Transaction ID: SA11AI.29286  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	400.00
	Name of Employer Texas Tech Univ HSC	Occupation Pathologo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			1200.00
	TOTAL This Period (last page this line numbe	r only)		

ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 58 / 76   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	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 I	Political Action (	Committee	
Full Name (Last, First, Middle Initial) H Gail Walker, Dr.			Date of Receipt
Mailing Address 1354 Drakie Ct			0 4 1 6 2 0 0 8
City Lilburn	State GA	Zip Code 30047	Transaction ID: SA11AI.29165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30047	250.00
Name of Employer Emory Eastside Med Ctr	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del> '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) E. Scott Wang, Dr.			Date of Receipt
Mailing Address Department of Path 11 Friendship Street			0 4 1 8 2 0 0 8
City Newport	State RI	Zip Code 02840-2299	Transaction ID: SA11AI.29260
FEC ID number of contributing federal political committee.	C	02040-2299	Amount of Each Receipt this Period  500.00
Name of Employer Newport Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E. Nancy Warner, Dr.			Date of Receipt
Mailing Address 1065 S San Rafael	Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pasadena	State CA	Zip Code 91105-2330	Transaction ID: SA11AI.29427
FEC ID number of contributing federal political committee.	C	91103-2330	Amount of Each Receipt this Period 250.00
Name of Employer USC Norris Cancer Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 76 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copor for commercial p	pied from such Reports and Si urposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	IMITTEE (In Full) nerican Pathologists Polit	ical Action (	Committee	
Thomas Gerald V				Date of Receipt
Mailing Address	811 Lawman Ave			04 / 17 / 2008
City <u>Bridgeport</u>		State WV	Zip Code 26330-1222	Transaction ID: SA11AI.29241  Amount of Each Receipt this Period
FEC ID number federal political		С		300.00
Name of Employ United Hosp Ct	yer	Occupatio Patholog		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last W. William West	, First, Middle Initial) , Dr.			Date of Receipt
Mailing Address	Dept of Path/Microbiolo 983135 Nebraska Med			M M / D D / Y Y Y Y Y Y 1 1 1 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.29114
Omaha FEC ID number federal political		C	68198-3135	Amount of Each Receipt this Period 500.00
Name of Employ Univ of Nebrask	/er a Med Ctr	Occupatio Patholog		
Receipt For:	Conoral	Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General		500.00	
Full Name (Last Aaron Lamont W	, First, Middle Initial) ettstein, Dr.			Date of Receipt
Mailing Address	1775 Thompson Rd			04 30 2008
City		State	Zip Code	Transaction ID: SA11AI.29443
Coos Bay FEC ID number federal political of		OR	97420	Amount of Each Receipt this Period 300.00
Name of Employ Bay Area Hosp	/er	Occupatio Patholog		
Receipt For: Primary Other (spe	☐ General	_ <del>'</del>	e Year-to-Date ▼ 300.00	
SUBTOTAL of Re	ceipts This Page (optional)			1100.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 76 (check only one)    X
or for commercial pur  NAME OF COMM	poses, other than using the n	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F M. Robert White, D Mailing Address	irst, Middle Initial)			Date of Receipt
	PO Box 13367			04 30 2008
City <u>Roanoke</u>		State VA	Zip Code 24033	Transaction ID: SA11AI.29447  Amount of Each Receipt this Period
FEC ID number of federal political co		C	27000	250.00
Name of Employe Carilion Roanoke	Hosp	Occupation Patholog		
Receipt For: Primary Other (spec	General (fy) <b>▼</b>	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, F S. Thomas Whittle,	Dr.			Date of Receipt
Mailing Address	Department of Patholog 200 Hospital Drive	У		04 16 2008
City	•	State	Zip Code	Transaction ID: SA11AI.29208
Galax FEC ID number of federal political co		C	24333	Amount of Each Receipt this Period  250.00
Name of Employe Twin County Reg	Hosp	Occupation Patholog		
Receipt For: Primary Other (spec	General (fy) <b>▼</b>	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, F				Date of Receipt
Mailing Address	533 College St			0 4 0 1 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.28923
Bellaire FEC ID number of federal political co		C	77401	Amount of Each Receipt this Period  300.00
Name of Employe Alliance Path Con	sultants	Occupation Patholog		
Receipt For: Primary Other (spec	General fy) ▼	<u> </u>	Year-to-Date ▼ 300.00	
SUBTOTAL of Rece	eipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(,</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 61 / 76   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologists P	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) B William Woodward, Dr.			Date of Receipt
Mailing Address Dept of Path Po Box 3011			0 4 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gillette	State WY	Zip Code 82717-3011	Transaction ID: SA11AI.29350  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Campbell County Memorial Hosp	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) F. Jeffrey Young, Dr.			Date of Receipt
Mailing Address 150 Bunker Hill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CA	Zip Code	Transaction ID: SA11AI.28924
Aptos  FEC ID number of contributing federal political committee.	C	95003-9525	Amount of Each Receipt this Period
Name of Employer Associated Path Med Group, Inc	Occupatio Patholog		
Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Saeed Syed Zaman, Dr.			Date of Receipt
Mailing Address Dept of Path 2209 Genesee St			04 29 7 2008
City Utica	State NY	Zip Code 13501-5999	Transaction ID: SA11AI.29403  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10001 0000	300.00
Name of Employer St Elizabeth Medical Cent- er	Occupatio Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1550.00

### **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 62/76 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) W. Richard Zuehl, Dr. Date of Receipt Mailing Address 2721 33rd St 0.4 17 2008 City State Zip Code Transaction ID: SA11AI.29225 Two Rivers WI 54241-1509 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Aurora Med Ctr-Manitowoc Occupation Pathologist County Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	<u> </u>	75042.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:		PA	AGE	63 /	76
ITEMIZED DISBURSEMENTS	for each category of the	(check only	y one) 22	] 23 [	□ <sub>24</sub>		25	☐ 26
	Detailed Summary Page	27	22 28a	28b	28c	Н	29	30b
Any Information copied from such Reports and State								5
or for commercial purposes, other than using the name	ne and address of any political col	mmittee to so	olicit contribu	tions fro	m such o	comn	nittee	
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee							
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transact Date of D		_	295	77	
Mailing Address PO Box 85024			04	<sup>/</sup> 0	D / Y	Ž	o ŏ e	3 Y
City Richmond	State Zip Code VA 23285-5024		Amount o	of Each	Disburse	men	t this F	Period
Purpose of Disbursement Bank Service Charge		•	L			. (	396.2	3
Candidate Name	C	Category/ Type						
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transact Date of D	isburse	ment	295	78	
Mailing Address PO Box 85024			0 4	0	5 / \	ž	0 0 8	3 Y
City Richmond	State         Zip Code           VA         23285-5024		Amount o	of Each	Disburse	men		
Purpose of Disbursement Bank Service Charge						_	68.1	5
Candidate Name		Category/ Type						
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) Sun Trust Bank			Transact Date of D	isburse	ment	, , , ,		V
Mailing Address PO Box 85024			0 4	0	7 /	Ž	0 0 8	3 <sup>*</sup>
City Richmond	State         Zip Code           VA         23285-5024		Amount o	of Each	Disburse	men		
Purpose of Disbursement Bank Service Charges							56.5	5
Candidate Name		Category/ Type						
Senate President	ement For: Primary General Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		<b></b>	<u></u>			5	20.9	3
TOTAL This Period (last page this line number only	)							

FE6AN026

S	SCHEDULE B (FEC Form 3X)	Use sena	rate schedule(s)			R LINE		ER:			P	AGE	64 /	76
ľ	FEMIZED DISBURSEMENTS	for each c	category of the Summary Page		(cr	eck onl 21b 27	y one) 22 28a		2 2	3 8b	24 28c		25 29	26
	ny Information copied from such Reports and Statem r for commercial purposes, other than using the name													3
\\	NAME OF COMMITTEE (In Full)	and address	ss of arry political	COII	11111111	.66 10 30	ilicit coi	Itiibu	illoi	15 1101	ili Sucii	COITII	TIILLEE	
	College of American Pathologists Political	Action Cor	mmittee											
۷.	Full Name (Last, First, Middle Initial) Sun Trust Bank									n ID: S	SB21B ment	.295	580	
	Mailing Address PO Box 85024						0 4	1 <sup>M</sup>	/	<sup>D</sup> 1	2 /	Ž	0 ŏ 8	3 Y
		State VA	Zip Code 23285-5024				Amo	ount	of E	ach I	Disburs	emer		-
	Purpose of Disbursement Bank Service Charge				•								55.1	0
	Candidate Name			С	ateg Typ	,								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼											
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SCHEDULE B (FEC Form 3X)	Harana and a data (a)	FOR LINE	NUMBER:		P/	AGE	68 / 7	76
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Candidate Name T. TIMOTHY HOLDEN			Category/ Type	
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Detailed Summary Page	CHEDULE B (FEC FOIII 3X)	Use separate schedu	le(s)   (chock or	E NUMBER: PAGE 70 / 76
NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  HELP ELECT AMERICA'S TEAM (HEAT PAC)  Mailing Address 499 S, Capitol St., SW Sulfe 412  City Purpose of Disbursement  Candidate Name  Office Sought:  Cand	TEMIZED DISBURSEMENTS	Detailed Summary Pa	21b 27	22 X 23 24 25 28a 28b 28c 29
College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial) HELP ELECT AMERICA'S TEAM (HEAT PAC)  Mailing Address 499 S. Capitol St., SW Suite 412  City State Zip Code Washington  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  State Zip Code Primary X General Other (specify) ▼  Transaction ID: SB23.29517 Date of Disbursement  Category/ Type  Amount of Each Disbursement this Peri  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement To: 2008  Transaction ID: SB23.29573 Date of Disbursement  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement this Peri  Category/ Type  Amount of Each Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Amount of Each Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Amount of Each Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29573 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disbursement this Peri  Category/ Type  Transaction ID: SB23.29520 Date of Disburseme	r for commercial purposes, other than using the na			
HELP ELECT AMERICA'S TEAM (HEAT PAC)  Mailing Address		al Action Committee		
City Washington Disbursement Disbursement For: 2008  Candidate Name Disbursement For: 2008  Senate President District:  Full Name (Last, First, Middle Initial) JOHN SULLIVAN  Office Sought: House Senate OK Disbursement For: 2008  City Tulsa OK 74147  Purpose of Disbursement  Candidate Name OK 74147  Purpose of Disbursement  Candidate Name Disbursement  Candidate Name Disbursement  Candidate Name Disbursement  Candidate Name President State: OK District: 01  Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS  Mailing Address P.O. Box 71  City State Zip Code Other (specify) ▼  Transaction ID: SB23.29573  Date of Disbursement this Perivation of Disbursement For: 2008  Senate President Other (specify) ▼  Transaction ID: SB23.29520  Date of Disbursement Tippe  Transaction ID: SB23.29520  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Perivation of Each Disbu	•	PAC)		Date of Disbursement
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Candidate Name THOMAS P. LATHAM  Office Sought:  X House Senate Primary President  Other (specify)  Category/ Type  Category/ Type				Amount of Each Disbursement this Period
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	Candidate Name XAVIER BECERRA			ategor Type	//							
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	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08					Date of	of Dis	burse				
	Mailing Address 400 North Capital Street, Suite 585	NW				0 <sup>M</sup> 4	M /	<sup>D</sup> 3	0 /	YZ	2 0 ŏ 8	Y
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Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESS	SIONAL COM	IMITTEE		Transaction ID: SB23.29498 Date of Disbursement
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City WASHINGTON	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE				Transaction ID: SB23.29522 Date of Disbursement
Mailing Address PO BOX 433				04 09 7 2008
City GREAT BEND	State KS	Zip Code 67530		Amount of Each Disbursement this Perio
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NAME OF COMMITTEE (In Full)  College of American Pathologists Politi	··-		
Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMIT	TEE		Transaction ID: SB23.29567 Date of Disbursement
Mailing Address PO BOX 8331			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix}$
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Senate President	ursement For: 2008 Primary X Genera Other (specify) ▼		
State: CA District: 13  Full Name (Last, First, Middle Initial)			Transaction ID: SB23,29493
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Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS (	COMMITTEE		Transaction ID: SB23.29569 Date of Disbursement
Mailing Address 76 MAGNOLIA TERF	ACE		04
City SPRINGFIELD	State Zip Code MA 01108		Amount of Each Disbursement this Perio
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Candidate Name RICHARD E MR. NEAL		Category/ Type	
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	Full Name (Last, First, Middle Initial) STEPHANIE FOR SOUTH DAKOTA  Mailing Address P.O. BOX 75214					Trans Date of		sburs				o ŏ 8	Y
	City WASHINGTON	State Zip Code DC 20013				Amou	nt o	f Each	n Disb	urser	ment	this P	eriod
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	Candidate Name STEPHANIE HERSETH			ateg Typ									
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	Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS					Trans	of Di	sburs	emen				
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)       21b     22     X     23     24     25     26       27     28a     28b     28c     29     30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee	
Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND  Mailing Address 104 East Hume Avenue		Transaction ID: SB23.29575 Date of Disbursement  M 4 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code VA 22301	Amount of Each Disbursement this Period 2000.00
Candidate Name	l l	tegory/ Type
Office Sought: House Disburse Senate President State: District:	ment For: 2008 Primary X General Other (specify)	
Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC Mailing Address P.O. Box 1859		Transaction ID: SB23.29526 Date of Disbursement
	State Zip Code SD 57101	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name TIM JOHNSON		tegory/ Type
	ment For: 2008 Primary X General Other (specify)	1,100

SUBTOTAL of Disbursements This Page (optional)	•	4500.00
TOTAL This Period (last page this line number only)	•	84500.00

State: SD

SCHEDULE B (FEC For	m 3X)	parate schedule(s)	FOR LINE	
ITEMIZED DISBURSEME	ENTS for eac	h category of the d Summary Page	(check only 21b 27	7 one)  22
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NAME OF COMMITTEE (In Full)				
College of American Patholog	ısts Political Action C	Committee		
Full Name (Last, First, Middle Initial	)			Transaction ID: SB29.29530
None PathPAC POLITICAL EI	DUCATION FU			Date of Disbursement
Mailing Address NONE				$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&1&D\\1&1\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}Y&Y&0&0&8\\&2&0&0&8\end{smallmatrix}$
City None	State IL	Zip Code 60093		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for Corp Contribution	on - K.			1000.00
Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary Other (s	General pecify) ▼		
State: District:		•		

CURTOTAL of Dishura ements This Page (antique)		1000.00
SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	•	1000.00