

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

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

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 04 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	74370.56									
(c) Total Receipts (from Line 19)	106851.00	163874.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181221.56	300210.88								
7. Total Disbursements (from Line 31)	86269.77	205259.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94951.79	94951.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	75042.00	117942.00
(i) Itemized (use Schedule A)	31809.00	45932.00
(ii) Unitemized	106851.00	163874.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	106851.00	163874.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	106851.00	163874.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106851.00	163874.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	769.77	1259.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	769.77	1259.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	202590.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1410.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86269.77	205259.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86269.77	205259.09

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jon Jared Abbott, Dr.		Date of Receipt	
	Mailing Address 305 41st St		M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29057
	West Des Moines	IA	50265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer unaffiliated		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) M Osama Abdelatif, Dr.		Date of Receipt	
	Mailing Address Clin Lab-Path 350 N Wilmot Rd		M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.28949
	Tucson	AZ	85711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer St Joseph Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) M Kenneth Algino, Dr.		Date of Receipt	
	Mailing Address 3610 Colonial Green Cir		M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 8	
	City	State	Zip Code	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 Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Ebrahim Amir-Mokri		Date of Receipt MM / DD / YYYY 04 / 09 / 2008
Mailing Address Department of Pathology 5645 W Addison St		Transaction ID: SA11AI.29071
City Chicago	State IL	
Zip Code 60634		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Our Lady of the Resurrection Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Robert Harold Amsbaugh, Dr.		Date of Receipt MM / DD / YYYY 04 / 25 / 2008
Mailing Address 901 Montgomery St		Transaction ID: SA11AI.29333
City Decorah	State IA	
Zip Code 52101-2325		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Winneshiek County Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) A. Douglas Anderson, Dr.		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address 4110 E Oak Knoll St		Transaction ID: SA11AI.29356
City Springfield	State MO	
Zip Code 65809-2228		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cox Med Ctr South	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lawrence Ariano		Date of Receipt	
	Mailing Address Department of Pathology 25 North Winfield Road		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 8	
	City Winfield State IL Zip Code 60190		Transaction ID: SA11AI.28956	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2499.00	
	Name of Employer Central DuPage Hosp Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.00	

B.	Full Name (Last, First, Middle Initial) F. Paul Atkinson, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1000 Johnson Ferry Road		M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8	
	City Atlanta State GA Zip Code 30042		Transaction ID: SA11AI.29381	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Northside Hosp Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) R Marshall Austin		Date of Receipt	
	Mailing Address Dept of Path 300 Halket St		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
	City Pittsburgh State PA Zip Code 15213-3108		Transaction ID: SA11AI.29299	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Magee Women's Hosp Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2999.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
N. Balasubramanian

Mailing Address 1101 Nott St Laboratory

City State Zip Code
Schenectady NY 12308

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

Name of Employer Occupation
Ellis Hospital Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2008

Transaction ID: SA11AI.29119

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Kay Sarah Barksdale, Dr.

Mailing Address Presbyterian Hospital
1100 Central Ave. SE

City State Zip Code
Albuquerque NM 87106

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.29433

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
D. Norman Bell, Dr.

Mailing Address PO Box 242752

City State Zip Code
Montgomery AL 36124

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

Name of Employer Occupation
Baptist Medical Ctr-East Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.29343

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
L Robert Bernstein, Dr.

Mailing Address Dept of Path
855 N Westhaven Dr

City Oshkosh State WI Zip Code 54904

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

Name of Employer Aurora Med Ctr of Oshkosh Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.29341
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
P Steven Bleiweiss, Dr.

Mailing Address 4 Arabian

City Coto De Caza State CA Zip Code 92679

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

Name of Employer St Bernardine Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.29401
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
L Benjamin Blend, Dr.

Mailing Address 925 Highland Blvd Ste 1240

City Bozeman State MT Zip Code 59715-6999

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

Name of Employer Bozeman Deaconess Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2008
Transaction ID: SA11AI.29129
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 76
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Joseph Karl Blessinger, Dr.

Mailing Address Department of Pathology
172 4th Street SE

City State Zip Code
Huron SD 57350

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

Name of Employer Occupation
Huron Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29363

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Loyd Bobby Boyanton, Dr.

Mailing Address Dept of Clinical Pathology
3601 W Thirteen Mile Rd

City State Zip Code
Royal Oak MI 48073

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

Name of Employer Occupation
William Beaumont Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.29278

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
A. Evander Boynton, Dr.

Mailing Address 802 Lexington St

City State Zip Code
Lakeland FL 33801-5515

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28938

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 76
(check only one)

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

A.

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

Mailing Address Department of Pathology
7601 Osler Dr

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
St. Joseph Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.29109

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
H. John Burgess, Dr.

Mailing Address Dept of Lab
335 Glessner Ave

City State Zip Code
Mansfield OH 44903-2269

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

Name of Employer Occupation
MedCentral Health System Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28935

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Dept of Path
Maple St

City State Zip Code
Norwalk CT 06850

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

Name of Employer Occupation
Norwalk Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29382

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Aristides Pedro Carmona, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 8
	Mailing Address Pathology Department 951 North Washington Ave	Transaction ID: SA11AI.29021
	City Titusville State FL Zip Code 32796-2194	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Parrish Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) John Daniel Carter, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address Dept of Path 725 North St	Transaction ID: SA11AI.29347
	City Pittsfield State MA Zip Code 01201	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Berkshire Health Systems Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) J. Carmine Cerra, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Mailing Address Department of Pathology 206 E. Brown Street	Transaction ID: SA11AI.29108
	City East Stroudsburg State PA Zip Code 18301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pocono Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) N Ryan Cole, Dr.		Date of Receipt	
	Mailing Address 12899 N Schicks Ridge Rd		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29161
	Boise	ID	83714-9454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Cole Diagnostics		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) F. William Cox, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1024 Central Park Drive		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29313
	Steamboat Springs	CO	80487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Yampa Valley Medical Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Domnita Crisan		Date of Receipt	
	Mailing Address Dept of Clinical Pathology 3811 W 13 Mile Rd		M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29117
	Royal Oak	MI	48073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer William Beaumont Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Frederick John Dauterman, Dr.

Mailing Address Dept of Path
2700 Stewart Pkwy

City State Zip Code
Roseburg OR 97470-1281

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

Name of Employer Occupation
Mercy Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28999

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M Todd DeBoom, Dr.

Mailing Address Dept of Path
1950 Mountain View Ave

City State Zip Code
Longmont CO 80501-9865

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

Name of Employer Occupation
Longmont United Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29298

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
D. Russell Deidiker, Dr.

Mailing Address Dept of Path
1212 Weber Rd.

City State Zip Code
Farmington MO 63640

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

Name of Employer Occupation
Mineral Area Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.29137

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Louis Peter Depowski, Dr.	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address Department of Pathology 201 State St	Transaction ID: SA11AI.29317
	City Erie State PA Zip Code 16550	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hamot Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address Laboratory 6100 Harris Parkway	Transaction ID: SA11AI.29028
	City Ft Worth State TX Zip Code 76132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harris Methodist Southwest Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) E. Rosemary Detweiler, Dr.	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address Department of Pathology 6100 Harris Pkwy	Transaction ID: SA11AI.29029
	City Ft Worth State TX Zip Code 76132	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Harris Methodist Southwest Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
V. Richard Dieterle, Dr.

Mailing Address Dept of Pathology
205 N East Ave

City Jackson State MI Zip Code 49201

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

Name of Employer W.A. Foote Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29487
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
E Russell Dodds, Dr.

Mailing Address Dept of Path
800 N Fant St

City Anderson State SC Zip Code 29621-5708

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

Name of Employer Piedmont Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2008
Transaction ID: SA11AI.29039
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
M. Michelle Dolan, Dr.

Mailing Address 280 Sunflower Court

City Vadnais Heights State MN Zip Code 55127

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

Name of Employer Univ of MN Med Ctr-Fairview Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.29422
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Sandy Dorman, Dr.

Mailing Address Dept of Path
250 S 21st St

City Easton State PA Zip Code 18042

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

Name of Employer Easton Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 09 / 2008

Transaction ID: SA11AI.29052

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Allen Christopher Dowling, Dr.

Mailing Address Spectrum Medical Group
22 Bramhall St

City Portland State ME Zip Code 04102

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

Name of Employer Maine Medical Center Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 16 / 2008

Transaction ID: SA11AI.29170

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
A. Peter Dysert, Dr.

Mailing Address Department of Pathology
3500 Gaston Avenue

City Dallas State TX Zip Code 75246

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

Name of Employer Baylor Univ Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.29345

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Anwar Moushira Ebrahim, Dr.		Date of Receipt	
	Mailing Address 4818 Wellington St Ste 8		M M / D D / Y Y Y Y Y 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 Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) C. Stephen Eliason, Dr.		Date of Receipt	
	Mailing Address 1303 Gleneagles Place		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29450
	Lawrenceburg	IN	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 Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J. Andrew Evanger, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 1650 Cowles Street		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29453
	Fairbanks	AK	99701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Fairbanks Memorial Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J Frank Foss

Mailing Address 304 Belle Ave

City Mankato State MN Zip Code 56001

FEC ID number of contributing federal political committee. C

Name of Employer LCM Pathologists PC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2008

Transaction ID: SA11AI.29296

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
P John Fullenwider, Dr.

Mailing Address 2301 S Lamar

City Oxford State MS Zip Code 38655

FEC ID number of contributing federal political committee. C

Name of Employer JPB Pathology Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2008

Transaction ID: SA11AI.29060

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
H. Keith Fulling, Dr.

Mailing Address Department of Lab Medicine
615 South New Ballas Road

City St Louis State MO Zip Code 63141-8277

FEC ID number of contributing federal political committee. C

Name of Employer St. Johns Mercy Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2008

Transaction ID: SA11AI.29239

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) E Jack Garon, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1500 S Calif Ave		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City State Zip Code Chicago IL 60608-1797		Transaction ID: SA11AI.29182	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Occupation Mt Sinai Hosp Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) A. Stephen Geller, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology & Lab Med 8700 Beverly Blvd		M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
	City State Zip Code Los Angeles CA 90048-0750		Transaction ID: SA11AI.29226	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Cedars-Sinai Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) P. William Gibbons, Dr.		Date of Receipt	
	Mailing Address Department of Pathology 2000 Ogden Ave		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 8	
	City State Zip Code Aurora IL 60504-7222		Transaction ID: SA11AI.28975	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Rush Copley Med Ctr Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) E. Fred Gilbert, Dr.	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 1 Pine Hollow Dr	Transaction ID: SA11AI.29101
	City State Zip Code Newnan GA 30263	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Newnan Hospital - West Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Anne Cathryn Goldberg, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address Department of Pathology 801 S Washington	Transaction ID: SA11AI.29164
	City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Edward Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) A Robert Goldschmidt, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 2650 Ridge Ave	Transaction ID: SA11AI.29290
	City State Zip Code Evanston IL 60201-1718	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Evanston Northwestern Hlt- hcare Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
D Jeffrey Goldsmith, Dr.

Mailing Address Department of Pathology
330 Brookline Ave

City Boston State MA Zip Code 02215

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

Name of Employer Beth Israel Deaconess Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2008

Transaction ID: SA11AI.29158

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
W. Herschel Gordon, Dr.

Mailing Address Ukiah Valley Med Ctr Lab
275 Hospital Dr

City Ukiah State CA Zip Code 95482

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2008

Transaction ID: SA11AI.29149

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.

Mailing Address 551 N 34th St Ste 100

City Seattle State WA Zip Code 98103-8675

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

Name of Employer PhenoPath Labs Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2008

Transaction ID: SA11AI.29391

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C Joyce Greathouse

Mailing Address 760 Airport Rd

City Panama City State FL Zip Code 32405-4003

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

Name of Employer Bay Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29445
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
G. Donald Guinee, Dr.

Mailing Address 1100 Ninth Ave C6-Path

City Seattle State WA Zip Code 98111

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

Name of Employer Virginia Mason Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.29428
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
George Robert Gurdak, Dr.

Mailing Address Dept of Path
1350 E Market St

City Warren State OH Zip Code 44482

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

Name of Employer Trumbull Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2008
Transaction ID: SA11AI.29020
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R Tim Hamill, Dr.
Mailing Address 2625 Venado Camino
City Walnut Creek State CA Zip Code 94598
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ of California San Francisco Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 01 / 2008
Transaction ID: SA11AI.28952
Amount of Each Receipt this Period 250.00

B. 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 State UT Zip Code 84143
FEC ID number of contributing federal political committee. **C**
Name of Employer LDS Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 01 / 2008
Transaction ID: SA11AI.28934
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
E. Thomas Hanes, Dr.
Mailing Address Main Lab 3441 Dickerson Pike
City Nashville State TN Zip Code 37207
FEC ID number of contributing federal political committee. **C**
Name of Employer Skyline Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29475
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P Randy Hausted, Dr.

Mailing Address Dept of Path
10 Woodland Rd

City State Zip Code
St Helena CA 94574

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

Name of Employer Occupation
St. Helena Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29206

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M. Grant Hayashi, Dr.

Mailing Address 1350 Stardust St

City State Zip Code
Reno NV 89503

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

Name of Employer Occupation
Nevada Histology Inc Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.29125

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
S. Joseph Heard, Dr.

Mailing Address Dept of Pathology
2915 Missouri

City State Zip Code
Shreveport LA 71109

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

Name of Employer Occupation
The Delta Pathology Group, LLP Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29481

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Paul Jason Heese, Dr.

Mailing Address Dept of Path
900 Illinois Ave

City Stevens Point State WI Zip Code 54481-3114

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

Name of Employer St. Michaels Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.29143

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
M Christine Hobbs, Dr.

Mailing Address 121 S Pembroke Drive

City Schaumburg State IL Zip Code 60193

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

Name of Employer Quest Diagnostics Inc Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28943

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Neil Ernest Holburt, Dr.

Mailing Address Dept of Path
25470 Medical Center Dr

City Murrieta State CA Zip Code 92562-4901

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

Name of Employer Med Lab Svcs Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29035

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
J. Robert Hubbard, Dr.

Mailing Address Dept. of Laboratory Service
1805 Medical Center Drive

City State Zip Code
San Bernardino CA 92411

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

Name of Employer San Bernardino Community Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29195

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
L Jerry Hudson, Dr.

Mailing Address 7026 Edgewater Dr

City State Zip Code
Mandeville LA 70471-7415

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

Name of Employer Slidell Memorial Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28946

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
V Mary Iacocca, Dr.

Mailing Address Dept of Path
4755 Ogletown-Stanton Rd

City State Zip Code
Newark DE 19718-0001

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

Name of Employer Christiana Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29449

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 76
(check only one)

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

A. Full Name (Last, First, Middle Initial)
N. Charles Iknayan, Dr.
Mailing Address E6385 Gheller Dr
City Bessemer State MI Zip Code 49911-9754
FEC ID number of contributing federal political committee. **C**
Name of Employer Grandview Hospital Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29456
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
M. Thomas James, Dr.
Mailing Address Dept of Pathology 4343 N Josey Ln
City Carrollton State TX Zip Code 75010
FEC ID number of contributing federal political committee. **C**
Name of Employer Trinity Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29482
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
F Peter Jelsma, Dr.
Mailing Address 4220 Harding Pike
City Nashville State TN Zip Code 37205-2095
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Thomas Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.29408
Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) R.P. Gareth Johnson, Dr.		Date of Receipt	
	Mailing Address 13111 E 57th Street		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29492
	Kansas City	MO	64133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Unaffiliated		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) L Gordon Johnson, Dr.		Date of Receipt	
	Mailing Address 2030 W McNab Rd Ste 2		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.28984
	Ft Lauderdale	FL	33309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer The Meditrend Group Inc		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

C.	Full Name (Last, First, Middle Initial) P. Michael Johnson, Dr.		Date of Receipt	
	Mailing Address Dept of Pathology 503 E Thomason Cir		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.29462
	Opelika	AL	36801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lee Pathology Lab, PA		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
L. Rebecca Johnson, Dr.

Mailing Address Pathology & Clinical Labs
725 North Street

City Pittsfield State MA Zip Code 01201

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

Name of Employer Berkshire Health Systems Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28987

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dewitt Richard Johnson, Dr.

Mailing Address Main Lab
300 W 27Th St

City Lumberton State NC Zip Code 28358-3075

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

Name of Employer Southeastern Reg Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29237

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Emil Salim Kabawat, Dr.

Mailing Address Main Lab
415 Massachusetts Ave

City Cambridge State MA Zip Code 02139-4102

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

Name of Employer Quest Diagnostics Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29473

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
I. Mikhail Kantius, Dr.

Mailing Address 79-18 164th Street

City State Zip Code
Jamaica NY 11432

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

Name of Employer Occupation
Sophora Diagnostic Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29003

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dennis Kasimian

Mailing Address 15107 Vanowen St

City State Zip Code
Van Nuys CA 91405-4542

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

Name of Employer Occupation
Valley Presbyterian Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29243

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
L Jon Keller, Dr.

Mailing Address Dept of Path
199 Reedsdale Rd

City State Zip Code
Milton MA 02186-3926

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

Name of Employer Occupation
Milton Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29181

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Albert Edward Klein, Dr.	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address Path and Lab Consult of LI 200 Belle Terre Rd	Transaction ID: SA11AI.29410
	City Port Jefferson State NY Zip Code 11777	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Charles Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Vladimirov Petio Kotov, Dr.	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address Dept of Path 500 Campus Dr	Transaction ID: SA11AI.29040
	City Hancock State MI Zip Code 49930	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Portage View Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) A. Elliot Krauss, Dr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address Department of Pathology 253 Witherspoon Street	Transaction ID: SA11AI.29311
	City Princeton State NJ Zip Code 08540	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNAFFILIATED Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 34 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L. Linton Kuchler, Dr.

Mailing Address Dept. of Pathology
743 Spring St. NE

City State Zip Code
Gainesville GA 30501

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

Name of Employer Occupation
Northeast Georgia Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29469

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph Alexander Lazar, Dr.

Mailing Address Dept of Pathology
1515 Holcombe Blvd

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Memorial Sloan-Kettering Cancer Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
H. Won Lee, Dr.

Mailing Address Laboratory
3700 Kolbe Road

City State Zip Code
Lorain OH 44053-1697

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

Name of Employer Occupation
Community Health Partners West Campus Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29289

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 76
(check only one)

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

A.

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

Mailing Address 205 Bluff Street

City State Zip Code
Dubuque IA 52001-6900

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

Name of Employer Occupation
United Clinical Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.29111

Amount of Each Receipt this Period
800.00

B.

Full Name (Last, First, Middle Initial)
B Ronald Lepoff, Dr.

Mailing Address UCH Clinical Lab, Mailstop A022
12401 East 17th Ave, Rm 292

City State Zip Code
Aurora CO 80045

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

Name of Employer Occupation
Univ of Colorado Hosp Authority Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29013

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Alan Levin

Mailing Address 1701 Hillmoor Dr Ste C11

City State Zip Code
Port St Lucie FL 34952

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29437

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 76		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) K Melissa Li, Dr.		Date of Receipt	
	Mailing Address Dept of Path 9205 SW Barnes Rd		M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8	
	City State Zip Code Portland OR 97225-6603		Transaction ID: SA11AI.29262	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Providence St. Vincent Med Ctr Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ruey-Yen Ryan Lin, Dr.		Date of Receipt	
	Mailing Address Dept of Path 163 Van Buren Rd Ste 1		M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	
	City State Zip Code Caribou ME 04736-2509		Transaction ID: SA11AI.29351	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Cary Med Ctr Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Fangluo Liu		Date of Receipt	
	Mailing Address 10710 Harpenden Avenue		M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	
	City State Zip Code Bakersfield CA 93311-3517		Transaction ID: SA11AI.29047	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
	Name of Employer Comprehensive Blood and Cancer Ctr Occupation Pathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alan Lawrence Machtinger, Dr.
Mailing Address 14 Oakcliff Dr

City Laguna Niguel State CA Zip Code 92677-5650

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

Name of Employer South Coast Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29476
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
J. Calixto Maso, Dr.
Mailing Address Department of Pathology
2900 N, Lake Shore

City Chicago State IL Zip Code 60657

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

Name of Employer St Joseph Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2008
Transaction ID: SA11AI.29204
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
E John Maxwell, Dr.
Mailing Address 109 Circle Dr

City West Monroe State LA Zip Code 71291-5303

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

Name of Employer Bayou Pathology, APMC Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2008
Transaction ID: SA11AI.29026
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 76
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Jane Mary McClements, Dr.

Mailing Address Bayhealth Medical Center
21 W Clarke Ave

City Milford State DE Zip Code 19963

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

Name of Employer Milford Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 09 / 2008
Transaction ID: SA11AI.29067
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Daniel Michael McEachin, Dr.

Mailing Address #1105
285 Centennial Olympic Pk Dr

City Atlanta State GA Zip Code 30313

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

Name of Employer Newnan Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 09 / 2008
Transaction ID: SA11AI.29070
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Austin Curtis McGuyer, Dr.

Mailing Address 6655 Alvarado Rd

City San Diego State CA Zip Code 92120-5208

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

Name of Employer Alvarado Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11AI.29435
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address Dept of Path 3200 Providence Dr	Transaction ID: SA11AI.29472
	City Anchorage State AK Zip Code 99508-4615	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Alaska Med Ctr Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2500.00	

B.	Full Name (Last, First, Middle Initial) R Myron Melamed, Dr.	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address Department of Pathology Grasslands Rd	Transaction ID: SA11AI.29431
	City Valhalla State NY Zip Code 10595	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Westchester Med Ctr Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) D. Bruce Melin, Dr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address Department of Pathology 401 E Spruce St	Transaction ID: SA11AI.29480
	City Garden City State KS Zip Code 67846-5672	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Catherine Hosp Occupation Pathologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 76

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
G. Jacqueline Monheit, Dr.
Mailing Address 5463 Darnell St

City State Zip Code
Houston TX 77096

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29344

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
W. Dwight Morrow, Dr.
Mailing Address Department of Pathology
801 S Washington

City State Zip Code
Naperville IL 60566-7060

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

Name of Employer Occupation
Edward Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29228

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kamala Murali
Mailing Address Department of Pathology
14 Prospect St

City State Zip Code
Milford MA 01757

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

Name of Employer Occupation
Milford-Whitinsville Reg Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.29259

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Saraswathi Nair

Mailing Address Dept of Path
Maple St

City State Zip Code
Norwalk CT 06856

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

Name of Employer Occupation
Norwalk Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.29383

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
T. Lawrence Nelsen, Dr.

Mailing Address Laboratory
1000 First Dr NW

City State Zip Code
Austin MN 55912

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

Name of Employer Occupation
Austin Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2008

Transaction ID: SA11AI.29440

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
O. Robert Newbury, Dr.

Mailing Address Department of Pathology
3020 Childrens Way MC 5007

City State Zip Code
San Diego CA 92123-4282

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

Name of Employer Occupation
Rady Children's Hosp-San Diego Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: SA11AI.29194

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) E. Patrick O'Reilly, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address Dept of Pathology 100 E Carol Street	Transaction ID: SA11AI.29187
	City Salisbury State MD Zip Code 21801	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Peninsula Regional Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Jo Amy Owen, Dr.	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 801 Virginia Pl	Transaction ID: SA11AI.29230
	City Clinton State MO Zip Code 64735-3076	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Golden Valley Mem Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) A Frances Owl-Smith, Dr.	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address Dept of Path 262 Leroy George Dr	Transaction ID: SA11AI.28963
	City Clyde State NC Zip Code 28721-7430	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Haywood Regional Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) D. Wilfredo Pacio, Dr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address Dept of Path 950 W Wooster St	Transaction ID: SA11AI.29490
	City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wood County Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) M. Joon Park, Dr.	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address Department of Pathology 269 Portland Way S	Transaction ID: SA11AI.29360
	City State Zip Code Galion OH 44833	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Galion Community Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) L Carl Parrott, Dr.	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 3994 Rose Hill Avenue	Transaction ID: SA11AI.29281
	City State Zip Code Cincinnati OH 45229-1484	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Highland District Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A. James Paulson, Dr.
Mailing Address 425 Anthwyn Road
City Narberth State PA Zip Code 19072-2301
FEC ID number of contributing federal political committee. **C**
Name of Employer Lankenau Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.29372
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
O. Jackson Pemberton, Dr.
Mailing Address Laboratory Department
1 Medical Village Dr
City Edgewood State KY Zip Code 41017
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Elizabeth Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 02 / 2008
Transaction ID: SA11AI.28980
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
A Luke Perkocha, Dr.
Mailing Address Dept of Path
1600 Divisadero St B-221
City San Francisco State CA Zip Code 94143-1785
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSF Mount Zion Medical Center Clin Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 18 / 2008
Transaction ID: SA11AI.29274
Amount of Each Receipt this Period 300.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. Alan Peterson, Dr.
Mailing Address 1225 Highland Ave
City Clarkston State WA Zip Code 99403
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathologists' Regional Lab Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 04 / 16 / 2008
Transaction ID: SA11AI.29186
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
L. Britton Pilcher, Dr.
Mailing Address Laboratory 1601 Watson Blvd
City Warner Robins State GA Zip Code 31093
FEC ID number of contributing federal political committee. **C**
Name of Employer Houston Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2008
Transaction ID: SA11AI.29293
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Alan Douglas Pohl, Dr.
Mailing Address 18701 SE Crosswinds Ln
City Jupiter State FL Zip Code 33478
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 30 / 2008
Transaction ID: SA11AI.29474
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial) H Timothy Prahlow, Dr.		Date of Receipt MM / DD / YYYY 04 / 09 / 2008
Mailing Address Valparaiso Campus/Dept of Path 814 LaPorte Ave		Transaction ID: SA11AI.29073
City Valparaiso	State IN	Zip Code 46383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Porter Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) James Puerner		Date of Receipt MM / DD / YYYY 04 / 03 / 2008
Mailing Address Department of Pathology 13111 N. Port Washington Road		Transaction ID: SA11AI.29007
City Mequon	State WI	Zip Code 53097
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) M. Joseph Pyle, Dr.		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address Dept of Path 4440 W 95th St		Transaction ID: SA11AI.29127
City Oak Lawn	State IL	Zip Code 60435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 333.00
Name of Employer Advocate Christ Medical Center	Occupation Pathologists	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	

SUBTOTAL of Receipts This Page (optional)	843.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
M. Susan Rendon, Dr.
Mailing Address 913B North Blvd East
City Leesburg State FL Zip Code 34748
FEC ID number of contributing federal political committee. **C**
Name of Employer Pathology Medical Laboratories, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 04 / 01 / 2008
Transaction ID: SA11AI.28940
Amount of Each Receipt this Period 1750.00

B. Full Name (Last, First, Middle Initial)
Francisco Reyes
Mailing Address Department of Pathology 900 Seton Drive
City Cumberland State MD Zip Code 21502
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Maryland Health System Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 01 / 2008
Transaction ID: SA11AI.28953
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
E. James Roberts, Dr.
Mailing Address 565 Memorial Circle
City Ormond Beach State FL Zip Code 32174
FEC ID number of contributing federal political committee. **C**
Name of Employer Volusia Pathology Group Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 29 / 2008
Transaction ID: SA11AI.29429
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
S Demaretta Rush, Dr.

Mailing Address Dept of Path
Univ of Florida Box 100275

City Gainesville State FL Zip Code 32610

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

Name of Employer UNIV OF FLORIDA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2008
Transaction ID: SA11AI.29147
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Michael Alan Rushovich, Dr.

Mailing Address 10 Sirius

City Irvine State CA Zip Code 92603-5714

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

Name of Employer Irvine Reg Hosp & Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2008
Transaction ID: SA11AI.28996
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address Dept of Pathology
14445 Olive View Dr Rm 1A120

City Sylmar State CA Zip Code 91342

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

Name of Employer Olive View UCLA Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 25 / 2008
Transaction ID: SA11AI.29324
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

M. Linda Sandhaus, Dr.

Mailing Address Department of Pathology
11100 Euclid Ave

City State Zip Code
Cleveland OH 44106

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

Name of Employer Occupation
Univ Hosp of Cleveland Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29418

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

K. Sateesh Satchidanand, Dr.

Mailing Address Department of Pathology
2605 Harlem Road

City State Zip Code
Cheektowaga NY 14225

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

Name of Employer Occupation
St. Joseph Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29412

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

T Berton Schaeffer, Dr.

Mailing Address Dept of Path
214 Hospital Cir

City State Zip Code
Blairsville GA 30512-3102

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

Name of Employer Occupation
Union General Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29417

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) F. Michael Schaldenbrand, Dr.		Date of Receipt	
	Mailing Address Department of Pathology PO Box 2500		M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	
	City State Zip Code Dearborn MI 48123-2500		Transaction ID: SA11AI.29385	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
	Name of Employer Occupation Oakwood Hosp & Med Ctr Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) N. Jared Schwartz, Dr.		Date of Receipt	
	Mailing Address Dept of Lab Med & Pathology PO Box 33549		M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8	
	City State Zip Code Charlotte NC 28233		Transaction ID: SA11AI.29325	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00	
	Name of Employer Occupation Presbyterian Health Care Sys Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) B. John Schweitzer, Dr.		Date of Receipt	
	Mailing Address Department of Pathology PO Box 70568		M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	
	City State Zip Code Johnson City TN 37614-0568		Transaction ID: SA11AI.29358	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
	Name of Employer Occupation East Tennessee State Univ Pathologist		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 76
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dean Michael Sennett, Dr.

Mailing Address 1600 Wallace Blvd

City State Zip Code
Amarillo TX 79106

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

Name of Employer Occupation
Baptist St Anthonys Hlth Sys Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29442

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
S Gregory Severson, Dr.

Mailing Address 1907 S 182nd Circle

City State Zip Code
Omaha NE 68130

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

Name of Employer Occupation
Alegent Health Lakeside Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29339

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Suash Sharma

Mailing Address Dept of Pathology, BAE 2575
1120 15th St

City State Zip Code
Augusta GA 30912

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

Name of Employer Occupation
Med College of Georgia Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.29173

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Alan David Sherman, Dr.	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address Dept of Path 133 ORNAC	Transaction ID: SA11AI.29055
	City State Zip Code Concord MA 01742-4169	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Emerson Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Kenneth Peter Shireman, Dr.	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 1500 E Sherman Blvd	Transaction ID: SA11AI.29377
	City State Zip Code Muskegon MI 49444-1849	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy General Health Partners Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) E Gerald Simon, Dr.	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 3714 Northgate Blvd	Transaction ID: SA11AI.28973
	City State Zip Code Sacramento CA 95834-1617	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Quest Diagnostics-Sacramento Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 53 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
E. Karim Sirgi, Dr.

Mailing Address Laboratory
1719 East 19th Avenue

City State Zip Code
Denver CO 80218

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

Name of Employer Presbyterian St. Lukes Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28941

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. David Smith, Dr.

Mailing Address 3 Santa Clara Court

City State Zip Code
San Rafael CA 94903-3729

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

Name of Employer Kaiser Foundation Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28964

Amount of Each Receipt this Period
250.00

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

Mailing Address Pathology Department
4420 Lake Boone Trail

City State Zip Code
Raleigh NC 27607

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

Name of Employer Rex Healthcare Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28974

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 76
(check only one)

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

A. Full Name (Last, First, Middle Initial)
J. Joseph Sreenan, Dr.
Mailing Address 730 W Market Street

City State Zip Code
Lima OH 45801

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

Name of Employer Occupation
St. Rita's Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.29309

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ann Nancy Standler, Dr.
Mailing Address 1303 N Main St

City State Zip Code
Cedar City UT 84720

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

Name of Employer Occupation
Valley View Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29080

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
D. Michael Stargel, Dr.
Mailing Address Pathology Department
5665 Peachtree-Dunwoody Rd NE

City State Zip Code
Atlanta GA 30342

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

Name of Employer Occupation
St. Joseph's Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29413

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Blake Jeffrey Stricker, Dr.

Mailing Address 1107 Memorial Dr Ste 201

City State Zip Code
Dalton GA 30720

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

Name of Employer: Skin Cancer and Cosmetic Derma Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: SA11AI.29198

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Wade John Strong, Dr.

Mailing Address Dept of Pathology
2095 Henry Tecklenburg Dr

City State Zip Code
Charleston SC 29414-5733

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

Name of Employer: Bon Secours St. Francis
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: SA11AI.28927

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
R Arthur Summerlin, Dr.

Mailing Address 1801 1st Ave S

City State Zip Code
Birmingham AL 35233

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

Name of Employer: Lab Corp of America
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2008

Transaction ID: SA11AI.29136

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 76

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) S Mark Synovec, Dr.		Date of Receipt		
	Mailing Address Laboratory 1500 SW 10th Street		M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 8		
	City Topeka	State KS	Zip Code 66606	Transaction ID: SA11AI.29144	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00		
	Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ali Tamsen		Date of Receipt		
	Mailing Address 240 Meeting House Lane Suite 3		M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8		
	City Southampton	State NY	Zip Code 11968	Transaction ID: SA11AI.29398	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Southampton Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) J. Jeffrey Tarrand, Dr.		Date of Receipt		
	Mailing Address Microbiology 1515 Holcombe Blvd Unit 084		M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 8		
	City Houston	State TX	Zip Code 77030-4009	Transaction ID: SA11AI.29045	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer UT MD Anderson Cancer Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) L. M. Deborah Turski, Dr.		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address Laboratory 707 S. Mills Street		Transaction ID: SA11AI.29414
City Madison	State WI	Zip Code 53715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Jean Eva Vachal, Dr.		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address Pathology Dept 401 E Spruce St		Transaction ID: SA11AI.29409
City Garden City	State KS	Zip Code 67846-5672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Catherine Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Steven Mitchell Wachtel, Dr.		Date of Receipt MM / DD / YYYY 04 / 22 / 2008
Mailing Address Path Dept School of Med 3601 Fourth St		Transaction ID: SA11AI.29286
City Lubbock	State TX	Zip Code 79430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Texas Tech Univ HSC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 76
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
H Gail Walker, Dr.

Mailing Address 1354 Drake Ct

City Lilburn State GA Zip Code 30047

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

Name of Employer Emory Eastside Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2008
Transaction ID: SA11AI.29165
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
E. Scott Wang, Dr.

Mailing Address Department of Pathology
11 Friendship Street

City Newport State RI Zip Code 02840-2299

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

Name of Employer Newport Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 18 / 2008
Transaction ID: SA11AI.29260
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
E. Nancy Warner, Dr.

Mailing Address 1065 S San Rafael Ave

City Pasadena State CA Zip Code 91105-2330

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

Name of Employer USC Norris Cancer Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.29427
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 76

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas Gerald Wedemeyer, Dr.

Mailing Address 811 Lawman Ave

City State Zip Code
Bridgeport WV 26330-1222

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

Name of Employer Occupation
United Hosp Ctr Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29241

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
W. William West, Dr.

Mailing Address Dept of Path/Microbiology
983135 Nebraska Med Ctr

City State Zip Code
Omaha NE 68198-3135

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

Name of Employer Occupation
Univ of Nebraska Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.29114

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Aaron Lamont Wettstein, Dr.

Mailing Address 1775 Thompson Rd

City State Zip Code
Coos Bay OR 97420

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

Name of Employer Occupation
Bay Area Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.29443

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) M. Robert White, Dr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address Department of Pathology PO Box 13367	Transaction ID: SA11AI.29447
	City State Zip Code Roanoke VA 24033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carilion Roanoke Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) S. Thomas Whittle, Dr.	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address Department of Pathology 200 Hospital Drive	Transaction ID: SA11AI.29208
	City State Zip Code Galax VA 24333	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Twin County Reg Hosp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) M. Dorothy Willis, Dr.	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 533 College St	Transaction ID: SA11AI.28923
	City State Zip Code Bellaire TX 77401	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alliance Path Consultants Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 61 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
B William Woodward, Dr.

Mailing Address Dept of Path
Po Box 3011

City State Zip Code
Gillette WY 82717-3011

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

Name of Employer Occupation
Campbell County Memorial Pathologist
Hosp

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29350

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
F. Jeffrey Young, Dr.

Mailing Address 150 Bunker Hill Rd

City State Zip Code
Aptos CA 95003-9525

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

Name of Employer Occupation
Associated Path Med Group, Pathologist
Inc

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28924

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Saeed Syed Zaman, Dr.

Mailing Address Dept of Path
2209 Genesee St

City State Zip Code
Utica NY 13501-5999

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

Name of Employer Occupation
St Elizabeth Medical Center Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.29403

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 62 / 76	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) W. Richard Zuehl, Dr.		Date of Receipt																					
	Mailing Address 2721 33rd St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	7		2	0	0	8														
	City State Zip Code Two Rivers WI 54241-1509		Transaction ID: SA11AI.29225																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																					
Name of Employer Aurora Med Ctr-Manitowoc County		Occupation Pathologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	75042.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29577 Date of Disbursement 04 / 04 / 2008 Amount of Each Disbursement this Period 396.23 Category/ Type
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29578 Date of Disbursement 04 / 05 / 2008 Amount of Each Disbursement this Period 68.15 Category/ Type
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29579 Date of Disbursement 04 / 07 / 2008 Amount of Each Disbursement this Period 56.55 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

520.93

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.29580 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="55.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.29581 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="31.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.29582 Date of Disbursement
	Mailing Address PO Box 85024	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23285-5024	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="38.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="124.63"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 76

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

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

A. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29587 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 22.71
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29584 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 68.15
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.29585 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 33.35
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	124.21
TOTAL This Period (last page this line number only)	769.77

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name ALLYSON Y SCHWARTZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.29536</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) AMERICA WORKS PAC</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.29539</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BIG EASY COMMITTEE</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.29542</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE	Transaction ID: SB23.29588 Date of Disbursement
	Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Norwalk State CT Zip Code 06851	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER SHAYS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 04	

B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR A DEMOCRATIC MAJORITY	Transaction ID: SB23.29508 Date of Disbursement
	Mailing Address 301 4th St. NE Suite 202	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM	Transaction ID: SB23.29510 Date of Disbursement
	Mailing Address P.O. Box 22614	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC) Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.29512 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address PO BOX 1631 City BALTIMORE State MD Zip Code 21203 Purpose of Disbursement Candidate Name ELIJAH E CUMMINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.29550 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. DAVE CAMP FOR CONGRESS 2000 Mailing Address P.O.BOX 423 City MIDLAND State MI Zip Code 48640 Purpose of Disbursement Candidate Name DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.29515 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.29552 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH</p> <p>Mailing Address 228 S WASHINGTON STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name GORDON HAROLD SMITH <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00</p>	<p>Transaction ID: SB23.29555 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Tim Holden</p> <p>Mailing Address Po Box 37</p> <p>City St. Claire State PA Zip Code 17970</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name T. TIMOTHY HOLDEN <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 17</p>	<p>Transaction ID: SB23.29558 Date of Disbursement: M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
HELP ELECT AMERICA'S TEAM (HEAT PAC)

Mailing Address 499 S. Capitol St., SW
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

Transaction ID: SB23.29517

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

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

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement

Candidate Name
JOHN SULLIVAN

Category/
Type

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

State: OK District: 01

Transaction ID: SB23.29573

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

Candidate Name
THOMAS P. LATHAM

Category/
Type

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

State: IA District: 04

Transaction ID: SB23.29520

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LEADERSHIP OF TODAY AND TOMORROW	Transaction ID: SB23.29560
	Mailing Address 607 14TH STREET NW SUITE 800	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name XAVIER BECERRA	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 31	

B.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.29563
	Mailing Address 400 North Capital Street, NW Suite 585	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name MITCH MCCONNELL	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: KY District: 00	

C.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: SB23.29565
	Mailing Address PO BOX 902	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City GAINESVILLE State GA Zip Code 30503	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name NATHAN DEAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: GA District: 10	

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.29498 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 10000.00
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.29506 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
C. Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE Mailing Address PO BOX 433 City GREAT BEND State KS Zip Code 67530 Purpose of Disbursement Candidate Name PAT PAT ROBERTS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 00	Transaction ID: SB23.29522 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	16000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.29567
	Mailing Address PO BOX 8331	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City FREMONT State CA Zip Code 94537	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name PETE STARK	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CA District: 13	

B.	Full Name (Last, First, Middle Initial) POE FOR CONGRESS	Transaction ID: SB23.29493
	Mailing Address P.O. Box 14222	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Humble State TX Zip Code 77347	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name TED POE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 02	

C.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.29569
	Mailing Address 76 MAGNOLIA TERRACE	Date of Disbursement MM / DD / YYYY 04 / 30 / 2008
	City SPRINGFIELD State MA Zip Code 01108	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name RICHARD E MR. NEAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MA District: 02	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
STEPHANIE FOR SOUTH DAKOTA

Mailing Address P.O. BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name
STEPHANIE HERSETH

Office Sought: House
 Senate
 President

State: SD District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.29524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
STUPAK FOR CONGRESS

Mailing Address PO BOX 143

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement

Candidate Name
BART STUPAK

Office Sought: House
 Senate
 President

State: MI District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.29571

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name
SUE MYRICK

Office Sought: House
 Senate
 President

State: NC District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.29532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND Mailing Address 104 East Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.29575 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC Mailing Address P.O. Box 1859 City Sioux Falls, State SD Zip Code 57101 Purpose of Disbursement Candidate Name TIM JOHNSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.29526 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

84500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 76

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

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

A.

Full Name (Last, First, Middle Initial)
None PathPAC POLITICAL EDUCATION FU

Transaction ID: SB29.29530

Date of Disbursement

Mailing Address NONE

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

City None State IL Zip Code 60093

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Reimbursement for Corp Contribution - K.

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
