

**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
Washington DC 20005
Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	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)	Mar 20 (M3) Apr 20 (M4)	Jun 20 (M6)	Jul 20 (M7)	<input checked="" type="checkbox"/> Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
		(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12G)	Runoff (12R) in the State of	
		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of	

5. Covering Period 08 01 2003 through 08 31 2003

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 John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 09 17 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M08 ^D01 ^Y2003 To: ^M08 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		34154.78
(b) Cash on Hand at Beginning of Reporting Period	38577.20	
(c) Total Receipts (from Line 19)	12823.00	136579.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51400.20	170734.38
<hr/>		
7. Total Disbursements (from Line 31)	4214.81	123548.99
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47185.39	47185.39
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M08 ⁻01 ⁻2003 To: ^M08 ⁻31 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7900.00	
(ii) Unitemized	4923.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	12823.00	136329.60
(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)	12823.00	136329.60
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	250.00
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))	12823.00	136579.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12823.00	136579.60

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	64.81	1575.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	64.81	1575.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4150.00	121297.86
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.....	0.00	675.48
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 ActMty (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))..	4214.81	123548.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	4214.81	123548.99

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12823.00	136329.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12823.00	136329.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64.81	1575.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64.81	1575.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15	
	(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

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

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

Full Name (Last, First, Middle Initial) A. Anderson Richard T. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 1221 Pine Grove Ave		Transaction ID: SA11A1.11806
City Port Huron	State MI	Zip Code 48061-5011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Byrd Jeff W. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address Dept. of Pathology PO Box 2717		Transaction ID: SA11A1.11807
City Thomasville	State GA	Zip Code 31796
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer J. D. Archbold Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Cohen Donald L. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address Dept. of Laboratories 740 E State St		Transaction ID: SA11A1.11797
City Sharon	State PA	Zip Code 16148-5328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Sharon Regional Health System	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 15	
	<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

Full Name (Last, First, Middle Initial) A. Cohen Michael K. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address Department of Pathology 2801 Franciscan Drive		Transaction ID: SA11A1.11846
City State Zip Code Bryan TX 77802	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Occupation Pathologist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) B. Colaman A. Atwell		Date of Receipt M / D / Y 08 / 01 / 2003
Mailing Address Department of Pathology 1519 Taylor Street		Transaction ID: SA11A1.11760
City State Zip Code Columbia SC 29220	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Pathologist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) C. Collins Timothy J. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 175 Brooks Lane		Transaction ID: SA11A1.11849
City State Zip Code Carthage TN 37030-1044	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Occupation Pathologist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts TN's Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/15	
	(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

Full Name (Last, First, Middle Initial) A. Ferguson Jere W. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 10388 Wallace Alley St Ste 18		Transaction ID: SA11A1.11814
City Kingsport	State TN	Zip Code 37663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Frazier Robert A. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 801 Boush St		Transaction ID: SA11A1.11841
City Norfolk	State VA	Zip Code 23510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Glazek Michael A. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 45 West 80th Street Apt. 19J		Transaction ID: SA11A1.11850
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rahway Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 15	
	<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

Full Name (Last, First, Middle Initial) A. Julius Carmen J. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 834 Mohawk School Rd		Transaction ID: SA11A1.11838
City Edinburg	State PA	Zip Code 16116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Elizabeth Health Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Keren David F. Dr.		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address Department of Pathology 5025 Venture Drive		Transaction ID: SA11A1.11769
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Warda Med Laboratory	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Kelda Timothy F. Dr.		Date of Receipt M / D / Y 08 / 22 / 2008
Mailing Address 9200 Wall Street PO Box 141549		Transaction ID: SA11A1.11788
City Austin	State TX	Zip Code 78754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Pathology Assoc	Occupation Pathologist	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 15	
	(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

Full Name (Last, First, Middle Initial) A. Larson Paula R. Dr.		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.11820
City San Antonio	State TX	Zip Code 78230-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. McDonald John E. Dr.		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address Dept of Pathology 3301 Matlock Rd		Transaction ID: SA11A1.11786
City Arlington	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mooney Julia E. Dr.		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address 2145 Court Street		Transaction ID: SA11A1.11789
City Redding	State CA	Zip Code 96001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Diagnostic Pathology	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 15	
	(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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Full Name (Last, First, Middle Initial) A. Puckett Thomas G. Dr.		Date of Receipt M / D / Y 08 / 22 / 2008
Mailing Address Department of Pathology 415 S 28th Ave		Transaction ID: SA11A1.11781
City Hattiesburg	State MS	Zip Code 39401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hattiesburg Clinic, PA	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Querini Felipe A. Dr.		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address Director of Laboratories 25 Pocono Road		Transaction ID: SA11A1.11765
City Denville	State NJ	Zip Code 07834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Clara's Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Randon Susan M. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 913B North Blvd East		Transaction ID: SA11A1.11843
City Leesburg	State FL	Zip Code 34748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Sayeed Ahmed		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address PD Box B40885		Transaction ID: SA11A1.11786
City Houston	State TX	Zip Code 77284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Angleton-Danbury General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sudduth Norman C. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address Department of Pathology 5301 South Congress Avenue		Transaction ID: SA11A1.11803
City Atlanta	State FL	Zip Code 33462-1149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JFK Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Trotter Maureen E. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address PD Box 3138		Transaction ID: SA11A1.11819
City Abilene	State TX	Zip Code 79604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Clinical Pathology Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 15	
	(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

Full Name (Last, First, Middle Initial) A. Wilson Andrew J. Dr.		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 820 Park Row # 541		Transaction ID: SA11A1.11818
City State Zip Code Salinas CA 93801	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Wald Rebekah L. Dr.		Date of Receipt M / D / Y 08 / 22 / 2008
Mailing Address 1600 Esplanade St A		Transaction ID: SA11A1.11787
City State Zip Code Chico CA 95926-7525	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Sciences Med Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	7900.00

**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 14 / 15
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.11884 Date of Disbursement 08 / 04 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 51.81		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Bank service charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.11889 Date of Disbursement 08 / 21 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 13.00		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Account analysis fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	64.81
TOTAL This Period (last page this line number only)	▶	64.81

**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 15 / 15	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.11879 Date of Disbursement 08 / 14 / 2003	
Mailing Address PO BOX 3197			
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Blanche Lincoln-LINC PAC			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR	District: D0		

Full Name (Last, First, Middle Initial) B. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.11880 Date of Disbursement 08 / 14 / 2003	
Mailing Address PO BOX 3197			
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Blanche Lincoln-LINC PAC			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR	District: D0		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARK FOLEY		Transaction ID: SB23.11881 Date of Disbursement 08 / 14 / 2003	
Mailing Address P.O. Box 30505			
City Palm Beach Gardens	State FL	Zip Code 33410	Amount of Each Disbursement this Period 2150.00
Purpose of Disbursement		Category/ Type	
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 16		

SUBTOTAL of Disbursements This Page (optional)	▶	4150.00
TOTAL This Period (last page this line number only)	▶	4150.00