

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 06 01 2008 through 06 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 R. Renee Ellerbroek, Dr.

Signature of Treasurer Electronically Filed by R. Renee Ellerbroek, Dr. Date 06 17 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

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	99997.00									
(c) Total Receipts (from Line 19)	61430.00	282789.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	161427.00	419125.88								
7. Total Disbursements (from Line 31)	38422.30	296121.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	123004.70	123004.70								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

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	40790.00	200032.00
(i) Itemized (use Schedule A)	20640.00	82757.00
(ii) Unitemized	61430.00	282789.00
(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)	61430.00	282789.00
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))	61430.00	282789.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61430.00	282789.00

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.....	1234.80	4324.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1234.80	4324.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36037.98	288890.48
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.....	1149.52	2906.41
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))..	38422.30	296121.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38422.30	296121.18

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	61430.00	282789.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61430.00	282789.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1234.80	4324.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1234.80	4324.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Carl Vladimir Adloff, Dr.

Mailing Address St. Luke's Hospital Pathology Depa
1026 A Avenue NE

City Cedar Rapids State IA Zip Code 52402-3026

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

Name of Employer Medlabs 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 6 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.30079

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Amer Akmal

Mailing Address Dept of Path
703 Main St

City Paterson State NJ Zip Code 07503-2621

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

Name of Employer St Joseph's Hosp & Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11AI.30096

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mahmood Osama Al Assi, Dr.

Mailing Address 48344 Castle Fide Dr

City Canton State MI Zip Code 48187

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

Name of Employer Henry Ford Health System 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 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.30020

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 7 / 43
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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 James Albro, Dr.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 5252 Intermountain Dr	Transaction ID: SA11AI.30068
	City State Zip Code Murray UT 84107-5700	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Intermountain Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) R. Neil Bavikatty, Dr.	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 6527 Pine Knolls Dr	Transaction ID: SA11AI.30215
	City State Zip Code Traverse City MI 49686	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Munson 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) W Keith Bennert, Dr.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address Lab P O Box 12157	Transaction ID: SA11AI.30061
	City State Zip Code New Bern NC 28561-2157	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Craven 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)	▶	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 8 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
T. John Bickel, Dr.

Mailing Address Dept of Path
2525 DeSales Ave

City State Zip Code
Chattanooga TN 37404-1102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Memorial Hosp-Chattanooga Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2008
Transaction ID: SA11AI.30045
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
M David Borel, Dr.

Mailing Address 5650 SW 29th St

City State Zip Code
Topeka KS 66614-2443

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pathology Services PA Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2008
Transaction ID: SA11AI.30221
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
D Mark Brissette, Dr.

Mailing Address 1610 Little Raven St #508

City State Zip Code
Denver CO 80202-6180

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
VA Med Ctr-Denver Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2008
Transaction ID: SA11AI.30233
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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FOR LINE NUMBER: PAGE 9 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
L Curtis Buchholz, Dr.

Mailing Address Lab
44455 Sterling Hwy

City State Zip Code
Soldotna AK 99669

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

Name of Employer Peninsula Pathology Institute Occupation 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	6	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.30381
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
T Philip Cagle, Dr.

Mailing Address Dept of Path
6565 Fannin St

City State Zip Code
Houston TX 77030

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

Name of Employer The Methodist Hospital Occupation Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.30347
 Amount of Each Receipt this Period
 1000.00

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

Mailing Address c/o Trumbull Lab
7550 Wolf River Blvd

City State Zip Code
Germantown TN 38138

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

Name of Employer Trumbull Laboratories, LLC Occupation 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	6	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.30176
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 / 43
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
R. Craig Carson

Mailing Address 565 Memorial Cir

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Volusia Pathology Group 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 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.30355

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
G.P. James Collins, Dr.

Mailing Address 1101 Green Street
Apt 1101

City State Zip Code
San Francisco CA 94109-2012

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

Name of Employer Occupation
San Leandro 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 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30159

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David Douglas Congdon, Dr.

Mailing Address 11308 Fawn Valley Trail

City State Zip Code
Fenton MI 48430

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

Name of Employer Occupation
Hurley 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 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30140

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 11 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Nicholas Patrick Costello, Dr.

Mailing Address Dept of Pathology
400 N State of Franklin Rd

City Johnson City State TN Zip Code 37604

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

Name of Employer Watauga Pathology Assoc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11AI.30401

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
P. James Craig, Dr.

Mailing Address Pathology Department
900 East Oak Hill Avenue

City Knoxville State TN Zip Code 37917

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

Name of Employer St. Mary's Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30168

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Andrew Charles Daniels, Dr.

Mailing Address Path/Lab
2700 Wayne Memorial Dr

City Goldsboro State NC Zip Code 27534-9459

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

Name of Employer Wayne Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11AI.30107

Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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 12 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Justine Megan DiFurio, Dr.	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address 410 Laramie Dr	Transaction ID: SA11AI.30248
	City State Zip Code San Antonio TX 78209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brooke Army 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) S Theresa Emory, Dr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1918 W State St	Transaction ID: SA11AI.30403
	City State Zip Code Bristol TN 37620	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Highlands Pathology Consultants, PC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) K. Barton Farris	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address Dept of Path 1101 Medical Ctr Blvd	Transaction ID: SA11AI.30190
	City State Zip Code Marrero LA 70072	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer West Jefferson 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)	▶	2500.00
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 13 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Dennis Frisman, Dr.

Mailing Address Pathology Department
39000 Bob Hope Drive

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Eisenhower Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 26 / 2008
Transaction ID: SA11AI.30314
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
M. Richard Fulks, Dr.

Mailing Address 1576 Clark Rd

City Charleston State WV Zip Code 25314

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

Name of Employer Thomas Mem Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 13 / 2008
Transaction ID: SA11AI.30174
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Lee Wayne Garrett, Dr.

Mailing Address 96 Museum Way

City San Francisco State CA Zip Code 94114

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

Name of Employer Doctors Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2008
Transaction ID: SA11AI.30297
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W Robert Ghiselli, Dr.
Mailing Address 3301 C St Ste 200E

City State Zip Code
Sacramento CA 95816-3301

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

Name of Employer Occupation
Diag Path Med Grp Inc Pathologist

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

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: SA11AI.30255

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
B. Sandra Grear, Ms.
Mailing Address 325 Waukegan Rd

City State Zip Code
Northfield IL 60093-2750

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

Name of Employer Occupation
CAP VP Communication Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11AI.30015

Amount of Each Receipt this Period
550.00

C. Full Name (Last, First, Middle Initial)
E Jack Hamilton, Dr.
Mailing Address 1620 Medical Ln Ste 100

City State Zip Code
Fort Myers FL 33907-1143

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

Name of Employer Occupation
Ameripath Southwest Florida Pathologist

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

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: SA11AI.30304

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 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) E. Gerald Hoffman, Dr.	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 6515B Pickens St	Transaction ID: SA11AI.30331
	City State Zip Code Houston TX 77007-2021	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northeast Pathology Group 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) W James Howell, Dr.	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 3967 Lakeside Dr	Transaction ID: SA11AI.30027
	City State Zip Code Odessa TX 79762	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Odessa Reg 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) D. Dudley Jones, Dr.	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 300 N. Creekwood Dr.	Transaction ID: SA11AI.30113
	City State Zip Code Mansfield TX 76063	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Arlington Pathology Assoc 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 16 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Carl Randal Juengel, Dr.

Mailing Address Department of Pathology
4401 S Western

City State Zip Code
Oklahoma City OK 73109

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

Name of Employer Occupation
Integris Southwest Medical Center 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 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.30319

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
S Carolyn Katzen, Dr.

Mailing Address Dept of Path
1364 Clifton Rd NE, Ste C179

City State Zip Code
Atlanta GA 30322-1064

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

Name of Employer Occupation
Emory Univ Hosp 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 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.30008

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
L. Lynn Kleopfer, Dr.

Mailing Address 200 Portland St

City State Zip Code
Columbia MO 65201-6525

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

Name of Employer Occupation
Boyce & Bynum PS Inc 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 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30119

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

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

A. Full Name (Last, First, Middle Initial)
Louise Cyenthia Koehler, Dr.

Mailing Address Lab Svc
18701 N 67th Ave

City State Zip Code
Glendale AZ 85808

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

Name of Employer Occupation
Arrowhead Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: SA11AI.30240

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Santi Kommareddi

Mailing Address 90 E Second St

City State Zip Code
Chillicothe OH 45601

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

Name of Employer Occupation
Lab Accreditation Consultants Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: SA11AI.30321

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Thomas William Leebug, Dr.

Mailing Address 8774 West R Avenue

City State Zip Code
Kalamazoo MI 49009-9009

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

Name of Employer Occupation
Bronson Methodist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30121

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 / 43
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
M. Bradley Linzie, Dr.

Mailing Address Lab Medicine and Pathology P4
701 Park Ave

City State Zip Code
Minneapolis MN 55415

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

Name of Employer Occupation
Hennepin County Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11AI.30064

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
F. Karl Loomis, Dr.

Mailing Address 603 N Kalamazoo Av

City State Zip Code
Marshall MI 49068-9068

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

Name of Employer Occupation
Regional Med Laboratories Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30197

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
B. Charles Masters, Dr.

Mailing Address 448 Iron King Rd

City State Zip Code
Durango CO 81301-9417

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11AI.30025

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) P Stephen McClure, Dr.	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 200 Hawthorne Ln	Transaction ID: SA11AI.30385
	City State Zip Code Charlotte NC 28204	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Presbyterian Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) E Henry McNeely, Dr.	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 3316 White Oak Ct.	Transaction ID: SA11AI.30169
	City State Zip Code Sacramento CA 95864	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

C.	Full Name (Last, First, Middle Initial) T. Rodney Miller, Dr.	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address Immunohistochemistry Division 8267 Elmbrook Drive	Transaction ID: SA11AI.30089
	City State Zip Code Dallas TX 75247	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Propath Laboratory, Inc. Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
K. Karla Murphy, Dr.

Mailing Address 1000 E 21st St Ste 4100

City State Zip Code
Sioux Falls SD 57117-5050

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

Name of Employer: Physicians Laboratory Ltd
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30156

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
L Richard Myerowitz, Dr.

Mailing Address 100 Warwick Dr

City State Zip Code
Monroeville PA 15146

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

Name of Employer: UPMC Passavant
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11AI.30103

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Van Allen Keith Nance, Dr.

Mailing Address Department of Pathology
4420 Lake Boone Trail

City State Zip Code
Raleigh NC 27607-7505

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11AI.30092

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 21 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Burkhalter Ann Oaks, Dr.

Mailing Address Department of Pathology
601 North Elm Street

City State Zip Code
High Point NC 27261

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

Name of Employer High Point Regional Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30139

Amount of Each Receipt this Period
240.00

B.

Full Name (Last, First, Middle Initial)
S. John Oehrle, Dr.

Mailing Address Department of Laboratories
1301 Carlisle St.

City State Zip Code
Natrona Heights PA 15065

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

Name of Employer Allegheny Valley Hospital 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 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30112

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
D John Olson, Dr.

Mailing Address Dept of Pathology
7703 Floyd Curl Dr

City State Zip Code
San Antonio TX 78229-3900

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

Name of Employer UTHSC at San Antonio 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 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.30040

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
P. Steven Olson, Dr.
 Mailing Address 1000 E 21st
Suite 4100
 City State Zip Code
Sioux Falls SD 57105
 Date of Receipt
MM / DD / YYYY
06 / 19 / 2008
Transaction ID: SA11AI.30222
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Laboratory Ltd Occupation Pathologist
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

B. Full Name (Last, First, Middle Initial)
J Susan Pacinda, Dr.
 Mailing Address 9200 Wall St
 City State Zip Code
Austin TX 78714-1549
 Date of Receipt
MM / DD / YYYY
06 / 20 / 2008
Transaction ID: SA11AI.30253
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Pathology Assoc Occupation Pathologist
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1000.00

C. Full Name (Last, First, Middle Initial)
A Dan Pankowsky, Dr.
 Mailing Address 4733 Andrew Jackson Pkwy Ste 2C
 City State Zip Code
Hermitage TN 37076
 Date of Receipt
MM / DD / YYYY
06 / 05 / 2008
Transaction ID: SA11AI.30029
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pathologists Laboratory, PC Occupation Pathologist
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
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 23 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
E. Wayne Penka, Dr.

Mailing Address Department of Pathology
7500 Mercy Road

City Omaha State NE Zip Code 68124

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

Name of Employer Alegent Health Midlands Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 19 / 2008

Transaction ID: SA11AI.30202

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
N. David Pope, Dr.

Mailing Address 1 St. Vincent Circle
PO Box 55148

City Little Rock State AR Zip Code 72215-5148

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

Name of Employer St Vincent Infirmary Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
06 / 19 / 2008

Transaction ID: SA11AI.30203

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
M David Quinn, Dr.

Mailing Address 3107 Norman Rockwell St

City Paragould State AR Zip Code 72450

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

Name of Employer Arkansas Methodist Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11AI.30012

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 24 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Evangelos George Rippis, Dr.
Mailing Address 1759 Walker Avenue
City Winter Park State FL Zip Code 32789
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Pathology Group Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 13 / 2008
Transaction ID: SA11AI.30115
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ellen Melinda Sanders, Dr.
Mailing Address 3105 Acklen Ave
City Nashville State TN Zip Code 37212
FEC ID number of contributing federal political committee. **C**
Name of Employer Vanderbilt Univ Med Ctr Occupation unknown
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 06 / 12 / 2008
Transaction ID: SA11AI.30105
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
S Jagbir Sandhu, Dr.
Mailing Address 117 S Highland Ave Apt 5D
City Ossining State NY Zip Code 10562-5862
FEC ID number of contributing federal political committee. **C**
Name of Employer Metropolitan Hosp Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 12 / 2008
Transaction ID: SA11AI.30083
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. James Scillian, Dr.

Mailing Address 1120 Brighton Way

City State Zip Code
Lodi CA 95242

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

Name of Employer Kaiser Permanente Med Facility
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30145

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address Laboratory
4230 Burnham Ave

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Associated Pathologists Chartered
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: SA11AI.30055

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Perry Daniel Snower, Dr.

Mailing Address Laboratory
22101 Moross Road

City State Zip Code
Detroit MI 48236

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

Name of Employer St. John Hosp and Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.30162

Amount of Each Receipt this Period
250.00

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 26 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Allen Craig Storm, Dr.
Mailing Address 8 Stagecoach Rd
City Lebanon State NH Zip Code 03766
FEC ID number of contributing federal political committee. **C**
Name of Employer Dartmouth Hitchcock Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 13 / 2008
Transaction ID: SA11AI.30134
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
U. Ailyn Tan, Dr.
Mailing Address 5025 N Paulina
City Chicago State IL Zip Code 60640
FEC ID number of contributing federal political committee. **C**
Name of Employer Methodist Hosp of Chicago Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 12 / 2008
Transaction ID: SA11AI.30081
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
S Venancio Teves, Dr.
Mailing Address 3135 Hyde Park Pl
City Pensacola State FL Zip Code 32503-5845
FEC ID number of contributing federal political committee. **C**
Name of Employer Illinois Valley Cmnty Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 26 / 2008
Transaction ID: SA11AI.30318
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 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Winbern John Turner, Dr.

Mailing Address 1401 Johnston-Willis Drive

City Richmond State VA Zip Code 23235

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

Name of Employer Johnston-Willis Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2008

Transaction ID: SA11AI.30211

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
S John VanHoose, Dr.

Mailing Address 830 W Bayou Pines Dr

City Lake Charles State LA Zip Code 70601-7077

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

Name of Employer Path Lab Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2008

Transaction ID: SA11AI.30338

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
E. Stuart VanMeter, Dr.

Mailing Address Department of Pathology
1924 Alcoa Highway

City Knoxville State TN Zip Code 37920

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

Name of Employer Univ of Tennessee Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11AI.30136

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mayhew Richard Ward, Dr.

Mailing Address Pathology
2000 Neuse Blvd

City State Zip Code
New Bern NC 28560-3499

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

Name of Employer Occupation
Craven Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30133

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
B. Robert Wells, Dr.

Mailing Address 1726 S Beckham

City State Zip Code
Tyler TX 75701-5701

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

Name of Employer Occupation
Pathology Associates of Tyler Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: SA11AI.30087

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Allen William Wesche, Dr.

Mailing Address Dept of Pathology
2915 Missouri Ave

City State Zip Code
Shreveport LA 71109

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

Name of Employer Occupation
The Delta Pathology Group, LLC 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 6 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.30286

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 43
(check only one)
 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)
W Donald West, Dr.
 Mailing Address 3rd Flr Path
1214 Coolidge Blvd
 City State Zip Code
Lafayette LA 70503-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Preferred Anatomic Pathology Services
 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 6 / 0 5 / 2 0 0 8
Transaction ID: SA11AI.30031
 Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Quincy James Whitaker, Dr.
 Mailing Address PO Box 2343
 City State Zip Code
Warner Robins GA 31099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Path Institute of Middle GA, PC
 Occupation Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
5000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 3 / 2 0 0 8
Transaction ID: SA11AI.30153
 Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
T Joseph Wilson, Dr.
 Mailing Address 411 E Matthews Ave
 City State Zip Code
Jonesboro AR 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors' Anatomic Path Svcs, PA
 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 6 / 2 7 / 2 0 0 8
Transaction ID: SA11AI.30366
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **6250.00**
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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bennett Lola Windisch, Dr.		Date of Receipt	
	Mailing Address 4608 21st St		M M / D D / Y Y Y Y 06 / 26 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.30308
	Lubbock	TX	79407-2312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Covenant Health System		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) Lawrence Jeffrey Winters, Dr.		Date of Receipt	
	Mailing Address Div of Transfusion Med 200 First St SW		M M / D D / Y Y Y Y 06 / 26 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.30323
	Rochester	MN	55905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Mayo Clinic		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) Trace John Worrell, Dr.		Date of Receipt	
	Mailing Address 908 Wright St		M M / D D / Y Y Y Y 06 / 20 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.30238
	Arlington	TX	76012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Arlington Pathology Assoc		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 31 / 43
	(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) S Xiuyan Xie, Dr.		Date of Receipt
	Mailing Address Barberton Citizens Hospital Department of Pathology		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 6 / 2 0 0 8
	City Barberton State OH Zip Code 44203		Transaction ID: SA11AI.30357
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer unaffiliated Occupation Pathologist		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) T John Yamashita, Dr.		Date of Receipt
	Mailing Address PO Box 9600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 6 / 2 0 0 8
	City Mission Hills State CA Zip Code 91346-9600		Transaction ID: SA11AI.30340
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer Providence Holy Cross Med Ctr Occupation Pathologist		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Zhong Zhang		Date of Receipt
	Mailing Address 33608 Ortega Hwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 5 / 2 0 0 8
	City San Juan Capistran State CA Zip Code 92675-2042		Transaction ID: SA11AI.30033
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
	Name of Employer Quest Diagnostics Inc Occupation Pathologist		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 43	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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 Louis Zinterhofer, Dr.		Date of Receipt	
Mailing Address Dept of Path 300 Second Ave		M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8	
City	State	Zip Code	Transaction ID: SA11AI.30329
Long Branch	NJ	07740	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer Monmouth Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	40790.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30441</p> <p>Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 933.98</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30435</p> <p>Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 30.45</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30436</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 13.34</p>

SUBTOTAL of Disbursements This Page (optional) ▶

977.77

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

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.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30437</p> <p>Date of Disbursement 06 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 51.30</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30438</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 97.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.30439</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 102.95</p>

SUBTOTAL of Disbursements This Page (optional)	252.13
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)

PAGE 35 / 43

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.30440

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

4.90

SUBTOTAL of Disbursements This Page (optional)

4.90

TOTAL This Period (last page this line number only)

1234.80

**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) AmeriPAC	Transaction ID: SB23.30412 Date of Disbursement 06 / 27 / 2008
	Mailing Address 499 South Capitol St, SW #414 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:	Amount of Each Disbursement this Period 5000.00

B.	Full Name (Last, First, Middle Initial) BAMPAC	Transaction ID: SB23.30413 Date of Disbursement 06 / 27 / 2008
	Mailing Address 10 G Street Suite 470 City Washington State DC Zip Code 20002 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:	Amount of Each Disbursement this Period 5000.00

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.30420 Date of Disbursement 06 / 11 / 2008
	Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Candidate Name 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: VA District: 07	Amount of Each Disbursement this Period 1000.00

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) CITIZENS FOR JOHN OLVER FOR CONGRESS	Transaction ID: SB23.30414
	Mailing Address 38 Ivy Street, SE	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.30415
	Mailing Address 680 TRANSFER ROAD SUITE A	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS	Transaction ID: SB23.30418
	Mailing Address 499 South Capitol Street, SW Suite 404	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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) ENZI FOR US SENATE	Transaction ID: SB23.30421 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO BOX 2775	Amount of Each Disbursement this Period 3830.48
	City CODY State WY Zip Code 82414	
	Purpose of Disbursement	Category/Type
	Candidate Name MICHAEL B ENZI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.30447 Date of Disbursement 06 / 18 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period -2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Redesignation of Funds	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.30448 Date of Disbursement 06 / 18 / 2008
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Redesignation of Funds	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3830.48
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) FRIENDS OF CHRIS DODD	Transaction ID: SB23.30424 Date of Disbursement
	Mailing Address PO BOX 270701	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City WEST HARTFORD State CT Zip Code 06127	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE	Transaction ID: SB23.30408 Date of Disbursement
	Mailing Address 200 East Jefferson Street	<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4707.50"/>
	Candidate Name RICHARD J DURBIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE	Transaction ID: SB23.30426 Date of Disbursement
	Mailing Address PO Box 7255	<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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) KIRK FOR CONGRESS	Transaction ID: SB23.30427
	Mailing Address 1707 PRINCE STREET, #5	Date of Disbursement 06 / 27 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.30428
	Mailing Address P.O. Box 71 PO BOX 71	Date of Disbursement 06 / 27 / 2008
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: SB23.30430
	Mailing Address PO Box 75214	Date of Disbursement 06 / 27 / 2008
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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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) PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN	Transaction ID: SB23.30431
	Mailing Address PO BOX 3662	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: SB23.30411
	Mailing Address P.O. Box 32025	Date of Disbursement MM / DD / YYYY 06 / 26 / 2008
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	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) ▼	

C.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.30432
	Mailing Address 2501 Wisconsin Avenue, NW #304	Date of Disbursement MM / DD / YYYY 06 / 27 / 2008
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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)
UPTON FOR ALL OF US

Transaction ID: SB23.30434

Date of Disbursement

Mailing Address PO BOX 490

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City ST JOSEPH State MI Zip Code 49085

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 06

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

36037.98

**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 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) Susan Askew <hr/> Mailing Address 1350 I St NW Suite 590 <hr/> City Washington State DC Zip Code 20005-3341 <hr/> Purpose of Disbursement Reimbursement for In-Kind Contribution Candidate Name ENZI FOR US SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.30423 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 907.02
	Category/ Type
	Full Name (Last, First, Middle Initial) Mrs. Susan R Askew <hr/> Mailing Address 1350 I Street, NW Suite 590 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Reimbursement for In-Kind Contribution Candidate Name FRIENDS OF DICK DURBIN COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 242.50	
Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ►

1149.52

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

1149.52