FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEMI	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		EFEC MAILING L		mple:If typing r the lines	, type			
College of America	Pathologists I	Political Action Cor						· · · · · ·
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previously reported. (ACC	ent L	Guite 590					20005	-
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	STATE 🛋	ZIPCOI	DE 🛋
C00274944			3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3	orts: Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE)	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elec Report fo				Sep 2		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Report(N Year Only	on-election	(d) 30-Day <b>Post</b> -Ele Report fo		General (30G	à)	Runoff (30	)R) in the State o	Special (30S) f
5. Covering Period	06	01 20	08	through	06	30	2008	
I certify that I have exam Type or Print Name of T	reasurer _	R. Renee Ellerbroe	ek, Dr.		true, correct a	nd complete.		
Signature of Treasurer	Electronically	y Filed by R. Re	nee Ellerbroek, D	)r.	Da	ate 06	17	2008
NOTE : Submission of f	alse, erroneous	s, or incomplete inf	ormation may sul	oject the perso	on signing this	Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/20)	

6.

8.

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name College of American Pathologists Political Action Committee MM D D Y W м м D D 06 01 2008 06 30 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 2008 136336.88 January 1 (b) Cash on Hand at 99997.00 Begining of Reporting Period ..... 61430.00 282789.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 161427.00 419125.88 6(a) and 6(c) for Column B) ..... 38422.30 296121.18 7. Total Disbursements (from Line 31) ..... Cash on Hand at Close of **Reporting Period** 123004.70 123004.70 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name College of American Pathologists Political Action Committee <sup>м</sup> б <sup>D</sup> 0<sup>D</sup> 1 2008<sup>°</sup> <sup>м</sup> м <sup>D</sup> 3<sup>D</sup> 0 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From:

 $\overset{\scriptscriptstyle Y}{\underline{2}} \overset{\scriptscriptstyle Y}{\underline{0}} \overset{\scriptscriptstyle Y}{\underline{0}} \overset{\scriptscriptstyle Y}{\underline{8}}$ 

<ol> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ol>		
Than Political Committees	40790.00	200032.00
(i) Itemized (use Schedule A)	20640.00	82757.00
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)	61430.00	282789.00
	0.00	0.00
(b) Political Party Committees		0.00
(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61430.00	282789.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d),	61430.00	282789.00
12, 13, 14, 15, 16, 17, and 18(c))	01430.00	202703.00
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	61430.00	282789.00

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)		Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	0.00	0.00
	(i) Federal Share		
	(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
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	36037.98	288890.48
	Independent Expenditure (use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
20.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38422.30	296121.18
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	38422.30	296121.18

# DETAILED SUMMARY PAGE

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	X         11a         11b         11c         12           nary Page         13         14         15         16	2 6
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or use e name and address of any politic	ed by any person for the purpose of soliciting contributio al committee to solicit contributions from such committe	ns e.
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Carl Vladimir Adloff, Dr.	Date of Receipt		
	Mailing Address St. Luke's Hospital Pa 1026 A Avenue NE	06 / 12 / Y Y Y		
	City	State Zip Code	Transaction ID: SA11AI.30079	
	Cedar Rapids	IA 52402-3026	Amount of Each Receipt this Peric	d
	FEC ID number of contributing federal political committee.	C	250.	.00
	Name of Employer Medlabs	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary     General       Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Amer Akmal		Date of Receipt	
	Mailing Address Dept of Path 703 Main St		0 6 / D / Y Y Y 2 0 0	0.8
	City	State Zip Code	Transaction ID: SA11AI.30096	
	Paterson FEC ID number of contributing federal political committee.	NJ 07503-2621	Amount of Each Receipt this Period 500.	
	Name of Employer St Joseph's Hosp & Med Ctr	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify)     Image: Content of the second sec		500.00	
C.	Full Name (Last, First, Middle Initial) Mahmood Osama Al Assi, Dr.		Date of Receipt	
	Mailing Address 48344 Castle Fide Dr		06 / D / Y Y Y 06 05 200	
	City	State Zip Code	Transaction ID: SA11AI.30020	
	Canton	MI 48187	Amount of Each Receipt this Perio	d
	FEC ID number of contributing federal political committee.	C	250.	.00
	Name of Employer Henry Ford Health System	Occupation Pathologist		
	Receipt For:	Aggregate Year-to-Date V		
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional) .	•	1000.	00
	TOTAL This Period (last page this line numbe			

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only c X 11a 13	
or for commen	on copied from such Reports and S rcial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any p dress of any political committe	erson for the purpose to solicit contribut	se of soliciting contributions ions from such committee.
	COMMITTEE (In Full) of American Pathologists Poli	tical Action	Committee		
A. E James Al	7	Date of R	eceipt		
Mailing Ad	Idress 5252 Intermountain D	r		м м 0 б	/ D D / Y Y Y Y 12 2008
City		State	Zip Code		on ID: SA11AI.30068
<u>Murray</u>		UT	84107-5700	Amount o	f Each Receipt this Period
	Imber of contributing itical committee.	C			500.00
Name of E Intermoun	mployer tain Med Ctr	Occupatio Patholog			
Receipt Fo		Aggregate	e Year-to-Date 🔻		
Prim Othe	ary General er (specify) <b>▼</b>	0.0	500.00		
Full Name R. Neil Bav	(Last, First, Middle Initial) /ikatty, Dr.	I		Date of R	eceipt
Mailing Ad	dress 6527 Pine Knolls Dr			м м 0 б	/ D D / Y Y Y Y 19 2008
City	-	State	Zip Code		on ID: SA11AI.30215
Traverse		MI	49686	Amount o	f Each Receipt this Period
	Imber of contributing itical committee.	C			250.00
Name of E Munson M	mployer led Ctr	Occupatio Patholog			
Receipt Fo Prim Othe		Aggregate	e Year-to-Date ▼ 250.00	-	
	(Last, First, Middle Initial)				
W Keith Be Mailing Ad	ennert, Dr. Idress Lab			Date of R	·
	P O Box 12157			06	12 2008
City New Ber	n	State NC	Zip Code 28561-2157		on ID: SA11AI.30061
FEC ID nu	imber of contributing itical committee.	C	20301-2137	Amount o	f Each Receipt this Period 250.00
Name of E Craven Re	mployer egional Med Ctr	Occupatio Patholog			
Receipt Fo		1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V		
Prim Othe	aary General er (specify) <b>▼</b>	0 0	250.00		
SUBTOTAL	of Receipts This Page (optional)	I			1000.00
JUBIUTAL	or necerpta This Faye (optional)				
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 atements may not be sold or used by any person	FOR LINE NUMBER:       PAGE 8 / 43         (check only one)       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit		solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) T. John Bickel, Dr.		Date of Receipt
	Mailing Address Dept of Path 2525 DeSales Ave		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.30045
	Chattanooga	TN 37404-1102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Memorial Hosp-Chattanooga	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) M David Borel, Dr.		Date of Receipt
	Mailing Address 5650 SW 29th St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.30221
	Topeka	KS 66614-2443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Pathology Services PA	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) D Mark Brissette, Dr.		Date of Receipt
	Mailing Address 1610 Little Raven St #5	508	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.30233
		CO 80202-6180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer VA Med Ctr-Denver	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date <b>V</b>	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:    PAGE 9 / 43      (check only one)    11a      X    11a
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to s	h for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)           College of American Pathologists Polit		
لا A.	Full Name (Last, First, Middle Initial) L Curtis Buchholz, Dr.		Date of Receipt
	Mailing Address Lab 44455 Sterling Hwy		0 6 / 2 7 / Y Y Y Y 0 8
	City	State Zip Code	Transaction ID: SA11AI.30381
	Soldotna	AK 99669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Peninsula Pathology Insti- tute	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary     General       Other (specify)     ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) T Philip Cagle, Dr.		Date of Receipt
	Mailing Address Dept of Path 6565 Fannin St		0 6 / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30347
	Houston FEC ID number of contributing federal political committee.	TX 77030	Amount of Each Receipt this Period
	Name of Employer The Methodist Hospital	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary     General       Other (specify) ▼	1000.00	
- C.	Full Name (Last, First, Middle Initial) R Thomas Callihan, Dr.		Date of Receipt
	Mailing Address c/o Trumbull Lab 7550 Wolf River Blvd		0 6 / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30176
	Germantown FEC ID number of contributing	TN 38138	Amount of Each Receipt this Period
	federal political committee. Name of Employer Trumbull Laboratories, LLC	Occupation	
		Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	2000.00
ŀ	TOTAL This Period (last page this line number		

ć			FOR LINE NUMBER: PAGE 10/43
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any person name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Poli	tical Action Committee	
× ۲.	Full Name (Last, First, Middle Initial) R. Craig Carson		Date of Receipt
	Mailing Address 565 Memorial Cir		06 / D / Y Y Y Y 06 / 26 / 2008
	City	State Zip Code	Transaction ID: SA11AI.30355
	Ormond Beach	FL 32174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Volusia Pathology Group	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary     General       Other (specify) ▼	250.00	
- 3.	Full Name (Last, First, Middle Initial) G.P. James Collins, Dr.		Date of Receipt
	Mailing Address 1101 Green Street Apt 1101		M M / D D / Y Y Y Y 06 13 2008
	City	State Zip Code	Transaction ID: SA11AI.30159
	San Francisco	CA 94109-2012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer San Leandro Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	250.00	
_	Full Name (Last, First, Middle Initial) David Douglas Congdon, Dr.		Date of Receipt
	Mailing Address 11308 Fawn Valley Tra	ail	0 6 1 3 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30140
	Fenton	MI 48430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Hurley Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	250.00	
_		1	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 43 (check only one)			
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)					
	College of American Pathologists Politi	cal Action (	Committee				
Α.	Full Name (Last, First, Middle Initial) Nicholas Patrick Costello, Dr.	Date of Receipt					
	Mailing Address Dept of Pathology 400 N State of Franklin			0 6 / 2 7 / Y Y Y Y 0 8			
	City	State	Zip Code	Transaction ID: SA11AI.30401			
	Johnson City	TN	37604	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Watauga Pathology Assoc	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		500.00				
В.	Full Name (Last, First, Middle Initial) P. James Craig, Dr.			Date of Receipt			
	Mailing Address Pathology Department 900 East Oak Hill Aven	ue		M M / D D / Y Y Y Y 06 / 13 / 2008			
	City	State	Zip Code	Transaction ID: SA11AI.30168			
	Knoxville	TN	37917	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer St. Mary's Health System	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00				
C.	Full Name (Last, First, Middle Initial) Andrew Charles Daniels, Dr.			Date of Receipt			
	Mailing Address Path/Lab 2700 Wayne Memorial	Dr		M M / D D / Y Y Y Y 06 12 2008			
	City	State	Zip Code	Transaction ID: SA11AI.30107			
	Goldsboro	NC	27534-9459	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1500.00			
	Name of Employer Wayne Memorial Hosp	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	1500.00				
	SUBTOTAL of Receipts This Page (optional)			2250.00			
	TOTAL This Period (last page this line number o	only)					

I		for each category of the Detailed Summary Page Statements may not be sold or used by any pers	
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and address of any political committee to	
	College of American Pathologists Pol	litical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Justine Megan DiFurio, Dr.		Date of Receipt
	Mailing Address 410 Laramie Dr		0 6 / D D / Y Y Y Y 2 0 / 2 0 8
	City	State Zip Code	Transaction ID: SA11AI.30248
	San Antonio	TX 78209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Brooke Army Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify) ▼	250.00	]
- В.	Full Name (Last, First, Middle Initial) S Theresa Emory, Dr.		Date of Receipt
	Mailing Address 1918 W State St		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.30403
	Bristol	TN 37620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		2000.00
	Name of Employer Highlands Pathology Consu- Itants, PC	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date V	_
	Other (specify) ▼	2000.00	
- c.	Full Name (Last, First, Middle Initial) K. Barton Farris		Date of Receipt
	Mailing Address Dept of Path 1101 Medical Ctr Blvd	t in the second s	M         M         /         D         D         Y
	City	State Zip Code	Transaction ID: SA11AI.30190
	Marrero	LA 70072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer West Jefferson Med Ctr	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	2500.00
F	TOTAL This Period (last page this line number	· · · · · ·	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13 / 43         (check only one)       Image: Comparison of the second sec
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	College of American Pathologists Polit	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Michael Dennis Frisman, Dr. Mailing Address Pathology Department	Date of Receipt	
	Mailing Address Pathology Department 39000 Bob Hope Drive	1	0 6 2 6 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30314
	Rancho Mirage	CA 92270	Amount of Each Receipt this Period
	federal political committee.		_
	Name of Employer Eisenhower Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
В.	Full Name (Last, First, Middle Initial) M. Richard Fulks, Dr.		Date of Receipt
	Mailing Address 1576 Clark Rd		06 / 13 / Y Y Y Y 08
	City	State Zip Code	Transaction ID: SA11AI.30174
	<u>Charleston</u>	WV 25314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Thomas Mem Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.		Date of Receipt
-	Mailing Address 96 Museum Way		M M / D D / Y Y Y Y 06 20 2008
	City San Francisco	State Zip Code CA 94114	Transaction ID: SA11AI.30297
	FEC ID number of contributing federal political committee.	CA 94114	Amount of Each Receipt this Period
	Name of Employer Doctors Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	]
	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1750.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER:         PAGE 14 / 43           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using th	he name and address of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Po	litical Action Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) W Robert Ghiselli, Dr.		Date of Receipt
	Mailing Address 3301 C St Ste 200E		M M / D D / Y Y Y Y 06 20 2008
	City	State Zip Code	Transaction ID: SA11AI.30255
	Sacramento	CA 95816-3301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Diag Path Med Grp Inc	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) B. Sandra Grear, Ms.		Date of Receipt
	Mailing Address 325 Waukegan Rd		0 6 / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30015
	Northfield	IL 60093-2750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	550.00
	Name of Employer CAP	Occupation VP Communication Services	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	550.00	
С.	Full Name (Last, First, Middle Initial) E Jack Hamilton, Dr.		Date of Receipt
	Mailing Address 1620 Medical Ln Ste	100	0 6 / 2 6 / Y Y Y Y 0 8
	City	State Zip Code	Transaction ID: SA11AI.30304
	Fort Myers	FL 33907-1143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Ameripath Southwest Flori- da	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	······	1050.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER:       PAGE 15 / 43         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and address of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) E. Gerald Hoffman, Dr. Mailing Address 6515B Pickens St		Date of Receipt
			0 6 / 2 6 / Y Y Y Y 0 8
	City	State Zip Code	Transaction ID: SA11AI.30331
	Houston FEC ID number of contributing federal political committee.	TX 77007-2021	Amount of Each Receipt this Period 1000.00
	Name of Employer Northeast Pathology Group	Occupation	
	Receipt For:	Pathologist	
	Primary General Other (specify) ▼	Aggregate Year-to-Date  1000.00	
В.	Full Name (Last, First, Middle Initial) W James Howell, Dr.		Date of Receipt
	Mailing Address 3967 Lakeside Dr		M         M         /         D         D         /         Y
	City	State Zip Code TX 79762	Transaction ID: SA11AI.30027
	Odessa FEC ID number of contributing federal political committee.	TX 79762	Amount of Each Receipt this Period
	Name of Employer Odessa Reg Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) D. Dudley Jones, Dr.		Date of Receipt
	Mailing Address 300 N. Creekwood Dr		M M / D D / Y Y Y Y 06 / 13 / 2008
	City Mansfield	State Zip Code TX 76063	Transaction ID: SA11AI.30113
	FEC ID number of contributing federal political committee.	TX 76063	Amount of Each Receipt this Period
	Name of Employer Arlington Pathology Assoc	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		1500.00
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit			solicit contributions from such committee.
			ommillee	
Α.	Full Name (Last, First, Middle Initial) Carl Randal Juengel, Dr.			Date of Receipt
	Mailing Address Department of Patholog 4401 S Western	06 26 Y Y Y Y 08 26 2008		
	City	State	Zip Code	Transaction ID: SA11AI.30319
	Oklahoma City	OK	73109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Integris Southwest Medical Center	Occupation Pathologis	st	
	Receipt For:	, I	Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	]
в.	Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr.			Date of Receipt
	Mailing Address Dept of Path 1364 Clifton Rd NE, St			M         M         /         D         D         /         Y
	City Atlanta	State GA	Zip Code	Transaction ID: SA11AI.30008
	FEC ID number of contributing federal political committee.	C	30322-1064	Amount of Each Receipt this Period
	Name of Employer Emory Univ Hosp	Occupation Pathologis	st	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00	]
C.	Full Name (Last, First, Middle Initial) L. Lynn Kleopfer, Dr.	l		Date of Receipt
	Mailing Address 200 Portland St			M M / D D / Y Y Y Y 06 13 2008
	City	State	Zip Code	Transaction ID: SA11AI.30119
	Columbia	MO	65201-6525	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boyce & Bynum PS Inc	Occupation Pathologis	st	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	]
	SUBTOTAL of Receipts This Page (optional)	1		750.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page Statements may not be sold or used by any e name and address of any political commit	person for the purpose of soliciting contributions		
Α.	Full Name (Last, First, Middle Initial) Louise Cyenthia Koehler, Dr.		Date of Receipt		
	Mailing Address Lab Svc 18701 N 67th Ave		06 / 20 / Y Y Y Y 06 20		
	City	State Zip Code	Transaction ID: SA11AI.30240		
	Glendale FEC ID number of contributing federal political committee.	AZ 85808	Amount of Each Receipt this Period		
	Name of Employer Arrowhead Community Hosp	Occupation Pathologist			
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 250.00	n		
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)				
В.	Santi Kommareddi Mailing Address 90 E Second St		Date of Receipt		
	City	State Zip Code	Transaction ID: SA11AI.30321		
	Chillicothe	OH 45601	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Lab Accreditation Consult- ants Descrit For	Occupation Pathologist			
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 250.00	0		
C.	Full Name (Last, First, Middle Initial) Thomas William Leeburg, Dr. Mailing Address 8774 West R Avenue		Date of Receipt		
	City	State Zip Code	Transaction ID: SA11AI.30121		
	Kalamazoo	MI 49009-9009	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Bronson Methodist Hosp	Occupation Pathologist			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	0		
	SUBTOTAL of Receipts This Page (optional) .	·	750.00		
	TOTAL This Period (last page this line number	<sup>.</sup> only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page			
	or for commercial purposes, other than using the	he name and address of any political commit	tee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	litical Action Committee			
A.	Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr.				
	Mailing Address Lab Medicine and Pa 701 Park Ave	06 / D D / Y Y Y Y 02008			
	City	State Zip Code	Transaction ID: SA11AI.30064		
	Minneapolis	MN 55415	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Hennepin County Med Ctr	Occupation Pathologist			
	Receipt For:	Aggregate Year-to-Date V			
	Other (specify) ▼	250.00	0		
В.	Full Name (Last, First, Middle Initial) F. Karl Loomis, Dr.		Date of Receipt		
	Mailing Address 603 N Kalamazoo Av	,	06 / Y Y Y Y 2008		
	City	State Zip Code	Transaction ID: SA11AI.30197		
	Marshall	MI 49068-9068	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	500.00		
	Name of Employer Regional Med Laboratories Inc	Occupation Pathologist			
	Receipt For: Primary General	Aggregate Year-to-Date ▼			
	Other (specify) ▼	500.00			
С.	Full Name (Last, First, Middle Initial) B. Charles Masters, Dr.		Date of Receipt		
	Mailing Address 448 Iron King Rd		06 05 Y Y Y Y 08 05		
	City	State Zip Code	Transaction ID: SA11AI.30025		
	Durango	CO 81301-9417	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	500.00		
	Name of Employer Mercy Med Ctr	Occupation Pathologist			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00	D		
	SUBTOTAL of Receipts This Page (optional)		1250.00		
	TOTAL This Period (last page this line number				

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19 / 43 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) P Stephen McClure, Dr.		Date of Receipt
	Mailing Address 200 Hawthorne Ln		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         2 7         2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.30385
	Charlotte	NC 28204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Presbyterian Hosp	Occupation Pathologist	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	500.00	
B.	Full Name (Last, First, Middle Initial) E Henry McNeely, Dr.		Date of Receipt
	Mailing Address 3316 White Oak Ct.		06 / D D / Y Y Y Y 06 13 2008
	City	State Zip Code	Transaction ID: SA11AI.30169
	Sacramento	CA 95864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer unaffiliated	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) T. Rodney Miller, Dr.	1	Date of Receipt
	Mailing Address Immunohistochemistry 8267 Elmbrook Drive		M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.30089
	Dallas	TX 75247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	1000.00	
	SUBTOTAL of Receipts This Page (optional)	•	1750.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 43			
		for each category of the	(check only one)			
		Detailed Summary Page				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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 Poli	tical Action Committee				
Α.	Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.		Date of Receipt			
	Mailing Address 1000 E 21st St Ste 41	00	06 13 Y Y Y Y 08 08			
	City	State Zip Code	Transaction ID: SA11AI.30156			
	Sioux Falls	SD 57117-5050	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		1000.00			
	Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	_			
	Receipt For:	Aggregate Year-to-Date ▼	7			
	Primary     General       Other (specify) ▼	1000.00				
В.	Full Name (Last, First, Middle Initial) L Richard Myerowitz, Dr.		Date of Receipt			
	Mailing Address 100 Warwick Dr		M         M         /         D         D         /         Y			
	City	State Zip Code	Transaction ID: SA11AI.30103			
	Monroeville	PA 15146	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer UPMC Passavant	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ♥	250.00				
С.	Full Name (Last, First, Middle Initial) Van Allen Keith Nance, Dr.	1	Date of Receipt			
	Mailing Address Department of Patholo 4420 Lake Boone Trail	ду	06 / 12 / Y Y Y Y 06 / 12			
	City	State Zip Code	Transaction ID: SA11AI.30092			
	Raleigh	NC 27607-7505	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		250.00			
	Name of Employer Rex Healthcare Hosp	Occupation Pathologist				
		Aggregate Year-to-Date ▼				
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	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	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 21 / 43         (check only one)       11a         X       11a         13       14         15       16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	tical Action Con	nmittee	
<i>А</i> .	Full Name (Last, First, Middle Initial) Burkhalter Ann Oaks, Dr.	Date of Receipt		
	Mailing Address Department of Patholo 601 North Elm Street	06 13 Y Y Y Y Y 08 08		
	City	State	Zip Code	Transaction ID: SA11AI.30139
	High Point	NC	27261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer High Point Regional Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Yes	ar-to-Date 🔻	_
	Primary General		240.00	1
	Other (specify)	0 0 0		
в.	Full Name (Last, First, Middle Initial) S. John Oehrle, Dr.			Date of Receipt
	Mailing Address Department of Laboration 1301 Carlisle St.	tories		M M / D D / Y Y Y Y 06 13 2008
	City	State	Zip Code	Transaction ID: SA11AI.30112
	Natrona Heights	PA	15065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allegheny Valley Hospital	Occupation Pathologist		
	Receipt For:	Aggregate Yes	ar-to-Date 🔻	
	Primary     General       Other (specify) ▼		250.00	]
С.	Full Name (Last, First, Middle Initial) D John Olson, Dr.	1		Date of Receipt
-	Mailing Address Dept of Pathology 7703 Floyd Curl Dr			M M / D D / Y Y Y Y 0 6 0 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.30040
	San Antonio	TX	78229-3900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UTHSC at San Antonio	Occupation Pathologist		
	Receipt For:	Aggregate Ye	ar-to-Date 🔻	
	<ul> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul>		500.00	]
	SUBTOTAL of Receipts This Page (optional)	I		990.00
	<b>TOTAL</b> This Period (last page this line number of		•	

	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         X       11a       11b       11c       12         I       13       14       15       16       17			
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) College of American Pathologists Politi	tical Action Co	mmittee				
Α.	Full Name (Last, First, Middle Initial) P. Steven Olson, Dr.			Date of Receipt			
	Mailing Address 1000 E 21st Suite 4100			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: SA11AI.30222			
	Sioux Falls	SD	57105	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Physicians Laboratory Ltd	Occupation Pathologist					
	Receipt For:	Aggregate Ye	ear-to-Date 🔻				
	Primary     General       Other (specify) ▼		500.00	]			
В.	Full Name (Last, First, Middle Initial) J Susan Pacinda, Dr.			Date of Receipt			
	Mailing Address 9200 Wall St			06 / D D / Y Y Y Y 020 2008			
	City	State	Zip Code	Transaction ID: SA11AI.30253			
	Austin	TX	78714-1549	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Clinical Pathology Assoc	Occupation Pathologist					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	_			
	Other (specify) ▼	0 0 0	1000.00				
С.	Full Name (Last, First, Middle Initial) A Dan Pankowsky, Dr.			Date of Receipt			
	Mailing Address 4733 Andrew Jackson	Pkwy Ste 2C		0 6 / D D / Y Y Y Y 0 6 / 0 5 2 0 0 8			
	City	State	Zip Code	Transaction ID: SA11AI.30029			
	Hermitage	TN	37076	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Pathologists Laboratory, PC	Occupation Pathologist					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	_			
	Other (specify) ▼		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)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	tiaal Aatian (		
	College of American Pathologists Polit		Jommillee	-
Α.	Full Name (Last, First, Middle Initial) E. Wayne Penka, Dr.			Date of Receipt
	Mailing Address Department of Patholo 7500 Mercy Road	M M / D D / Y Y Y Y 06 19 2008		
	City	State	Zip Code	Transaction ID: SA11AI.30202
	<u>Omaha</u>	NE	68124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Alegent Health Midlands Community Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	300.00	]
В.	Full Name (Last, First, Middle Initial) N. David Pope, Dr.			Date of Receipt
	Mailing Address 1 St. Vincent Circle PO Box 55148			M M / D D / Y Y Y Y Y 06 19 2008
	City	State	Zip Code	Transaction ID: SA11AI.30203
		AR	72215-5148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Vincent Infirmary	Occupation Patholog		
	Receipt For:	1 I	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	]
С.	Full Name (Last, First, Middle Initial) M David Quinn, Dr.			Date of Receipt
	Mailing Address 3107 Norman Rockwel	ll St		M M / D D / Y Y Y Y 06 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.30012
	Paragould	AR	72450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arkansas Methodist Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	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)         X           X         11a         11b         11c         12           13         14         15         16         17				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee					
Α.	Full Name (Last, First, Middle Initial) Evangelos George Rippis, Dr. Mailing Address 1759 Walker Avenue		Date of Receipt				
			06 13 2008				
	City Winter Derk	State Zip Code FL 32789	Transaction ID: SA11AI.30115				
	Winter Park FEC ID number of contributing federal political committee.	FL 32789	Amount of Each Receipt this Period 500.00				
	Name of Employer Atlantic Pathology Group	Occupation					
	Receipt For:	Pathologist Aggregate Year-to-Date ▼					
	Primary   General     Other (specify) ▼	500.00					
В.	Full Name (Last, First, Middle Initial) Ellen Melinda Sanders, Dr. Mailing Address 3105 Acklen Ave		Date of Receipt				
			06 12 2008				
	City Nashville	State Zip Code TN 37212	Transaction ID: SA11AI.30105 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		400.00				
	Name of Employer Vanderbilt Univ Med Ctr	Occupation unknown					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
C.	Full Name (Last, First, Middle Initial) S Jagbir Sandhu, Dr.		Date of Receipt				
	Mailing Address 117 S Highland Ave Apt 5D		M     M     /     D     D     /     Y     Y     Y     Y       06     12     2008				
	City Ossining	State Zip Code NY 10562-5862	Transaction ID: SA11AI.30083 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Metropolitan Hosp Ctr	Occupation Pathologist					
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
	SUBTOTAL of Receipts This Page (optional)		1400.00				
	TOTAL This Period (last page this line number	only)					

	•						
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 43					
	for each category of the	(check only one)					
	Detailed Summary Page	X 11a 11b 11c 12					
• • • • • • • • • •		13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 Pol	itical Action Committee						
Full Name (Last, First, Middle Initial) J. James Scillian, Dr.		Date of Receipt					
Mailing Address 1120 Brighton Way	· · · · · · · · · · · · · · · · · · ·						
City	State Zip Code	Transaction ID: SA11AI.30145					
Lodi	CA 95242	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		300.00					
Name of Employer	Occupation	7					
Kaiser Permanente Med Fac- ility	Pathologist						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) <b>v</b>	300.00						
Full Name (Last, First, Middle Initial)	I						
A. Peter Scully, Dr.		Date of Receipt					
Mailing Address Laboratory 4230 Burnham Ave		M M / D D / Y Y Y Y 06 12 2008					
City	State Zip Code	Transaction ID: SA11AI.30055					
Las Vegas	NV 89119	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer Associated Pathologists	Occupation	7					
Associated Pathologists Chartered	Pathologist						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify)	1000.00						
Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr.	1	Date of Receipt					
Mailing Address Laboratory							
22101 Moross Road		06 13 2008					
City	State Zip Code	Transaction ID: SA11AI.30162					
Detroit	MI 48236	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer St. John Hosp and Med Ctr	Occupation Pathologist	-					
Receipt For:	Aggregate Year-to-Date V	-					
Primary General	Ayyreyale redr-lu-Dale *						
Other (specify) ▼	250.00						
SURTOTAL of Proprieto This Page (aptisce)		1550.00					
SUBTOTAL of Receipts This Page (optional)							
TOTAL This Period (last page this line number	r only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso te name and address of any political committee to	FOR LINE NUMBER:       PAGE 26 / 43         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions       solicit contributions       solicit contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po		
Α.	Full Name (Last, First, Middle Initial) Allen Craig Storm, Dr. Mailing Address 8 Stagecoach Rd	Date of Receipt	
			06 13 2008
	City Lebanon	State Zip Code NH 03766	Transaction ID: SA11AI.30134 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Dartmouth Hitchcock Med Ctr	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	]
В.	Full Name (Last, First, Middle Initial) U. Ailyn Tan, Dr. Mailing Address 5025 N Paulina		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.30081
	Chicago	IL 60640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Methodist Hosp of Chicago Receipt For:	Occupation Pathologist	
	Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	]
C.	Full Name (Last, First, Middle Initial) S Venancio Teves, Dr. Mailing Address 3135 Hyde Park Pl		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.30318
	Pensacola	FL 32503-5845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Illinois Valley Cmnty Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
	SUBTOTAL of Receipts This Page (optional)	·	750.00
	TOTAL This Period (last page this line number	er only)	

I	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	fo De	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE 27 / 43           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists P	olitical Action Com	mittee	
A.	Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.	Date of Receipt		
	Mailing Address 1401 Johnston-Willi	is Drive		M M / D D / Y Y Y Y 06 19 2008
	City		Zip Code	Transaction ID: SA11AI.30211
	Richmond	VA	23235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Johnston-Willis Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year	-to-Date 🔻	
	Primary     General       Other (specify) ▼		500.00	]
- В.	Full Name (Last, First, Middle Initial) S John VanHoose, Dr.	<b>I</b>		Date of Receipt
	Mailing Address 830 W Bayou Pines	5 Dr		M + M         /         D + D         /         Y + Y + Y         Y           0 6         2 6         2 0 0 8         2
	City		Zip Code	Transaction ID: SA11AI.30338
	Lake Charles	LA	70601-7077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Path Lab	Occupation Pathologist		
	Receipt For:	Aggregate Year	r-to-Date ▼	
	Primary     General       Other (specify) ▼	0 0 0	500.00	]
– C.	Full Name (Last, First, Middle Initial) E. Stuart VanMeter, Dr.	1		Date of Receipt
	Mailing Address Department of Path 1924 Alcoa Highway			M         M         /         D         D         Y
	City		Zip Code	Transaction ID: SA11AI.30136
	Knoxville FEC ID number of contributing federal political committee.		37920	Amount of Each Receipt this Period
	Name of Employer Univ of Tennessee Med Ctr	Occupation		
	Receipt For:	Pathologist		_
	Primary General Other (specify) ▼	Aggregate Year	-to-Date •	]
Γ	SUBTOTAL of Receipts This Page (optional	<b> </b>		1500.00
F	TOTAL This Period (last page this line number	,		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by any person using the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	sts Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mayhew Richard Ward, Dr.		Date of Receipt
Mailing Address Pathology 2000 Neuse Bly	/d	0 6 1 3 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.30133
New Bern	NC 28560-3499	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Craven Reg Med Ctr	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary     General       Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)           B. Robert Wells, Dr.		Date of Receipt
Mailing Address 1726 S Beckha		M M / D D / Y Y Y Y 06 12 2008
City	State Zip Code	Transaction ID: SA11AI.30087
Tyler	TX 75701-5701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Pathology Associates of Tyler	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	750.00	
Full Name (Last, First, Middle Initial) Allen William Wesche, Dr.		Date of Receipt
Mailing Address Dept of Patholo 2915 Missouri	Ave	0 6 / 2 0 / Y Y Y Y 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.30286
Shreveport	LA 71109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist	_
	Aggregate Year-to-Date 🔻	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (or	otional)	2250.00
	number only)	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 29 / 43           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Po		
∡ ۹.	Full Name (Last, First, Middle Initial) W Donald West, Dr.		Date of Receipt
	Mailing Address 3rd FIr Path 1214 Coolidge Blvd		06 05 2008
	City	State Zip Code	Transaction ID: SA11AI.30031
	Lafayette	LA 70503-2621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Preferred Anatomic Pathol- ogy Services	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify) ▼	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Quincy James Whitaker, Dr.		Date of Receipt
	Mailing Address PO Box 2343		M M / D D / Y Y Y Y 06 13 2008
	City	State Zip Code	Transaction ID: SA11AI.30153
	Warner Robins	GA 31099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer Path Institute of Middle GA. PC	Occupation Pathologist	
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate Year-to-Date ▼ 5000.00	]
-	Full Name (Last, First, Middle Initial) T Joseph Wilson, Dr.		Date of Receipt
	Mailing Address 411 E Matthews Ave		M M / D D / Y Y Y Y 06 27 2008
	City	State Zip Code	Transaction ID: SA11AI.30366
	Jonesboro	AR 72401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Doctors' Anatomic Path Sv- <u>cs, PA</u>	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Γ		1	6250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 30 / 43         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports a or for commercial purposes, other than using	Ind Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
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 Y 06 26 2008
City	State Zip Code TX 79407-2312	Transaction ID: SA11AI.30308
Lubbock FEC ID number of contributing federal political committee.	TX 79407-2312	Amount of Each Receipt this Period
Name of Employer Covenant Health System	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lawrence Jeffrey Winters, Dr.		Date of Receipt
Mailing Address Div of Transfusion 200 First St SW		0 6 / 2 6 / Y Y Y Y 0 8
City Rochester	State Zip Code MN 55905	Transaction ID: SA11AI.30323
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Mayo Clinic	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Trace John Worrell, Dr.		Date of Receipt
Mailing Address 908 Wright St		0 6 2 0 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.30238
Arlington FEC ID number of contributing federal political committee.	TX 76012	Amount of Each Receipt this Period 250.00
Name of Employer Arlington Pathology Assoc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  250.00	
SUBTOTAL of Receipts This Page (option	al)	1000.00
	nber 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)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action	Committee	
۷ A.	Full Name (Last, First, Middle Initial) S Xiuyan Xie, Dr.			Date of Receipt
	Mailing Address Barberton Citizens Ho Department of Patholo			0 6 / 2 6 / Y Y Y Y 0 8
	City	State	Zip Code	Transaction ID: SA11AI.30357
	Barberton	OH	44203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer unaffiliated	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	250.00	]
- В.	Full Name (Last, First, Middle Initial) T John Yamashita, Dr.			Date of Receipt
	Mailing Address PO Box 9600			M M / D D / Y Y Y Y Y 06 26 2008
	City	State	Zip Code	Transaction ID: SA11AI.30340
	Mission Hills	CA	91346-9600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Holy Cross Med Ctr	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		250.00	
- C.	Full Name (Last, First, Middle Initial) Zhong Zhang			Date of Receipt
	Mailing Address 33608 Ortega Hwy			M M / D D / Y Y Y Y Y 06 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.30033
	San Juan Capistran	CA	92675-2042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Quest Diagnostics Inc	Occupation Patholog	jist	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0.0	250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
ľ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER:       PAGE 32 / 43         (check only one)       11c         X       11a       11b       11c       12         13       14       15       16       17							
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full)											
	College of American Pathologists Politie	cal Action (	Committee									
Α.	Full Name (Last, First, Middle Initial) J Louis Zinterhofer, Dr.				Date of Receipt							
	Mailing Address Dept of Path 300 Second Ave				0 6 / D D / Y Y Y Y Y O 8							
	City	State	Zip Code		Transaction ID: SA11AI.30329							
	Long Branch	NJ	07740		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			1000.00							
	Name of Employer Monmouth Med Ctr	Occupatio	n		-							
			ist									
			e Year-to-Date	,								
	Other (specify) ▼	0 0		1000.00								

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

	B (FEC Form 3X)		roto ochodule/c)		FO	R LINE	NUMBE	R:			PA	GE	33 / 4	43
TEMIZED DISBURSEMENTS		for each c	for each category of the				nly one)							
	-	Detailed S	Summary Page		X	21b 27	22 28a	Н	23 28b	Н	24 28c	Н	25 29	H
	ed from such Reports and Sta					person f	or the pu		e of s		ing co		utions	5
· · ·	rposes, other than using the na	ame and addres	is of any political	com	mitte	e to so	licit cont	ribut	ons fr	om s	such c	omm	littee	
	erican Pathologists Politic	al Action Cor	nmittee											
College of Anto			mmuee											
Full Name (Last, Sun Trust Ban	First, Middle Initial) k								on ID sburs	-	B21E nt	3.30 <sup>,</sup>	441	
Mailing Address	P.O. Box 85024						0 <sup>M</sup> 6	М	D (	) <sup>D</sup>	/ Y	ž	οòε	3 <sup>Y</sup>
City Richmond		State VA	Zip Code 23285				Amou	unt o	Each	n Dis	burse	ment	this F	Perio
Purpose of Disbu	irsement				-	_						9	33.98	В
Bank Charges														
Candidate Name					itego									
Office Sought:	House Disbu	rsement For:			Гуре	;								
Office Sought.	Senate	Primary Other (spec	General											
State:	District:		;) 🔻											
Full Name (Last,	First, Middle Initial)						Trans	sacti	on ID		B21F	3 30	435	
Sun Trust Bank									sburs	eme				Y
Mailing Address P.O. Box 85024									(	9		2	οòε	3
CityStateZip CodeRichmondVA23285							Amou	unt o	f Each	n Dis	burse	0		
Purpose of Disbu Bank Charges	Irsement						L.						30.4	5
Candidate Name					itego Type									
Office Sought:	Senate President	rsement For: Primary Other (spec	General cify) ▼											
State:	District:													
Full Name (Last, Sun Trust Ban	First, Middle Initial) k							of D	sburs	eme		3.30 <sup>,</sup>	436	
Mailing Address	P.O. Box 85024						0 <sup>M</sup> 6	М	D .	1 <sup>D</sup>	/ Y	ž	ο ὅ ε	3 <sup>Y</sup>
City Richmond		State VA	Zip Code 23285				Amou	unt o	Each	n Dis	burse			
Purpose of Disbu Bank Charges	irsement				0		L.						13.34	4
Candidate Name						ory/								
Office Sought:	Senate President	rsement For: Primary Other (spec	General											
State:	District:													
SUBTOTAL of Disk	oursements This Page (option	al)				►						97	77.77	7

CHEDULE B (FEC Form 3X)			FO	R LINF	NUMBE	R:			F	PAG	E 34	/ 43	3
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(ch	eck only	only one)							, 	
	Detailed Summary Page		Х	21b	22		23 28h		24		25	F	
ny Information copied from such Reports and Staten	 nents may not be sold or use	d by a		27 Derson f	28a	ILL	28b		28 icitina		29 ributio		
for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)													
College of American Pathologists Political	Action Committee												
Full Name (Last, First, Middle Initial) Sun Trust Bank					Tran: Date				SB2	1B.3	30437	,	
					М	М			D /	Y	ž o ò	۰ <sup>۱</sup>	7
Mailing Address P.O. Box 85024					06	_		1 9	9		200	8	
City Richmond	State Zip Code VA 23285				Amou	unt o	f Eac	h [	Disbur	seme	ent this	s Pe	erio
Purpose of Disbursement			U	-							51.	30	
Bank Charges			tego										
			педа Гуре										
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial)					Tran	sarti	on Ir	)·	SB2	1R 🤉	30439	2	
Sun Trust Bank						of D	isbur	ser	nent				7
Mailing Address P.O. Box 85024		<sup>м</sup> 6	IVI		23	Ĩ		ž o ò	8				
City Richmond				Amou	unt o	f Eac	h [	Disbur	seme		-	erio	
Purpose of Disbursement Bank Charges			0		L.						97.	88	
Candidate Name			itegα Γγρε										
Senate President	ement For: Primary General Other (specify) <b>V</b>	L											
State: District:													
Full Name (Last, First, Middle Initial) Sun Trust Bank					Date	of D	isbur	ser		1B.3	30439	)	
Mailing Address P.O. Box 85024					<sup>™</sup> 6	М	/ D	3 (	D /	Y	² o ò	8	
City Richmond	State Zip Code VA 23285				Amou	unt o	f Eac	h [	Disbur	seme	ent this	s Pe	erio
Purpose of Disbursement Bank Charges			U		L.						102.	95	
Candidate Name		tego Fype											
Senate President	ement For: Primary General Other (specify) ▼	L											
State: District:													
											252.	12	
UDTOTAL of Disky we are and a This Dama (antional)											ZJZ.	ış.	

	SCHEDULE B (FEC Form 3X)			Use separate schedule(s) FOR LIN (check o					NE NUMBER: PAGE 35 / -								43			
	ITEMIZED DISBURSEMENT		S	for each category of the Detailed Summary Page			X	21b 27		22 28a		23 28b	П	24 28c	$\square$	25 29	26 30b			
		y Information copied from such Reports a for commercial purposes, other than using																		
	$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	Political A	Action Co	ommittee	)														
Α.		Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024								Transaction ID:       SB21B.30440         Date of Disbursement       0         0       6       /       0       0       Y										
		City Richmond	-	State √A	Zip Coc 23285					Amou	nt of	Each	Dis	burser	nent	t this Pe	eriod			
		Purpose of Disbursement Bank Charges								L.						4.90				
		Candidate Name					Cateo Typ	-												
		Office Sought: House Senate President		nent For: Primary Other (spe		eneral														
		State: District:																		

	SUBTOTAL of Disbursements This Page (optional)	►	4.90
	TOTAL This Period (last page this line number only)	►	1234.80
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)

					-	INE I	NUMBE one)	R:				PA	GE	36 /	43				
_			Detailed	Summary Page			21 27		22 28a	X	23 28	-	24 28	BC		25 29	2		
		ed from such Reports and rposes, other than using t															3		
	NAME OF COM	MITTEE (In Full)																	
$\langle \rangle$	College of Am	erican Pathologists P	olitical Action Co	ommittee															
r	Full Name (Last, AmeriPAC	First, Middle Initial)							Transaction ID: SB23.30412 Date of Disbursement										
	Mailing Address	499 South Capitol #414	St, SW						<sup>™</sup> 6	М	/	<sup>D</sup> 2	<sup>D</sup> 7	Y	ž	οòε	3 <sup>Y</sup>		
	City Washington		State DC	Zip Code 20003					Amount of Each Disbursement this Period										
	Purpose of Disbu	ursement				v		1	5000.00										
	Candidate Name					ate Ty	gory/ pe												
	Office Sought:	Senate President	Disbursement For: Primary Other (sp	2008 X General ecify) ▼															
	State:	District:																	
	Full Name (Last, BAMPAC	First, Middle Initial)							Trans Date	of D	isbu	irsei	ment	23.3					
	Mailing Address 10 G Street Suite 470									М		<sup>□</sup> 2	7	Y	ž	o ò s	3 <sup>Y</sup>		
	City Washington		State DC	Zip Code 20002				Amount of Each Disbursement this Period											
	Purpose of Disbu	ursement							L.						50	00.0	0		
	Candidate Name					ate Ty	gory/ pe												
	Office Sought:	House [ Senate President	Disbursement For: Primary Other (sp	2008 X General ecify) ▼															
	State:	District:																	
	•	First, Middle Initial) R CONGRESS							<b>Trans</b> Date			irsei	ment	23.3	804	20			
	Mailing Address	P. O. Box 17813							0 <sup>™</sup> 6	М	/	<sup>D</sup> 1	<sup>D</sup> <sup>/</sup>	Y	ž	o ò a	3 <sup>Y</sup>		
	City Richmond		State VA	Zip Code 23226					Amou	int o	f Ea	ich I	Disbu	sen	nent	t this I	Period		
	Purpose of Disbu	ursement						7	L.						10	00.0	0		
	Candidate Name	1				ate Ty	gory/ pe												
	Office Sought:	Senate President	Disbursement For: Primary Other (sp	2008 X General ecify) ▼															
_	State: VA	District: 07																	
ę	SUBTOTAL of Dis	bursements This Page (o	otional)					►						1	10	00.00	D		
1	TOTAL This Period	d (last page this line numb	er only)																
<u> </u>	CANOOC													_					

Dataled Summary Page       21b       22       23       23       24       25         Any Information capied from such Reports and Statements may not be said or used by any person for the purpose of solicit contributions from such committee       21b       22       23       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       23       24       25       24       25       24       25       25       25       25       25       25       25       25       25       26       26       27       26       26       26       27       20       0       20       0       20       0       20       0       20       0       20       0       20       0       20       0       20       0	SCHEDULE B (FEC Form		s) FOR LINE (check only	
ar 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)         CITZENS FOR JOHN OLVER FOR CONGRESS         Mailing Address         38 lvy Street, SE         City         Candidate Name         Office Sought:       X         Y       Nume (Last, First, Middle Initial)         Condidate Name       Disbursement For:         2008       General         Office Sought:       X         Y       State         Zip Code       X         Mailing Address       680 TRANSFER ROAD SUITE A         City       State         City       State         Y       Y         Y       State         Zip Code       Min         State:       Min         State:       Min         Collegue of Disbursement       Other (specify)         Y       Y       X 0 0 8         Mailing Address       680 TRANSFER ROAD SUITE A         City       X Senate         Purpose of Disbursement       Disbursement For:       2008		Detailed Summary Page		
College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         CITIZENS FOR JOHN OLVER FOR CONGRESS         Maiing Address       38 lvy Street, SE         City       State         Candidate Name       Disbursement         Candidate Name       Disbursement For:         2008       X Primary         Candidate Name       Disbursement For:         2008       X Primary         General       Office Sought:         Y and the initial       Other (specify)         College of Disbursement       Category/ Type         Office Sought:       X House         President       Disbursement For:         2008       X Primary         General       Other (specify)         Purpose of Disbursement       Disbursement For:         2008       X Primary         General       Other (specify)         Purpose of Disbursement       Disbursement For:         Category/ Type       Y 2 0 0 8         Maiiing Address       680 TRANSFER ROAD SUITE A         City       State:         Maiiing Address       680 TRANSFER ROAD SUITE A         City       Seriate         Other (specify)       Transa				
CITIZENS FOR JOHN OLVER FOR CONGRESS         Mailing Address       38 by Street, SE         City       State       Zip Code         Washington       DC       20013         Purpose of Disbursement       Category/ Type         Office Sought:       X House President       Disbursement For:       2008         State:       Mailing Address       680 TRANSFER ROAD SUITE A       Amount of Each Disbursement this Period         Mailing Address       680 TRANSFER ROAD SUITE A       Transaction ID:       SB23.30415         Category/ Type       Transaction ID:       SB23.30415         Office Sought:       X House State:       Zip Code       Amount of Each Disbursement this Period         Mailing Address       680 TRANSFER ROAD SUITE A       Min       State       Zip Code         Mailing Address       680 TRANSFER ROAD SUITE A       Amount of Each Disbursement this Period       Transaction ID:       SB23.30418         Category/ Type       Office Sought:       House President       Disbursement For:       2008       Amount of Each Disbursement         Mailing Address       499 South Capitol Street, SW Suite 404       Zip Code       Amount of Each Disbursement       Disbursement         Mailing Address       499 South Capitol Street, SW Suite 404       Zip Code       Amount of Each Dis		ts Political Action Committee		
City       State       Zip Code         Washington       DC       20013         Purpose of Disbursement		FOR CONGRESS		Date of Disbursement
Washington       DC       20013         Purpose of Disbursement.	Mailing Address 38 Ivy Street,	SE		$\begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Candidate Name       Category/ Type         Office Sought:       X House President       Disbursement For: Other (specify) ▼       2008 X Other (specify) ▼         Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08       Transaction ID: SB23,30415 Date of Disbursement         Mailing Address       680 TRANSFER ROAD SUITE A       Transaction ID: SB23,30415 Date of Disbursement         Mailing Address       680 TRANSFER ROAD SUITE A       Amount of Each Disbursement ID: SD23,30415         Category/ Type       State:       Zip Code ST PAUL       State       Zip Code S114         Purpose of Disbursement       Category/ Type       Transaction ID: SB23,30418       Amount of Each Disbursement this Period         Office Sought:       House X Senate       Disbursement For: Other (specify) ▼       2008       Transaction ID: SB23,30418         DUTCH RUPPERSBERGER FOR CONGRESS       Mailing Address       499 South Capitol Street, SW Suite 404       Amount of Each Disbursement this Period         Category/ Type       State:       Mailing Address       499 South Capitol Street, SW Suite 404       Amount of Each Disbursement this Period         Office Sought:       X House President       Disbursement For: 2008       2003       Amount of Each Disbursement this Period         Office Sought:       X House President       Disbursement For: 2008       2000       Amount of Each Disbursement this Per				Amount of Each Disbursement this Period
Office Sought:       X       House President       Disbursement For: Office Sought:       2008 Y       Transaction ID: SB23.30415 Date of Disbursement         Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08       Transaction ID: SB23.30415 Date of Disbursement       Transaction ID: SB23.30415 Date of Disbursement         Mailing Address       680 TRANSFER ROAD SUITE A       Amount of Each Disbursement       Molecular (0 6 M) ( <sup>1</sup> 2 T) ( <sup>1</sup> 2 0 0 8)         City       State       Zip Code Str PAUL       MN       55114         Purpose of Disbursement       Disbursement For: Other (specify) ▼       2008 X       Amount of Each Disbursement for: 1000.00         Cardidate Name       Disbursement For: Other (specify) ▼       2008 X       Transaction ID: SB23.30418 Date of Disbursement         DutCH RUPPERSBERGER FOR CONGRESS       Mailing Address       499 South Capitol Street, SW Suite 404       Zip Code Vashington       Amount of Each Disbursement this Period 1000.00         City       State       Zip Code Vashington       Disbursement For: 2008       2003 Purpose of Disbursement         Office Sought:       X House Seriate       Disbursement For: 2008       2008 Primary       Amount of Each Disbursement this Period         Office Sought:       X House Seriate       Disbursement For: 2008       2008 Primary       Amount of Each Disbursement this Period         State:       MD <t< td=""><td></td><td></td><td></td><td>1000.00</td></t<>				1000.00
Senate       President         State: MA       District: 01         Full Name (Last, First, Middle Initial)       COLEMAN FOR SENATE 08         Mailing Address       680 TRANSFER ROAD SUITE A         City       State         Zip Code       Amount of Each Disbursement         Office Sought:       House         President       Disbursement For:         2008       X Senate         Other (specify)       Amount of Each Disbursement this Period         Office Sought:       House         President       Disbursement For:         2008       X Senate         Value       Disbursement For:         2008       X Senate         Value       Other (specify)         Full Name (Last, First, Middle Initial)       DUTCH RUPPERSBERGER FOR CONGRESS         Mailing Address       499 South Capitol Street, SW         Suite 404       State         City       State         Value 404       State         City       State         Other (specify)       Amount of Each Disbursement for:         City       Suite 404         City       State         Value 404       Category/ Type         Office Sought:       Hous	Candidate Name			
Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08       Transaction ID: SB23.30415 Date of Disbursement         Mailing Address       680 TRANSFER ROAD SUITE A       Image: Cole Stream of Disbursement this Period Stream of Disbursement this Period Stream of Disbursement         City       State       Zip Code Stream of Disbursement this Period Stream of Disbursement this Period Stream of Disbursement this Period Other (specify) ▼       Amount of Each Disbursement this Period 1000.00         Candidate Name       Disbursement For: 2008       Z008         Y President       Disbursement For: 2008       Transaction ID: SB23.30418         DUTCH RUPPERSBERGER FOR CONGRESS       Transaction ID: SB23.30418       Duter (specify) ▼         Mailing Address       499 South Capitol Street, SW Suite 404       DC 20003       Transaction ID: SB23.30418         City       State       Zip Code Washington       DC 20003       Amount of Each Disbursement this Period 1000.00         Office Sought:       X House       Disbursement For: 2008       Amount of Each Disbursement this Period 1000.00         Office Sought:       X House       Disbursement For: 2008       Amount of Each Disbursement this Period 1000.00         Office Sought:       X House       Disbursement For: 2008       Amount of Each Disbursement this Period 1000.00         Office Sought:       X House       Disbursement For: 2008       Senate	Senate President	X Primary General		
COLEMAN FOR SENATE 08       Date of Disbursement         Mailing Address       680 TRANSFER ROAD SUITE A         City       State       Zip Code         ST PAUL       MN       55114         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:       2008         Office Sought:       House       Disbursement For:       2008         Y Primary       General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       DUTCH RUPPERSBERGER FOR CONGRESS       Transaction ID:       SB23.30418         Mailing Address       499 South Capitol Street, SW       Suite 404       Mode       Mode         City       State       Zip Code       Amount of Each Disbursement this Period         Mailing Address       499 South Capitol Street, SW       Mode       Mode         Suite 404       City       State       Zip Code       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       208       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       208       Mode       Mode				
City       State       Zip Code         ST PAUL       MN       55114         Purpose of Disbursement       Image: Category/ Type         Office Sought:       House         President       Disbursement For:       2008         X       Senate       Other (specify)         Full Name (Last, First, Middle Initial)       Other (specify)         DUTCH RUPPERSBERGER FOR CONGRESS       Transaction ID:       SB23.30418         Mailing Address       499 South Capitol Street, SW       Image: Category/ Type       Y				Date of Disbursement
ST PAUL       MN       55114         Purpose of Disbursement       Image: Category/ Type       1000.00         Candidate Name       Category/ Type       Category/ Type         Office Sought:       House X Senate       Disbursement For:       2008         State: MN       District: 00       Other (specify)       Image: Category/ Type         Full Name (Last, First, Middle Initial)       Other (specify)       Image: Category/ Type       Image: Category/ Type         Mailing Address       499 South Capitol Street, SW Suite 404       State       Zip Code         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       DC       20003       1000.00         Purpose of Disbursement       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       X House President       Disbursement For:       2008       3000.00         SubtotAL of Disbursements This Page (optional)       Image: Category/Type       3000.00	Mailing Address 680 TRANSF	ER ROAD SUITE A		06 <sup>M</sup> / 27 <sup>J</sup> 2008 <sup>V</sup>
Candidate Name       Category/ Type         Office Sought:       House × Senate President       Disbursement For:       2008         State: MN       District: 00       Transaction ID:       SB23.30418         DUTCH RUPPERSBERGER FOR CONGRESS       Transaction ID:       SB23.30418         Mailing Address       499 South Capitol Street, SW Suite 404       State       Zip Code         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       DC       20003       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2008       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2008       Senate       1000.00         State: MD       District: 02       Other (specify) ▼       Sought)       3000.00				Amount of Each Disbursement this Period
Office Sought:       House       Disbursement For:       2008         X       Senate       Primary       General         Other (specify)       Image: Construction of the specify)       Image: Construction of the specify of the specify)         Full Name (Last, First, Middle Initial)       DUTCH RUPPERSBERGER FOR CONGRESS       Image: Construction of the specify of the specific of th	Purpose of Disbursement			1000.00
Office Sought:       House       Disbursement For:       2008         X       Senate       President       Other (specify) ▼         State: MN       District: 00       Transaction ID:       SB23.30418         DUTCH RUPPERSBERGER FOR CONGRESS       Transaction ID:       SB23.30418         Mailing Address       499 South Capitol Street, SW       Suite 404       Disbursement         City       State       Zip Code       Amount of Each Disbursement this Period         Washington       DC       20003       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       2008       1000.00         Office Sought:       X       House       Disbursement For:       2008         Senate       President       Other (specify) ▼       3000.00         Subtrott of Disbursements This Page (optional)       Mail of the period       3000.00	Candidate Name			
Full Name (Last, First, Middle Initial)       Transaction ID: SB23.30418         DUTCH RUPPERSBERGER FOR CONGRESS       Date of Disbursement         Mailing Address       499 South Capitol Street, SW         Suite 404       State       Zip Code         City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Integration         Candidate Name       Category/ Type         Office Sought:       X         Y       House         Disbursement For:       2008         President       Other (specify)         State: MD       District: 02	X Senate President	X Primary General		
DUTCH RUPPERSBERGER FOR CONGRESS       Date of Disbursement         Mailing Address       499 South Capitol Street, SW         Suite 404       State       Zip Code         City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Image: Category/ Type       1000.00         Office Sought:       X       House         President       Disbursement For:       2008         State:       MD       District: 02         SUBTOTAL of Disbursements This Page (optional)       3000.00	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.30418
City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Image: Category/ Type       1000.00         Candidate Name       Category/ Type       1000.00         Office Sought:       X       House         Senate       Primary       X General         President       Other (specify)       Image: Category/ Type         SUBTOTAL of Disbursements This Page (optional)       3000.00		OR CONGRESS		Date of Disbursement
Washington       DC       20003         Purpose of Disbursement       1000.00         Candidate Name       Category/ Type         Office Sought:       X       House         Senate       Primary       X General         President       Other (specify)       ✓         SubtrotrAL of Disbursements This Page (optional)       ▲		pitol Street, SW		06 27 2008
Candidate Name       Category/ Type         Office Sought:       X       House         Senate       Primary       X         President       Other (specify)       ▼         SUBTOTAL of Disbursements This Page (optional)       3000.00				Amount of Each Disbursement this Period
Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X General         President       Other (specify)       ▼         State: MD       District: 02       3000.00	Purpose of Disbursement			1000.00
Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X       General         President       Other (specify)       ▼         State: MD       District: 02       3000.00	Candidate Name			
State: MD       District: 02         SUBTOTAL of Disbursements This Page (optional)       3000.00	Senate	Primary X General		
	SUBTOTAL of Disbursements This Pa	ge (optional)	Þ	3000.00
	TOTAL This Period (last name this line	number only)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR L (check	IE NUMBER: PAGE 38 / 43						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b							
Any Information copied from such Reports and State or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
College of American Pathologists Politica	Action Committee								
Full Name (Last, First, Middle Initial) ENZI FOR US SENATE			Transaction ID: SB23.30421 Date of Disbursement						
Mailing Address PO BOX 2775									
City CODY	State Zip Code WY 82414		Amount of Each Disbursement this Period						
Purpose of Disbursement			3830.48						
Candidate Name MICHAEL B ENZI		Category/ Type							
5	ement For: 2008 Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.30447 Date of Disbursement							
Mailing Address PO Box 3197		0 6 <sup>M</sup> / 1 8 / Y Y Y Y Y Y							
City Little Rock	StateZip CodeAR72203		Amount of Each Disbursement this Period						
Purpose of Disbursement Redesignation of Funds		· ·	-2500.00						
Candidate Name									
Office Sought: House Disburs X Senate President State: AR District: 01	ement For: 2008 Primary X General Other (specify) ▼		— [MEMO ITEM]						
Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN			Transaction ID: SB23.30448 Date of Disbursement						
Mailing Address PO Box 3197			$\begin{array}{c c} M & M \\ \hline 0 & 6 \end{array} & \left( \begin{array}{c} D & D \\ 1 & 8 \end{array} \right) & \left( \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \\ \end{array} \right)$						
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period						
Purpose of Disbursement Redesignation of Funds		2500.00							
Candidate Name	Category/ Type	-							
X Senate X President	ement For: 2008 Primary General Other (specify) ▼		— [MEMO ITEM]						
State: AR District: 01									
SUBTOTAL of Disbursements This Page (optional)			3830.48						
<b>TOTAL</b> This Period (last page this line number only <b>E6AN026</b>	)		FEC Schedule B ( Form 3X) (Revised						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)								PAGE 39 / 43				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	lb [	one) 22 28a	X	23 28b		24 28c		25 29			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)												3		
College of American Pathologists Politica	l Action Committee													
Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD					Date		isburs	seme	SB23. ent			Y		
Mailing Address PO BOX 270701					06			27		2	0 ð 8	3		
City WEST HARTFORD	WEST HARTFORD CT 06127							n Dis	burse		-			
Purpose of Disbursement					L.					10	00.0	0		
Candidate Name			egory ype	/										
Ŭ	sement For: 2010 K Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTE	E				Trans Date	of D	isburs	seme	-			X		
Mailing Address 200 East Jefferson Stre	et				0 <sup>M</sup> 6	М	/ D.	1 <sup>⊅</sup>	/ Y	ž	0 ð 8	3 <sup>Y</sup>		
City Falls Church	StateZip CodeVA22046				Amou	int o	f Each	n Dis	burse	-				
Purpose of Disbursement				7	L.					47	07.5	0		
Candidate Name RICHARD J DURBIN			egory ype	/										
Office Sought: House Disburs	sement For: 2008 Primary X General Other (specify) ▼													
Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE					<b>Trans</b> Date		isburs	seme		304	26			
Mailing Address PO Box 7255					0 <sup>M</sup> 6	М	/ 0	2 <sup>⊅</sup>	/ Y	ž	o ò a	3 <sup>Y</sup>		
City Des Moines									burse	men	t this I	Perio		
Purpose of Disbursement		L.					25	00.0	0					
Candidate Name	/													
Senate President	eement For: 2008 Primary X General Other (specify) ▼		уре											
State: District: SUBTOTAL of Disbursements This Page (optional	)			•						82	07.5	D		
TOTAL This Period (last page this line number only	/)			▶										
E6AN026					FE	с s	chedu	ule B	( For	m 3X	) (Re	vised		

	Use separate schedule(s)				OR LIN check o			R:			PA	GE	40 /	43			
ITEMIZ		SBURSEMEI	NTS		category of the Summary Page			21b 27		22 28a	X	23 28b	F	24 28c		25 29	
or for comm	nercial pui OF COM	ed from such Report rposes, other than us MITTEE (In Full) erican Pathologis	sing the name	e and addre	ss of any politica												5
KIRK F	FOR CO	First, Middle Initial) NGRESS								Date	of D	isburs				27 0 0 8	Y
	Address	1707 PRINCE								06	_						
	ANDRIA			State VA	Zip Code 22314					Amou	nt o	f Each	۱D	Disburse	-	t this 1	
	e of Disbu ate Name	irsement						gory/						· ·		100.0	0
Office S State: 1	-	X House Senate President District: 10	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼		1)	pe									
		First, Middle Initial) CONGRESS								Date		isburs	en				Y
Mailing	Address	P.O. Box 71 PO BOX 71								0 6		/ <sup>D</sup> 2	27	7	2	٥ò٤	3
City Clarior	n			State IA	Zip Code 50525					Amou	nt o	f Each	۱C	Disburse		-	
Purpose	e of Disbu	irsement					U			L.					25	500.0	0
Candida	ate Name					С		gory/ pe									
Office S	-	X House Senate President District: 04	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼			<u>.</u>									
		First, Middle Initial)										on ID: isburs		SB23. nent	304	30	
Mailing	Address	PO Box 75214	1							0 <sup>M</sup> 6	М	<sup>D</sup> 2	27	7 ′ `	ź	٥ò٤	3 <sup>Y</sup>
City Washi	•			State DC	Zip Code 20013					Amou	nt o	f Each	ו D	Disburse	-	-	
	Purpose of Disbursement									L.					25	500.0	U
Candidate Name Category/ Type																	
Office S	Sought:	House Senate President District:	Disburse	ement For: Primary Other (spe	2008 X General ecify) ▼												
	AL of Dist	bursements This Pag	ge (optional)					►			v A				60	00.0	D
TOTAL T	his Perioc	I (last page this line	number only)					►									
E6AN026										FE	C S	chedu	ıle	B (For	m 3)	(Re	vise

Any Information copied from such Reports and Statements may not be sold or used by any possibilities of an operating contributions of ror commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee       28.       27.       29.       2	SCHEDULE B (FEC For ITEMIZED DISBURSEMI	-	for each	arate schedule(s) category of the Summary Page			R LINE eck onl 21b	NUMBI y one)	ER:	23		P# 24	GE	41 / · 25	43
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)         PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN         Mailing Address       PO BOX 3662         City       State         SEATTLE       WA 98124         Purpose of Disbursement       Category         Office Sought:       House         State:       Zip Code         Office Sought:       House         Purpose of Disbursement       Disbursement For:         2010       X         State:       WA         State:       Name (Last, First, Middle Initial)         Senate       President         Office Sought:       House         Office Sought:       House         Purpose of Disbursement       Disbursement For:         2010       X         State:       Mailing Address         Po: Box 32025       Amount of Each Disbursement hits Peri         Office Sought:       House         Purpose of Disbursement       Disbursement For:         2008       City         Senate       Disbursement For:         Purpose of Disbursement       Category         Type       Other (specify) ▼	Any Information copied from such Rep	orts and Stateme			d by	anv							ontrib	-	
College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN         Mailing Address       PO BOX 3662         City       State       Zip Code         SEATTLE       WA       98124         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2010         Xinter (Last, First, Middle Initial)       State       Zip Code         State:       WA       District: 00       Transaction ID:       SB23.30411         Date of Disbursement       AZ       85064       Amount of Each Disbursement this Peri Proceident         Office Sought:       House       Disbursement For:       2008       Amount of Each Disbursement this Peri President         Suber Mark (Last, First, Middle Initial)       Suber Senate       Disbursement For:       2008 <td>or for commercial purposes, other than</td> <td></td>	or for commercial purposes, other than														
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN       Date of Disbursement         Mailing Address       PO BOX 3662         City       State       Zip Code         State:       WA       95124         Purpose of Disbursement       Category         Candidate Name       Category         Office Sought:       House         X Sonate       Disbursement For:         Purpose of Disbursement       Category         Tother (specify)       Category         State:       WA         District:       Other (specify)         Office Sought:       House         Purpose of Disbursement       Category         City       State:         Purpose of Disbursement       Other (specify)         Category       Transaction ID:         SB23.30411       Date of Disbursement         Category       Type         Office Sought:       House         Purpose of Disbursement       Category         Category       Type         Office Sought:       House         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initia)         SUE MYRICK FOR CONGRESS <tr< td=""><td></td><td>jists Political A</td><td>ction Co</td><td>mmittee</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		jists Political A	ction Co	mmittee											
City       State       Zip Code         SEATTLE       WA       98124         Purpose of Disbursement	•	,	TE CAM	PAIGN				Date	of Di	sburs	emen				
SEATTLE       WA       98124         Purpose of Disbursement	Mailing Address PO BOX 36	62									27		ź	οòε	3
Cardidate Name       Category/ Type         Office Sought:       House X Senate       Disbursement For: Disbursement For:       2010 Ceneral         State:       WA       District: 00       Transaction ID:       SB23.30411 Date of Disbursement         Mailing Address       P.O. Box 32025       Transaction ID:       SB23.30411 Date of Disbursement         City       Full Name (Last, First, Middle Initial)       State:       Zip Code         Phoenix       AZ       85064         Purpose of Disbursement       Disbursement For:       2008         Category/ Type       Senate       President         Office Sought:       House President       Disbursement For:       2008         State:       District:       Disbursement For:       208         Mailing Address       2501 Wisconsin Avenue, NW #304       Transaction ID:       SB23.30432         Mailing Address       2501 Wisconsin Avenue, NW #304       Mount of Each Disbursement this Peri Washington       Amount of Each Disbursement this Peri Office Sought:       Y 2 0 0 8         Office Sought:       X House Senate       Disbursement For:       208       Amount of Each Disbursement this Peri Other (specify) V         Office Sought:       X House Senate       Disbursement For:       208       3000.00         Office Sought:								Amo	unt o	Each	n Disb	urse	-		
Office Sought:       X Senate       Disbursement For:       2010         X Senate       President       Other (specify)       Image: Construction of the c	Purpose of Disbursement							L.					10	00.0	0
X       Senate President Dther (specify)       X         Full Name (Last, First, Middle Initial) Senate Majority Fund       Transaction ID: SB23.30411 Date of Disbursement         Mailing Address       P.O. Box 32025         City       State:         Phoenix       AZ         Az       85064         Purpose of Disbursement       Category/ Type         Office Sought:       House President         State:       District:         Full Name (Last, First, Middle Initial) State:       Disbursement For: Other (specify)         State:       District:         Full Name (Last, First, Middle Initial) State:       Transaction ID: SB23.30432 Date of Disbursement this Peri Other (specify)         Mailing Address       2501 Wisconsin Avenue, NW #304       Mailing Address         City       State       Zip Code DC         Washington       DC       20007         Purpose of Disbursement       Disbursement For: 2008       2007         Office Sought:       X House Senate       Disbursement For: 2008       2000         Office Sought:       X House Senate       Disbursement For: 2008       2008         Subtrottal of Disbursements This Page (optional)       Other (specify)       Amount of Each Disbursement this Peri 30000.00	Candidate Name														
Full Name (Last, First, Middle Initial)       Transaction ID: SB23,30411         Senate Majority Fund       Date of Disbursement         Mailing Address       P.O. Box 32025         City       State       Zip Code         Purpose of Disbursement       Disbursement For:       208         Candidate Name       Disbursement For:       208         Office Sought:       House       Disbursement For:       208         State:       District:       Other (specify)       Transaction ID: SB23,30432         Sult MYRICK FOR CONGRESS       Other (specify)       Transaction ID: SB23,30432         Mailing Address       2501 Wisconsin Avenue, NW #304       Transaction ID: SB23,30432         City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       Category/ Type       Y 2 0 0 8         Office Sought:       X House       Disbursement For:       2008         Gity       State       Zip Code       Amount of Each Disbursement this Peri         Office Sought:       X House       Disbursement For:       20007         Office Sought:       X House       Disbursement For:       2008         Office Sought:       X House       Disbursement For:       2008	X Senate	X	Primary	General											
Senate Majority Fund       Initiality Senate       Date of Disbursement         Mailing Address       P.O. Box 32025       AZ       AZ         City       State       Zip Code       AZ         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       2008         State:       Disbursement For:       2008         Office Sought:       House       Other (specify)         Full Name (Last, First, Middle Initial)       SUE MYRICK FOR CONGRESS       Transaction ID:       SB23.30432         Mailing Address       2501 Wisconsin Avenue, NW #304       Mount of Each Disbursement this Peri       0 the f 2 0 0 8 1         Mailing Address       2501 Wisconsin Avenue, NW #304       Amount of Each Disbursement this Peri       1000.00         City       State       Zip Code       Amount of Each Disbursement this Peri       1000.00         Category/       Type       Type       1000.00       1000.00         Category/       Type       Category/       2 0 0 8       Amount of Each Disbursement this Peri         Office Sought:       X House       Disbursement For:       2008       Amount of Each Disbursement this Peri         State: NC       District: 09       Dibursement For:       2008															
City       State       Zip Code         Purpose of Disbursement       AZ       85064         Purpose of Disbursement       Category'         Candidate Name       Category'         Office Sought:       House         President       Disbursement For:       2008         Office Sought:       House         President       Disbursement For:       2008         State:       District:       Other (specify)       Transaction ID:       SB23.30432         SUE MYRICK FOR CONGRESS       Mailing Address       2501 Wisconsin Avenue, NW #304       Disbursement         City       State       Zip Code       Amount of Each Disbursement this Peri         Washington       DC       20007       Amount of Each Disbursement this Peri         Office Sought:       X       House       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008         State:       NC       District: 09       Other (specify)       3000.00		l)								sburs	emen	-	304	11	
Phoenix       AZ       85064         Purpose of Disbursement       1000.00         Candidate Name       Category/ Type         Office Sought:       House Senate       Disbursement For:       2008         President       Other (specify)       Transaction ID:       SB23.30432         State:       District:       Transaction ID:       SB23.30432         SUE MYRICK FOR CONGRESS       Mailing Address       2501 Wisconsin Avenue, NW #304       Mailing Address         City       State       Zip Code       Amount of Each Disbursement this Peri         Washington       DC       20007       Amount of Each Disbursement this Peri         Office Sought:       X House       Disbursement For:       2008         Category/ Type       Office Sought:       X House       Disbursement For:       2008         State:       NC       Disbursement For:       2008       Senate         President       Disbursement For:       2008       Subtrotal of Disbursements This Page (optional)         SubtrotAL of Disbursements This Page (optional)       Mailing (optional)       Mailing (optional)       Mailing (optional)	Mailing Address P.O. Box 32	2025						0 <sup>M</sup> 6	М	D	2 <sup>D</sup>		ź	οòε	3 <sup>Y</sup>
Candidate Name       Category/ Type         Office Sought:       House         Benate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         SUE MYRICK FOR CONGRESS         Mailing Address       2501 Wisconsin Avenue, NW #304         City       State         Washington       DC         Purpose of Disbursement       1000.00         Candidate Name       Disbursement For:         20007       Purpose of Disbursement         Candidate Name       Disbursement For:         Office Sought:       X House         Senate       Primary         President       Disbursement For:         20007       Type         Office Sought:       X House         Senate       Primary         President       Other (specify)         State: NC       District: 09         Subtrottal of Disbursements This Page (optional)       3000.00								Amo	unt of	f Each	ı Disb	urse	ment	this I	Period
Office Sought:       House       Disbursement For:       2008         Senate       Primary       X General         Other (specify)       Image: Construct is president       Other (specify)         Full Name (Last, First, Middle Initial)       SUE MYRICK FOR CONGRESS       Transaction ID:       SB23.30432         Mailing Address       2501 Wisconsin Avenue, NW #304       Image: Construct is president       Image: Construct is president       Image: Construct is president         City       State       Zip Code       Amount of Each Disbursement this Peri         Washington       DC       20007       Image: Construct is president         Category/       Type       Type         Office Sought:       X House       Disbursement For:       2008         Senate       Primary       X General       Image: Construct is president         Office Sought:       X House       Disbursement For:       2008         Senate       President       Other (specify)       Image: Construct is president       3000.00         SUBTOTAL of Disbursements This Page (optional)       Image: Construct is president       Image: Construct is president       Image: Construct is president	Purpose of Disbursement					1		L					10	00.0	0
Senate       Primary       X General         President       Other (specify)       ▼         State:       District:       ▼         Full Name (Last, First, Middle Initial)       SUE MYRICK FOR CONGRESS       Transaction ID: SB23.30432         Mailing Address       2501 Wisconsin Avenue, NW #304       06 M / 27 / 2008         City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:       2008         Senate       Disbursement For:       2008         State:       NC       District: 09       State:         SUBTOTAL of Disbursements This Page (optional)       3000.00	Candidate Name					-	-								
Full Name (Last, First, Middle Initial)       Transaction ID: SB23.30432         SUE MYRICK FOR CONGRESS       Date of Disbursement         Mailing Address       2501 Wisconsin Avenue, NW #304         City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       Interview         Candidate Name       Category/ Type         Office Sought:       X         K       House         President       Disbursement For:         State:       NC         District:       09	Senate President		Primary	X General											
City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       1000.00         Candidate Name       Category/ Type         Office Sought:       X         Senate       Primary         President       Other (specify)         State: NC       Disbursements This Page (optional)	Full Name (Last, First, Middle Initia									sburs	emen		304:	32	
Washington       DC       20007         Purpose of Disbursement       1000.00         Candidate Name       Category/ Type         Office Sought:       X       House         Senate       Primary       X General         President       Other (specify)          State: NC       Disbursements This Page (optional)       3000.00	Mailing Address 2501 Wisco	nsin Avenue, I	NW #304	1							27		ź	οòε	3 <sup>Y</sup>
Candidate Name       Category/ Type         Office Sought:       X         House       Disbursement For:       2008         Senate       Primary       X General         Other (specify)       ✓         SUBTOTAL of Disbursements This Page (optional)       3000.00								Amo	unt of	f Each	ı Disb	urse	-		
Type         Office Sought:       X       House       Disbursement For:       2008         Senate       Primary       X       General         President       Other (specify)       ▼         State: NC       District: 09       3000.00	Purpose of Disbursement					0		L.					10	00.0	0
Senate       Primary       X General         President       Other (specify)       ▼         SUBTOTAL of Disbursements This Page (optional)       3000.00	Candidate Name														
SUBTOTAL of Disbursements This Page (optional)	Senate President		Primary	X General											
	State: NC District: 09														
TOTAL This Devied (last name this line number only)	SUBTOTAL of Disbursements This F	Page (optional)					•						30	0.00	0
	TOTAL This Period (last page this lin	e number onlv)					►								

		CHEDULE B (FEC Form 3		Use separate schedule(s)							NE NUMBER: PAGE 42/43								
	IT	ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page			21b 27	2	· .	<i>·</i> · ·	23 28b	$\square$	24 28c	$\square$	25 29	26 30b		
		y Information copied from such Reports a for commercial purposes, other than usin																	
	$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	Political A	Action Co	mmittee														
Α.		Full Name (Last, First, Middle Initial)         UPTON FOR ALL OF US         Mailing Address       PO BOX 490							D		f Dis	sburs	-	B23.: nt / Y		34 0 0 8	Y		
		City ST JOSEPH	-	State VI	Zip Code 49085				A	moui	nt of	Each	ı Dis	burse		t this P			
		Purpose of Disbursement							L						10	00.00	)		
		Candidate Name				C	Categ Typ	-											
		Office Sought: X House Senate President		nent For: Primary Other (spe	2008 Gene cify) ▼	eral													
		State: MI District: 06			•														

su	BTOTAL of Disbursements This Page (optional)	•	1000.00
то	TAL This Period (last page this line number only)	►	36037.98
FE6A	N026		FEC Schedule B ( Form 3X) (Revised 02/2003)

	SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	-	NUMBER: PAGE 43/43
_	TEMIZED DISBURSEMENTS	Detailed S	ategory of the Summary Page	(check only 21b 27	22         23         24         25         26           28a         28b         28c         X         29         30
	Any Information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				
	College of American Pathologists Poli	itical Action Cor	nmittee		
A.	Full Name (Last, First, Middle Initial) Susan Askew				Transaction ID: SB29.30423 Date of Disbursement
	Mailing Address 1350 I St NW Suite 590				$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 6 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 1 \\ 1 \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} P \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y $
	City Washington	State DC	Zip Code 20005-3341		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbusement for In-Kind Contribution				907.02
	Candidate Name ENZI FOR US SENATE			Category/ Type	
	Office Sought: House Dis X Senate President State: WY District: 00	bursement For: Primary Other (spec	General cify) ▼		
в.	Full Name (Last, First, Middle Initial) Mrs. Susan R Askew				Transaction ID: SB29.30405 Date of Disbursement
	Mailing Address 1350 I Street, NW Suite 590				$ \begin{array}{c} \stackrel{M}{0} \stackrel{D}{6} \stackrel{M}{} & / \begin{array}{c} \stackrel{D}{1} \stackrel{D}{7} \\ \end{array} \begin{array}{c} \stackrel{Y}{7} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{8} \end{array} $
	City Washington	State DC	Zip Code 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement for In-Kind Contribution				242.50
	Candidate Name FRIENDS OF DICK DURBIN COMMI	TTEE		Category/ Type	
	X Senate President	bursement For: Primary Other (spec	General Gify) ▼		
	State: IL District: 00				

TOTAL This Period (last page this line number only)	►	1149.52
SUBTOTAL of Disbursements This Page (optional)	►	1149.52
1		