

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)

1350 I Street, NW

Suite 590

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00274944

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Alfred Wray Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Wray Campbell

Date

09

19

2007

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		67604.65
(b) Cash on Hand at Beginning of Reporting Period .....	70291.33	
(c) Total Receipts (from Line 19) .....	49340.00	348693.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119631.33	416297.65
7. Total Disbursements (from Line 31) .....	11513.15	308179.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	108118.18	108118.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42585.00	250245.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	6755.00	98448.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	49340.00	348693.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	49340.00	348693.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	49340.00	348693.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49340.00	348693.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1013.15	6115.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1013.15	6115.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	296652.27
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(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	100.00
29. Other Disbursements.....	1000.00	4312.16
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11513.15	308179.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11513.15	308179.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	49340.00	348693.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49340.00	348593.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1013.15	6115.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1013.15	6115.04

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** L. John Abernethy, Dr.

Mailing Address 412 James Doak Pkwy

City Greensboro State NC Zip Code 27455

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27268

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** K Chandnish Ahluwalia, Dr.

Mailing Address Dept of Path  
1812 Verdugo Blvd

City Glendale State CA Zip Code 91208

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Verdugo Hills Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** G Mahmood Aijazi, Dr.

Mailing Address 13900 Park Ctr Rd

City Herndon State VA Zip Code 22071-3222

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Laboratory Corporation of America

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27183

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jay Roy Apter, Dr.

Mailing Address Department of Pathology  
3600 NW Samaritan Drive

City State Zip Code  
Corvallis OR 97330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Good Samaritan Regional  
Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27172

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** S Ram Bala, Dr.

Mailing Address Dept of Path  
2800 W 95th St

City State Zip Code  
Evergreen Park IL 60805-2701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Little Co of Mary Hosp &  
Hlth Care Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27189

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** E. Marian Bensema, Dr.

Mailing Address Department of Pathology  
1740 Nicholasville Rd.

City State Zip Code  
Lexington KY 40503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Baptist Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.27157

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** F. Peter Bernhardt, Dr.

Mailing Address Department of Pathology  
800 Biesterfield Rd

City State Zip Code  
Elk Grove Village IL 60007-3397

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alexian Brothers Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Lee Gordon Bills, Dr.

Mailing Address 9293 Witherbone Court

City State Zip Code  
Cincinnati OH 45242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Good Samaritan Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11A1.27169

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** J. David Blomberg, Dr.

Mailing Address 1314 South Ridge Rd

City State Zip Code  
Duluth MN 55804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Arrowhead Pathologists PA

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27146

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)

H George Cannon, Dr.

Mailing Address Dept of Path  
Eighth Ave and C Streets

City State Zip Code  
Salt Lake City UT 84143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LDS Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27186

Amount of Each Receipt this Period

250.00

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

C. Philip Chen, Dr.

Mailing Address 12423 Research Pkwy Ste 700

City State Zip Code  
Orlando FL 32826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cognoscenti Health Inst

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.27160

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

D Terry Clark, Dr.

Mailing Address Dept of Path  
290 Big Run Rd

City State Zip Code  
Lexington KY 40503-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pathology & Cytology Labs  
Inc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27206

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** E. Raymond Clarke, Dr.

Mailing Address Department of Pathology  
525 E Market St

City State Zip Code  
Akron OH 44309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Summa Health System-Akron

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.27245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Gaston Jeffrey Detweiler, Dr.

Mailing Address Laboratory  
6100 Harris Parkway

City State Zip Code  
Ft Worth TX 76132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harris Methodist Southwest

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** E. Rosemary Detweiler, Dr.

Mailing Address Department of Pathology  
6100 Harris Pkwy

City State Zip Code  
Ft Worth TX 76132

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Harris Methodist Southwest

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27176

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Elizabeth Ann Doniguan, Dr.

Mailing Address Dept of Path  
703 Main St

City State Zip Code  
Paterson NJ 07503-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph's Hosp & Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27231

Amount of Each Receipt this Period

1000.00

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

Allen Christopher Dowling, Dr.

Mailing Address Spectrum Medical Group  
22 Bramhall St

City State Zip Code  
Portland ME 04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Medical Center

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27191

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

N. Richard Eisen, Dr.

Mailing Address Department of Pathology  
5 Perryridge Rd

City State Zip Code  
Greenwich CT 06830-4697

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenwich Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27175

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) F Kevin Forsthoefel, Dr.		Date of Receipt MM / DD / YYYY 08 / 10 / 2007	
Mailing Address Dept of Path 3535 Olentangy River Rd		<b>Transaction ID:</b> SA11A1.27218	
City Columbus State OH Zip Code 43214-3998		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Riverside Methodist Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Jane Marla Franks, Dr.		Date of Receipt MM / DD / YYYY 08 / 23 / 2007	
Mailing Address Laboratory 3950 Austell Road		<b>Transaction ID:</b> SA11A1.27257	
City Austell State GA Zip Code 30106		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wellstar Cobb Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) F. Alan Frig, Dr.		Date of Receipt MM / DD / YYYY 08 / 10 / 2007	
Mailing Address Department of Pathology 1800 East Lakeshore Drive		<b>Transaction ID:</b> SA11A1.27235	
City Decatur State IL Zip Code 62521-2521		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Mary's Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

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

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** F. Richard Garnet, Dr.

Mailing Address Department of Pathology  
1401 Chester Blvd

City State Zip Code  
Richmond IN 47374

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reid Hospital & Health Ca-  
re Services

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27217

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Sylvester Michael Graff, Dr.

Mailing Address 290 Big Run Rd

City State Zip Code  
Lexington KY 40503-2903

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pathology & Cytology Labs  
Inc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11A1.27205

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** C Christopher Hardy, Dr.

Mailing Address 1814 E Locust St

City State Zip Code  
Davenport IA 52803-2091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quad Cities Pathologists  
LLC

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27215

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** J. Richard Hausner, Dr.

Mailing Address 7941 Katy Freeway  
#530

City State Zip Code  
Houston TX 77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Paul Jason Heese, Dr.

Mailing Address Dept of Path  
900 Illinois Ave

City State Zip Code  
Stevens Point WI 54481-3114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Michaels Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27243

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** N. Gene Herbek, Dr.

Mailing Address The Pathology Center  
8303 Dodge St

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Methodist Hospital

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11A1.27194

Amount of Each Receipt this Period

1750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jane Mary Hicks, Dr.

Mailing Address 6340 N Camino Arco

City State Zip Code  
Tucson AZ 85718-3809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27265

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** J. David Huddleston, Dr.

Mailing Address Dept of Path  
1800 E Lakeshore Dr

City State Zip Code  
Decatur IL 62521-3883

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Mary's Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27236

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Wayne Bruce Hughes, Dr.

Mailing Address PO Box 9010

City State Zip Code  
Kokomo IN 46904-9010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph Hosp & Health  
Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27237

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Joseph Carmen Julius, Dr.

Mailing Address 1044 Belmont Ave

City State Zip Code  
 Youngstown OH 44504-1096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Elizabeth Health Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11A1.27228

Amount of Each Receipt this Period

1050.00

Full Name (Last, First, Middle Initial)

**B.** T. Michael Kafka, Dr.

Mailing Address Department of Pathology  
 2720 Stone Park Blvd

City State Zip Code  
 Sioux City IA 51104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke's Reg Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** H Richard Knierim, Dr.

Mailing Address 1229 Madison St Ste 500

City State Zip Code  
 Seattle WA 98104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CellNetix Pathology PLLC

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27155

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2550.00

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

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

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FOR LINE NUMBER: PAGE 17 / 36

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) D Mark Kolins, Dr. Mailing Address 3601 W. 13 Mile Road City State Zip Code Royal Oak MI 48073-6769 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer William Beaumont Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 10 / 2007 <b>Transaction ID:</b> SA11A1.27261 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Vladimirov Petio Kotov, Dr. Mailing Address Dept of Path 500 Campus Dr City State Zip Code Hancock MI 49930 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Portage View Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 10 / 2007 <b>Transaction ID:</b> SA11A1.27211 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Leslie Kuma Mailing Address 8018 S Evans #3W City State Zip Code Chicago IL 60619 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Stroger Hospital of Cook County Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 08 / 10 / 2007 <b>Transaction ID:</b> SA11A1.27244 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

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

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** M. Darlene Lee, Dr.

Mailing Address 1200 N Beaver

City State Zip Code  
 Flagstaff AZ 86001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Flagstaff Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11A1.27168

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B.** B Ronald Lepoff, Dr.

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

City State Zip Code  
 Aurora CO 80045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Colorado Hosp Aut-  
hority

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27250

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** E Steven Levine, Dr.

Mailing Address Lab  
 1620 Med Ln Ste 100

City State Zip Code  
 Ft Myers FL 33907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AmeriPath Florida Inc

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27140

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

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

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) H Glenn Littell, Dr.			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address Young Novis Professional Assn 789 Central Ave			<b>Transaction ID:</b> SA11A1.27258	
City State Zip Code Dover NH 03820			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Wentworth-Douglass Hosp		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Fangluo Liu			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7	
Mailing Address 10710 Harpenden Avenue			<b>Transaction ID:</b> SA11A1.27269	
City State Zip Code Bakersfield CA 93311-3517			Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Comprehensive Blood and Cancer Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) L Richard Lozano, Dr.			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address Dept of Path 290 Big Run Rd			<b>Transaction ID:</b> SA11A1.27208	
City State Zip Code Lexington KY 40502			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Pathology & Cytology Labs Inc		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** J Sarah Lundeen, Dr.

Mailing Address Dept of Path  
915 E 1st St

City State Zip Code  
Duluth MN 55805-2107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Luke's Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** A Richard Marsh, Dr.

Mailing Address Dept of Path  
2615 E High St

City State Zip Code  
Springfield OH 45501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Community Hospital

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11A1.27162

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Patrice Anne Marshall, Dr.

Mailing Address Dept of Pathology  
290 Big Run Rd

City State Zip Code  
Lexington KY 40503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pathology & Cytology Labs  
Inc.

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11A1.27207

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** J. Paul McCarthy, Dr.

Mailing Address Department of Pathology  
400 W. 16th St.

City State Zip Code  
Pueblo CO 81003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parkview Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Austin Curtis McGuyer, Dr.

Mailing Address 6655 Alvarado Rd

City State Zip Code  
San Diego CA 92120-5208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alvarado Pathology Associ-  
ates

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Lisa Meyer

Mailing Address 980 Shoreline Dr

City State Zip Code  
San Mateo CA 94404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
California Pacific Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.27154

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

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

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or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

P Willard Milby, Dr.

Mailing Address 7101 Jahnke Rd

City State Zip Code  
 Richmond VA 23225-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chippenham/Johnston-Willis  
Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.27158

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

K Syed Mohsin, Dr.

Mailing Address Dept of Path  
 3535 Olentangy River Rd

City State Zip Code  
 Columbus OH 43214-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Methodist Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27219

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Joseph James Navin, Dr.

Mailing Address 5287 Poola St

City State Zip Code  
 Honolulu HI 96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11A1.27165

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** M David Reardon, Dr.

Mailing Address Lab

1620 Med Ln Ste 100

City

State

Zip Code

Ft Myers

FL

33907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AmeriPath Florida Inc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.27141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** H. Linda Riley, Dr.

Mailing Address 1116 138th Ave NW

City

State

Zip Code

Andover

MN

55304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Gerard Stephen Ruby, Dr.

Mailing Address 12251 S 80th Ave

City

State

Zip Code

Palos Heights

IL

60463-0930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palos Community Hosp

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27201

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** N. Jared Schwartz, Dr.

Mailing Address Dept of Lab Med & Pathology  
PO Box 33549

City State Zip Code  
Charlotte NC 28233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Presbyterian Health Care  
Sys

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27213

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** M. Thomas Sodeman, Dr.

Mailing Address Chairman Laboratory Medicine  
10 Nevada Dr

City State Zip Code  
Lake Success NY 11042-1114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Shore LIJ HS

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11A1.27200

Amount of Each Receipt this Period

1800.00

Full Name (Last, First, Middle Initial)

**C.** P. David Stanley, Dr.

Mailing Address 1150 N 18th St Ste 102

City State Zip Code  
Abilene TX 79601-2931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Abilene Path Assoc

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27132

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

4550.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** J Stephen Swanger, Dr.Mailing Address 501 20th St  
Ste G3City State Zip Code  
Knoxville TN 37916-1890FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Innovative Pathology Serv-  
icesOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Transaction ID: SA11A1.27180

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

**B.** E Paula Szytko, Dr.Mailing Address Dept of Path  
601 N Elm St PO Box HP-5City State Zip Code  
High Point NC 27261FEC ID number of contributing  
federal political committee.**C**Name of Employer  
High Point Regional HospOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.27178

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Olguta Diana Treaba, Dr.Mailing Address 630 Smithfield Rd  
Apt 1201City State Zip Code  
N Providence RI 02904FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PhenoPath LabsOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2035.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tai-Po Tschang

Mailing Address Dept of Path  
1303 E Herndon Ave

City State Zip Code  
Fresno CA 93720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Agnes Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.27225

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Briggs Shelly Underhill, Dr.

Mailing Address Cyto Dept  
8901 W Lincoln Ave

City State Zip Code  
West Allis WI 53227-2409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACL Labs

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11A1.27134

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C.** E Stuart VanMeter, Dr.

Mailing Address Dept of Path  
1924 Alcoa Hwy # U108

City State Zip Code  
Knoxville TN 37920-1511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dynacare Laboratories Ten-  
nessee

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27167

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mark Thomas Wallace, Dr.

Mailing Address 2308 Sandridge Dr

City State Zip Code  
 Dayton OH 45439-1856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CompuNet Clinical Labs

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** M. Timothy Wallace, Dr.

Mailing Address 21155 Ann Rita Dr

City State Zip Code  
 Brookfield WI 53045-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke's South Shore

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: SA11A1.27238

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C.** M. Timothy Wallace, Dr.

Mailing Address 21155 Ann Rita Dr

City State Zip Code  
 Brookfield WI 53045-4035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke's South Shore

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

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

Transaction ID: SA11A1.27239

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** E. Scott Wang, Dr.Mailing Address Department of Pathology  
11 Friendship StreetCity State Zip Code  
Newport RI 02840-2299FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Newport HospOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Transaction ID: SA11A1.27197

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Quincy James Whitaker, Dr.

Mailing Address PO Box 2343

City State Zip Code  
Warner Robins GA 31099FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Path Institute of Middle  
GA, PCOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.27204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** S. Thomas Whittle, Dr.Mailing Address Department of Pathology  
200 Hospital DriveCity State Zip Code  
Galax VA 24333FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Twin County Reg HospOccupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27247

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Layton Robert Williams, Dr.

Mailing Address 31 NW 4th Ave

City State Zip Code  
 Delray Beach FL 33444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westside Regional Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.27260

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

D. Douglas Wilson

Mailing Address Department of Pathology  
 1924 Alcoa Highway

City State Zip Code  
 Knoxville TN 37920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Tennessee Med Ctr  
 Knoxville

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.27252

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

D Mark Woodard, Dr.

Mailing Address 27 Gannett Peak Dr

City State Zip Code  
 Lander WY 82520-9643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lander Valley Med Ctr

Occupation  
Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: SA11A1.27185

Amount of Each Receipt this Period

535.00

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)  
 Allen Matthew Zarka, Dr.

Mailing Address 13400 E Shea Blvd

City State Zip Code  
 Scottsdale AZ 85259-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mayo Clinic Scottsdale

Occupation  
 Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.27193

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

42585.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 36

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Sun Trust Bank

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
Suntrust Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.27279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

872.75

Full Name (Last, First, Middle Initial)

**B.** Sun Trust Bank

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
American Express Bank Services Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.27280

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.80

Full Name (Last, First, Middle Initial)

**C.** Sun Trust Bank

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
American Express Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.27282

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.50

**SUBTOTAL** of Disbursements This Page (optional) .....

922.05

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 36

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Sun Trust Bank

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
American Express Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.27283

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.60

**SUBTOTAL** of Disbursements This Page (optional) .....

40.60

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

962.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

**Transaction ID: SB23.26726**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1631

City  
BALTIMORE

State  
MD

Zip Code  
21203

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 07

**Transaction ID: SB23.27276**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ELIZABETH DOLE COMMITTEE INC**

Mailing Address PO BOX 2918

City  
RALEIGH

State  
NC

Zip Code  
27602

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 00

**Transaction ID: SB23.27273**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hoosiers Supporting Buyer for Congress

Mailing Address 200 N. main Street

City Monticello State IN Zip Code 47960

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23.26727

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** HULSHOF FOR CONGRESS

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 09

**Transaction ID:** SB23.26728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** HULSHOF FOR CONGRESS

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 09

**Transaction ID:** SB23.26729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. HULSHOF FOR CONGRESS**

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 09

**Transaction ID: SB23.26730**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOHN S FUND**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.26733**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

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

9500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** College of American Pathologists Political Action Committee

Mailing Address 1350 I Street, NW  
Suite 590

City Washington State DC Zip Code 20005

Purpose of Disbursement  
\$500/\$500 Drs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.27284

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

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

1000.00