09/19/2007 10:47

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

•		For C	Other Than An	Authorize	ed Commit	tee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		FEC MAILING LAE YPE OR PRINT		xample:If typin ver the lines	g, type				
	College of American Patholo	ogists Po	olitical Action Comn	nittee				1 1 1		
Ш										
AD	DRESS (number and street)	135	50 I Street, NW							
	Check if different	Sui	ite 590							
L	than previously reported. (ACC)	L Wa	ashington				DC	200	005	
2.	FEC IDENTIFICATION NUI	MBER	~	CITY 🛋		5	STATEA	Z	IPCODE .	A
	C00274944		:	3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)		n) Monthly Report Due On:	Feb 20 (M2		May 20 (M5)		ıg 20 (M8)	Yea	v 20 (M11) on-Election ar Only)
	(a) Quarterly Reports:		닏	Mar 20 (M	3)	Jun 20 (M6)	X Se	ep 20 (M9)	(No Yea	c 20 (M12) on-Election ar Only)
	April 15			Apr 20 (M4	1)	Jul 20 (M7)	0	ct 20 (M10)	Jar	1 31 (YE)
	Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15	(1ډ	(c) 12-Day		Primary (12	P)	Genera	l (12G)	Rui	noff (12R)
			PRE-Election Report for the		Convention (12C)		Specia	(12G)		
	Quarterly Report(0 January 31 Quarterly Report()	.	E	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		(d) 30-Day Post -Elect Report for the		General (30	G)	Runoff	(30R)	Spe	ecial (30S)
	Termination Report (TER)		•	Election on					n the State of	
5.	Covering Period 0	8	01 200	7	through	0.8	3 1	2007		
	ertify that I have examined this be or Print Name of Treasurer	•	and to the best of n		e and belief it i	s true, correct a	and complete	Э.		
. 16	,	_								
Sig	nature of Treasurer Electro	onically I	Filed by Dr. Alfre	ed Wray Cam	npbell	D	ate 0	9 19	20	0 7
NO	TE : Submission of false, erro	oneous,	or incomplete inform	nation may s	subject the per	son signing this	s Report to t	ne penalties o	f 2 U.S.C 4	137g.
	Office Use							1	FORM 3	3X

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name College of American Pathologists Political Action Committee [®] D " D 0.8 0 1 2007 8 0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 67604.65 [°]2007 January 1 (b) Cash on Hand at 70291.33 Begining of Reporting Period 49340.00 348693.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 119631.33 416297.65 6(a) and 6(c) for Column B) 11513.15 308179.47 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 108118.18 108118.18 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

(subtract Line 18(c) from Line 19)

College of American Pathologists Political Action Committee

0 1 м м 8 0 0 8 M 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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) 6755.00 98448.00 (ii) Unitemized (iii) TOTAL (add 49340.00 348693.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 49340.00 348693.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 49340.00 348693.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 49340.00 348693.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	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)	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party Committees	0.00	1000.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	9500.00	296652.27
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	100.00
	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
9.	Other Disbursements	1000.00	4312.16
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
	Emiss solajii, solajii, and solojj		
1.	Total Disbursements (add Lines 21(c), 22,	11510.15	200170.4
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11513.15	308179.47
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	11510.15	200170 4
	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
85. 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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1013.15	6115.04

COUEDING A (FEC Forms OV)				FOR LINE NUMBER: PAGE 6/36			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Δr	y information copied from such Reports and Sta	atamante mav	not be sold or used by any perso				
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	College of American Pathologists Politic	cal Action C	Committee				
Α.	Full Name (Last, First, Middle Initial) L. John Abernethy, Dr.			Date of Receipt			
	Mailing Address 412 James Doak Pkwy			08 10 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27268			
	Greensboro	NC	27455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Unaffiliated	Occupation Pathologi					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1			
	Other (specify) ▼	0 0	500.00]			
В.	Full Name (Last, First, Middle Initial) K Chandnish Ahluwalia, Dr.			Date of Receipt			
	Mailing Address Dept of Path 1812 Verdugo Blvd	08 10 YYYY 2007					
	City	Transaction ID: SA11A1.27254					
	Glendale	CA	91208	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Verdugo Hills Hosp	Occupation Pathologi		7			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00]			
— С.	Full Name (Last, First, Middle Initial) G Mahmood Aijazi, Dr.			Date of Receipt			
	Mailing Address 13900 Park Ctr Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.27183			
	Herndon	VA	22071-3222	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Laboratory Corporation of America	Occupation Pathologi	st				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		500.00				
[UBTOTAL of Receipts This Page (optional)			1250.00			
\vdash	OBTOTAL OF Necepts This Page (optional)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Jay Roy Apter, Dr. Mailing Address Department of Pathology			Date of Receipt
	3600 NW Samaritan Driv			08 23 2007
	City Corvallis	State OR	Zip Code	Transaction ID: SA11A1.27172
	FEC ID number of contributing federal political committee.	C	97330	Amount of Each Receipt this Period 500.00
	Name of Employer Good Samaritan Regional Med Ctr Receipt For: Primary Other (specify) ▼	Occupation Pathologi Aggregate		
3.	Full Name (Last, First, Middle Initial) S Ram Bala, Dr. Mailing Address Dept of Path			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2800 W 95th St City	State	Zip Code	Transaction ID: SA11A1.27189
	Evergreen Park FEC ID number of contributing federal political committee.	C	60805-2701	Amount of Each Receipt this Period 500.00
	Name of Employer Little Co of Mary Hosp & HIth Care Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologi Aggregate]
 C.	Full Name (Last, First, Middle Initial) E. Marian Bensema, Dr.			Date of Receipt
Mailing Address Department of Pathology 1740 Nicholasville Rd.				08 24 2007
	City	State	Zip Code	Transaction ID: SA11A1.27157
	Lexington FEC ID number of contributing federal political committee.	C	40503	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Central Baptist Hosp Patholog				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
			·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 36 (check only one) X 11a 11b 11c 12		
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica		••			
۹.	Full Name (Last, First, Middle Initial) F. Peter Bernhardt, Dr. Mailing Address Department of Pathology			Date of Receipt		
	Mailing Address Department of Pathology 800 Biesterfield Rd			08 24 2007		
	City Elk Grove Village	State II	Zip Code 60007-3397	Transaction ID: SA11A1.27137		
	FEC ID number of contributing federal political committee.	C	00007-3397	Amount of Each Receipt this Period 500.00		
	Name of Employer Alexian Brothers Med Ctr	Occupation	st			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
3.	Full Name (Last, First, Middle Initial) Lee Gordon Bills, Dr. Mailing Address 9293 Witherbone Court			Date of Receipt		
	City	State	Zip Code	0 8 2 4 2 0 0 7 Transaction ID: SA11A1.27169		
	Cincinnati FEC ID number of contributing federal political committee.	ОН	45242	Amount of Each Receipt this Period 300.00		
	Name of Employer Good Samaritan Hosp	Occupation Pathologia				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
Э.	Full Name (Last, First, Middle Initial) J. David Blomberg, Dr.			Date of Receipt		
	Mailing Address 1314 South Ridge Rd	08 / 10 / Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.27146		
	Duluth FEC ID number of contributing federal political committee.	C	55804	Amount of Each Receipt this Period 500.00		
Arrowhood Dothologists DA		Occupation Pathologia				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
s	UBTOTAL of Receipts This Page (optional)		·····	1300.00		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 9/36			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	College of American Pathologists Politic	cal Action C	Committee				
_	Full Name (Last, First, Middle Initial)			B . (B			
Α.	H George Cannon, Dr. Mailing Address Dept of Path			Date of Receipt			
	Mailing Address Dept of Path Eighth Ave and C Street	s		08 22 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27186			
	Salt Lake City	UT	84143	Amount of Each Receipt this Period			
	FEC ID number of contributing			250.00			
	federal political committee.	C		250.00			
	Name of Employer	Occupation	<u> </u>	_			
	Name of Employer LDS Hosp	Pathologi					
	Receipt For:		Year-to-Date ▼				
	Primary General	1 1	250.00	1			
	Other (specify) ▼		250.00				
_	Full Name (Local First Middle Letter)						
В.	Full Name (Last, First, Middle Initial) C. Philip Chen, Dr.			Date of Receipt			
	Mailing Address 12423 Research Pkwy	Ste 700	M ' M / D ' D / Y ' Y ' Y ' Y				
		08 01 2007					
	City	State	Zip Code	Transaction ID: SA11A1.27160			
	Orlando	<u>FL</u>	32826	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	rederal political committee.						
	Name of Employer Cognoscenti Health Inst	Occupation					
		Pathologi					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	3			
	Other (specify)		1000.00				
_	Full Name (Last, First, Middle Initial)			Data of Baselini			
C.	D Terry Clark, Dr. Mailing Address Dept of Path			Date of Receipt			
	290 Big Run Rd			08 31 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27206			
	Lexington	KY	40503-2903	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		1000.00			
	federal political committee.	<u> </u>		1000.00			
	Name of Employer Pathology & Cytology Labs	Occupation	1				
	Inc	Pathologi					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		1000.00] [
	Other (specify)			1			
Г							
s	UBTOTAL of Receipts This Page (optional)			2250.00			
\vdash	ago (opilolita)						

SCHEDULE A (FEC Form 3X)			Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 10 / 36		
•			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions		
Or		ame and add	aress or any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	-	Na !44 a. a.			
\angle	College of American Pathologists Politic	al Action C	committee			
Α.	Full Name (Last, First, Middle Initial) E. Raymond Clarke, Dr.			Date of Receipt		
	Mailing Address Department of Pathology	у		M M / D D / Y Y Y Y		
	525 E Market St	State	Zip Code	08 03 2007		
	City Akron	OH	44309	Transaction ID: SA11A1.27245		
		OH	44303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Summa Health System-Akron	Occupation Pathologi				
	Receipt For:		Year-to-Date V			
	Primary General	7.99.094.0	Total to Bate V	1		
	Other (specify) ▼	1	500.00			
В.	Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.			Date of Receipt		
	Mailing Address Laboratory 6100 Harris Parkway			08 23 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27177		
	Ft Worth	TX	76132	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer	Occupation	1	-		
	Harris Methodist Southwest	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0	230.00			
_	Full Name (Last, First, Middle Initial)			Date of Descript		
C.	E. Rosemary Detweiler, Dr. Mailing Address Department of Pathology	N/		Date of Receipt		
	6100 Harris Pkwy	08 23 2007				
	City	State	Zip Code	Transaction ID: SA11A1.27176		
	<u>Ft Worth</u>	TX	76132	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Harris Methodist Southwest		n ist			
			Year-to-Date ▼			
	Primary General	30 0 11		1		
	Other (specify) 🔻		250.00			
_						
				1000.00		
S	UBTOTAL of Receipts This Page (optional)	<u></u>	······································	1000.00		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE N	IUMBER:	PAGE 11/36
			Use separate schedule(s) or each category of the	(check only		
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
An	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may	not be sold or used by any perso	n for the purpo	se of solicitions	ting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	ic and add	ress or any political committee to	3011CIT CONTINUE	10113 110111	such committee.
/	College of American Pathologists Political	Action C	`ammittaa			
/	College of American Fathologists Folltical	ACTION	ommuee			
	Full Name (Last, First, Middle Initial)			Data of F) o o o i o t	
٦.	Elizabeth Ann Doniguian, Dr. Mailing Address Dept of Path	Date of F				
	Mailing Address Dept of Path 703 Main St			0 8	30	2007
	City	State	Zip Code	Transact	ion ID: SA	A11A1.27231
	Paterson	NJ	07503-2621			ceipt this Period
	FEC ID number of contributing				1 1	1000.00
	federal political committee.	С				1000.00
	Name of Employer C St Joseph's Hosp & Med Ctr	Occupation	1			
	St Joseph's Hosp & Med Ctr	athologi	st			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify) ▼		1000.00			
	Full Name (Last, First, Middle Initial)					
3.	Allen Christopher Dowling, Dr.	Date of F	Receipt			
	Mailing Address Spectrum Medical Group	M M	/ D D	/ Y Y Y Y		
	22 Bramhall St	7 ' 0 1	08	10	2007	
	City State Zip Code					A11A1.27191
	Portland	ME	04102	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C				250.00
	rederal political confinitiee.	-				
	Maine Medical Center	Occupation				
		Pathologi				
		Aggregate	Year-to-Date ▼	.		
	Primary General Other (specify) ▼		250.00			
	Cities (specify)	0 0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)			5. (5		
٠.	N. Richard Eisen, Dr. Mailing Address Department of Pathology			Date of F	·	/ Y Y Y Y
	Mailing Address Department of Pathology 5 Perryridge Rd			0 8	23	2007
	City	State	Zip Code	Transact	ion ID: SA	A11A1.27175
	Greenwich	CT	06830-4697	Amount of	of Each Re	ceipt this Period
	FEC ID number of contributing	С				300.00
	federal political committee.	<u> </u>				000.00
	Groonwich Hoch	Occupation				
		Pathologi				
		Aggregate	Year-to-Date ▼			
	Primary General		300.00			
	Other (specify) ▼	0 0				
				-		
s	UBTOTAL of Receipts This Page (optional)		·····			1550.00
_	OTAL Title Desiration in the control of the control					
T	OTAL This Period (last page this line number only)	٠				

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE N	UMBER:	PAGE 12/36
			Use separate schedule(s) or each category of the	(check only o	ne)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
			Detailed Guillinary Fage	13	14	15 16 17
An	y information copied from such Reports and Staten	nents may	not be sold or used by any perso	n for the purpos	e of solicit	ting contributions
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contribut	ons from	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
\rangle	College of American Pathologists Political	Action C	Committee			
_						
	Full Name (Last, First, Middle Initial)					
۹.	F Kevin Forsthoefel, Dr.	Date of R	eceipt			
	Mailing Address	мм				
	3535 Olentangy River Rd			0.8	10	2007
	City	State	Zip Code	Transacti	on ID: SA	A11A1.27218
	Columbus	OH	43214-3998	Amount o	f Each Re	ceipt this Period
	FEC ID number of contributing	С				250.00
	federal political committee.	<u> </u>				250.00
	Name of Employer) a a un ati an		_		
	Divorcido Móthódict Hoco	Occupation				
		Pathologi		_		
		Aggregate	Year-to-Date ▼	.		
	Primary General		250.00			
	Other (specify) ▼	1 1				
2	Full Name (Last, First, Middle Initial) Jane Marla Franks, Dr.			Date of R	acaint	
٥.	·		M M			
	Mailing Address Laboratory 3950 Austell Road				23	2007
	City	Zip Code	08		11A1.27257	
	Austell	30106				
		GA	30106	Amount o	r Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C				500.00
	rederal political committee.					
	Name of Employer	Occupation	1			
	Welletar Cohh Hoen	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-				
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	Full Name (Last, First, Middle Initial)					
Э.	F. Alan Frigy, Dr.			Date of R	eceipt	
	Mailing Address Department of Pathology			MM	DD	/ Y Y Y Y
	1800 East Lakeshore Drive			0.8	10	2007
	City	State	Zip Code	Transacti	on ID: SA	11A1.27235
	Decatur	<u>IL</u>	62521-2521	Amount o	f Each Re	ceipt this Period
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	Name of Employer C	Occupation	1	\dashv		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 36			
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
College of American Pathologists Po	litical Action (Committee				
Full Name (Last, First, Middle Initial) F. Richard Garnet, Dr.			Date of Receipt			
Mailing Address Department of Pathol 1401 Chester Blvd	ogy		08 23 2007			
City	State	Zip Code	Transaction ID: SA11A1.27217			
Richmond	IN	47374	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Reid Hospital & Health Ca- re Services Receipt For: Primary General	Occupation Patholog Aggregate					
Other (specify)	0 0	500.00				
Full Name (Last, First, Middle Initial) 3. Sylvester Michael Graff, Dr.			Date of Receipt			
Mailing Address 290 Big Run Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: SA11A1.27205			
<u>Lexington</u>	KY	40503-2903	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Pathology & Cytology Labs	Occupation Patholog		7			
Inc Receipt For:	_	e Year-to-Date 🔻				
Primary General Other (specify) ▼		2000.00				
Full Name (Last, First, Middle Initial) C. C Christopher Hardy, Dr.	•		Date of Receipt			
Mailing Address 1814 E Locust St						
City	State	Zip Code	Transaction ID: SA11A1.27215			
<u>Davenport</u>	IA	52803-2091	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Quad Cities Pathologists LLC Pathol						
LLC Receipt For:	_ · ·	e Year-to-Date ▼				
Primary General Other (specify)	0 0	250.00				
SUBTOTAL of Receipts This Page (optional)			1750.00			
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 14/36		
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or		name and add	aress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		No. 10 (1971)			
	College of American Pathologists Politi	cal Action C	committee			
Α.	Full Name (Last, First, Middle Initial) J. Richard Hausner, Dr.			Date of Receipt		
Α.	Mailing Address 7941 Katy Freeway			M M / D D / Y Y Y Y		
	#530			08 08 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27266		
	Houston	TX	77024	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	Name of Employer Unaffiliated	Occupation		7		
		Pathologi				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
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В.	Full Name (Last, First, Middle Initial) Paul Jason Heese, Dr.			Date of Receipt		
	Mailing Address Dept of Path			M M / D D / Y Y Y Y		
	900 Illinois Ave			08 30 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27243		
	Stevens Point	WI	54481-3114	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer	Occupation	1			
	St. Michaels Hosp	Pathologi	ist			
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	Primary General		250.00	1		
	Other (specify)	0 0	230.00			
_	Full Name (Last, First, Middle Initial)					
C.	N. Gene Herbek, Dr.			Date of Receipt		
	Mailing Address The Pathology Center 8303 Dodge St			08 21 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27194		
	Omaha	NE	68114	Amount of Each Receipt this Period		
	FEC ID number of contributing			1750.00		
	federal political committee.	C		1730.00		
	Name of Employer Methodist Hospital	Occupation				
		Pathologi		_		
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	NAME OF COMMITTEE (In Full)		S	
/	College of American Pathologists Politic	cai Action C	Jommittee	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
A.	Jane Mary Hicks, Dr. Mailing Address 6340 N Camino Arco			Date of Receipt
				08 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.27265
	Tucson	AZ	85718-3809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Unaffiliated	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify)	0 0		
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	Mailing Address Dept of Path 1800 E Lakeshore Dr			08 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.27236
	Decatur	<u> </u>	62521-3883	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Mary's Hosp	Occupation Patholog		
	Receipt For:		e Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify) 🔻		300.00	
_	Full Name (Last, First, Middle Initial) Wayne Bruce Hughes, Dr.			Date of Receipt
U.	Mailing Address PO Box 9010			M M / D D / Y Y Y Y
				08 22 2007
	City	State	Zip Code	Transaction ID: SA11A1.27237
	Kokomo	IN	46904-9010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Joseph Hosp & Health	Occupation Patholog		
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\setminus	NAME OF COMMITTEE (In Full)				
\rangle	College of American Pathologists Politi	ical Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Joseph Carmen Julius, Dr.			Date of Receipt	
	Mailing Address 1044 Belmont Ave			08 22 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.27228	
	Youngstown	OH	44504-1096	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		1050.00	
	Name of Employer St. Elizabeth Health Ctr	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1050.00	1	
	Other (specify) ▼	0 0	1030.00		
В.				Date of Receipt	
	Mailing Address Department of Patholog 2720 Stone Park Blvd	08 24 4 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27233	
	Sioux City	<u>IA</u>	51104	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer St. Luke's Reg Med Ctr	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) H Richard Knierim, Dr.			Date of Receipt	
	Mailing Address 1229 Madison St Ste 5	00		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.27155	
	Seattle	WA	98104	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer CellNetix Pathology PLLC	Occupation Patholog			
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	Primary General		2000.00		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 36		
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Α.	Full Name (Last, First, Middle Initial) D Mark Kolins, Dr.			Date of Receipt		
	Mailing Address 3601 W. 13 Mile Road	08 10 2007				
	City	State	Zip Code	Transaction ID: SA11A1.27261		
	Royal Oak	MI	48073-6769	Amount of Each Receipt this Period		
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	William Regument Heen	Occupation Pathologi				
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	Mailing Address Dept of Path 500 Campus Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Zip Code	Transaction ID: SA11A1.27211			
	Hancock	MI	49930	Amount of Each Receipt this Period		
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	Portage View Hosp	Occupation Pathologi				
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	Other (specify)		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Leslie Kuma			Date of Receipt		
	Mailing Address 8018 S Evans #3W			08 10 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27244		
	Chicago	IL	60619	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		400.00		
	Stronger Hoppital of Cook	Occupation Pathologic				
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Any information copied from such Reports and Statements may not be of rused by any person for the purpose of soliciting contributions of commercial purposes, other than using the name and address of any pollicial committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be of or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any pollicial committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be over or to committee. Any information copied from such Reports and Statements may not be over or the purpose of soliciting contributions from such committee. Full Name (Last, First, Middle Initial) A. M. Darlron Leo, Dr. Mailing Address 1200 N Beaver City State Zip Code Primary General Countribution (selectify) ▼ Primary General Countribution (selectify) ▼ Pathologist Primary General Countribution (selectify) ▼ Primary General Countribution (selectify) Transaction ID: SA11A1.27140 A					l `	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitary contributions of or commended 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. Darliend Lep. Dr. Mailing Address 1200 N Beaver City State Zip Code Transaction ID: SA11A1.27168 FEC ID number of contributing federal political committee. Cocupation Pathologist Receipt For: Primary General Other (specify) ▼ 750.00 Tansaction ID: SA11A1.27168 B. Branat Lapott. Dr. Mailing Address UCH Clinical Lab, Mailstop A022 City Capacity May Code Transaction ID: SA11A1.27250 Autrora Capacity May Code Transaction ID: SA11A1.27250 Autrora Capacity May Capacity Pathologist Receipt For: Primary General Code Transaction ID: SA11A1.27250 Autrora Capacity May Capacity Pathologist Receipt Individual Committee. Capacity May Capacity Pathologist Receipt ID: SA11A1.27250 Autrora Capacity May Capacity Pathologist Receipt Pathologist Receipt Individual Committee. Capacity May Capacity Pathologist Receipt Individual Committee. Capacity Pathologist Pathologist Receipt Individual Committee. Capacity	••	EMIZED RECEIL TO		Detailed Summary Page		→ ⊢ ⊢
NAME OF COMMITTEE (in Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. Darken Lee, br. Maling Address 1200 N Beaver City State Zip Code Flagstaff AZ 88001 FEC ID number of contributing federal political committee. C Pathologist Receipt For: Primary General Other (specify) F. Maling Address UCH Clinical Lab, Mailstop A022 City State Zip Code Pathologist Receipt For: Primary General Other (specify) F. Maling Address UCH Clinical Lab, Mailstop A022 City State Zip Code Aurora C. O. 80045 FEC ID number of contributing federal political committee. C Compatible For C. Maling Address UCH Clinical Lab, Mailstop A022 City State Zip Code Aurora C. O. 80045 FEC ID number of contributing federal political committee. C Compatible For C. Primary General Other (specify) ▼ C State Zip Code C State	Δ,	by information conicd from such Benerte and St	otomonto mo	reat he cold or wood by any norce		
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A. M. Dariene Lee, Dr. Maling Address 1200 N Beaver City State Zip Code Flagstaff AZ 88901 FEC ID number of contributing federal political committee. Name of Employer Primary General Occupation Pathologist B Receipt Tonumber of contributing federal political committee. Pull Name (Last, First, Middle Initial) B. Renafel Lepoff, Dr. Maling Address Light Last 17th Ave, Rm 292 City State Zip Code Autoria CO 80045 FEC ID number of contributing federal political committee. Name of Employer Primary General Occupation Primary State Zip Code Autoria CO 80045 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) C State Zip Code Autoria CO 80045 FEC ID number of contributing federal political committee. Name of Employer Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C E Steven Levine, Dr. Maling Address Lab 1620 Med Ln Ste 100 City State Zip Code Ft Myers FL 33997 FEC ID number of contributing federal political committee. C Date of Receipt This Period Date of Receipt Tonasaction ID: SA11A1.27140 Amount of Each Receipt this Period Date of Receipt Tonasaction ID: SA11A1.27140 Amount of Each Receipt this Period Date of Receipt Tonasaction ID: SA11A1.27140 Amount of Each Receipt this Period C State Zip Code Ft Myers FL 33997 FEC ID number of contributing federal political committee. C State Zip Code Ft Myers FL 33997 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Tonasaction ID: SA11A1.27140 Amount of Each Receipt this Period Amount of Each Receipt this Period	\rangle	` ,	cal Action (Committee		
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Full Name (Last, First, Middle Initial) B. B Ronald Lepoff, Dr. Mailing Address UCH Clinical Lab, Mailistop A022			-	750.00		
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. Name of Employer Univ of Colorado Hosp Authority Primary General Other (specify) ▼		Other (specify) ▼	0 0			
City State Zip Code Aurora CO 80045 FEC ID number of contributing federal political committee. Name of Employer Univ of Colorado Hosp Authority Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. E Steven Levine, Dr. Mailing Address Lab 1620 Med Ln Ste 100 City State Zip Code FL 33907 FEC ID number of contributing federal political committee. C. E Steven Levine, Dr. Mailing Address Lab 1620 Med Ln Ste 100 City State Zip Code FL 33907 FEC ID number of contributing federal political committee. C. E Steven Levine, Dr. Mailing Address Lab 1620 Med Ln Ste 100 City State Zip Code FL 33907 FEC ID number of contributing federal political committee. C. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) SUBTOTAL of Receipts This Page (optional)	В.	Full Name (Last, First, Middle Initial) B Ronald Lepoff, Dr.			Date of Receipt	
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	College of American Pathologists Politi	cal Action C	Committee			
Α.	Full Name (Last, First, Middle Initial) H Glenn Littell, Dr.			Date of Receipt		
	Mailing Address Young Novis Profession 789 Central Ave	nal Assn		08 10 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27258		
	Dover	NH	03820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Wentworth-Douglass Hosp	Occupation Pathologi				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0		_		
— В.	Full Name (Last, First, Middle Initial) Fangluo Liu			Date of Receipt		
	Mailing Address 10710 Harpenden Aven	M M / D D / Y Y Y Y				
				08 10 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27269		
	Bakersfield	CA	93311-3517	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		400.00		
	Name of Employer Comprehensive Blood and	Occupation	<u> </u>	\dashv		
	Comprehensive Blood and Cancer Ctr	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General		100.00	1		
	Other (specify) ▼		400.00			
	Full Name (Last, First, Middle Initial) L Richard Lozano, Dr.			Date of Receipt		
J.	Mailing Address Dept of Path			M M / D D / Y Y Y Y		
	290 Big Run Rd			08 24 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27208		
	Lexington	KY	40502	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologic				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1 1	1000.00	1		
	Other (specify)		1000.00			
_						
				1900.00		
S	UBTOTAL of Receipts This Page (optional)		······	1900.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20/36
IT	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	al Action (Committee	
_	Full Name (Last, First, Middle Initial)			Data of Danaira
A.	J Sarah Lundeen, Dr. Mailing Address Dept of Path			Date of Receipt
	915 E 1st St			08 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.27232
	Duluth	MN	55805-2107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St Luke's Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) A Richard Marsh, Dr.			Date of Receipt
	Mailing Address Dept of Path 2615 E High St			08 22 2007
	City	State	Zip Code	Transaction ID: SA11A1.27162
	Springfield	OH	45501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Community Hospital	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	400.00	
	Other (specify) ▼	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr.			Date of Receipt
٥.	Mailing Address Dept of Pathology			M M / D D / Y Y Y Y
	290 Big Run Rd			08 24 2007
	City	State	Zip Code	Transaction ID: SA11A1.27207
	Lexington	KY	40503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Pathology & Cytology Labs	Occupation Patholog		
	Inc. Receipt For:		Year-to-Date ▼	-
	Primary General		0000.00	
	Other (specify) ▼		2000.00	
				1650.00
S	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number on	ıly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/36
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , ,	
\rangle	College of American Pathologists Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) J. Paul McCarthy, Dr.			Date of Receipt
	Mailing Address Department of Patholo 400 W. 16th St.			0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pueblo	State CO	Zip Code 81003	Transaction ID: SA11A1.27203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Parkview Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Austin Curtis McGuyer, Dr.			Date of Receipt
	Mailing Address 6655 Alvarado Rd			08
	City	State	Zip Code	Transaction ID: SA11A1.27138
	San Diego	CA	92120-5208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alvarado Pathology Associ- ates	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Lisa Meyer			Date of Receipt
	Mailing Address 980 Shoreline Dr			0 8 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.27154
	San Mateo	CA	94404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer California Pacific Med Ctr	Occupation Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 22/36
			Use separate schedule(s) or each category of the	(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			,	13 14	15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of solic	iting contributions
or	for commercial purposes, other than using the name	ne and add	ress or any political committee to	SOlicit contributions from	such committee.
/	NAME OF COMMITTEE (In Full)	I A -4: O			
/	College of American Pathologists Political	Action C	ommittee		
_	Full Name (Last, First, Middle Initial)				
٩.	P Willard Milby, Dr.			Date of Receipt	
	Mailing Address 7101 Jahnke Rd			08 03	2007
	City	State	Zip Code	Transaction ID: S	
	Richmond	VA	23225-4044	Amount of Each Re	
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer Chippenham/Johnston-Willis	Occupation		1	
	Med Ctr	Pathologi	st		
		Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
	Full Name (Last, First, Middle Initial)				
3.	K Syed Mohsin, Dr.			Date of Receipt	
	Mailing Address Dept of Path 3535 Olentangy River Rd	08 30	2007		
	City	Transaction ID: S			
	Columbus	State OH	Zip Code 43214-3998	Amount of Each Re	
	FEC ID number of contributing		1 1 1 1 1	7 modific of Edon Fit	
	federal political committee.	C			250.00
	Name of Employer	Occupation		_	
	Riverside Méthédist Hosp	Pathologi:			
			Year-to-Date ▼		
	Primary General	1 1	050.00		
	Other (specify)		250.00		
	Full Name (Leaf First Affill Life S			1	
Э.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.			Date of Receipt	
	Mailing Address 5287 Poola St			M M / D D	/ Y Y Y Y
				08 10	
	City	State	Zip Code	Transaction ID: S	
	Honolulu	HI	96821	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Cytopath Inci	Occupation			
		Pathologi:	Year-to-Date ▼	-	
	Primary General	Aggregate			
	Other (specify)		2000.00		
					800.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		000.00
т	OTAL This Period (last page this line number only	·)			
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 23 / 36
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalica zaminaly i age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologists Politi	cal Action (Committee	
	5 HAL			
Α.	Full Name (Last, First, Middle Initial) M David Reardon, Dr.			Date of Receipt
	Mailing Address Lab			M M / D D / Y Y Y Y
	1620 Med Ln Ste 100			08 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.27141
	Ft Myers	FL	33907	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	V (5.1	10		
	Name of Employer AmeriPath Florida Inc	Occupation		
	Receipt For:	Pathologi	e Year-to-Date ▼	
	Primary General	Aygregate	rear-to-Date V	,
	Other (specify)		750.00	
			0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
В.	H. Linda Riley, Dr.			Date of Receipt
	Mailing Address 1116 138th Ave NW			M M / D D / Y Y Y Y
	200		7: 0 1	08 24 2007
	City	State	Zip Code	Transaction ID: SA11A1.27249
	Andover	MN	55304	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	า	
	United Hosp	Pathologi	ist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
C.	Full Name (Last, First, Middle Initial) Gerard Stephen Ruby, Dr.			Date of Receipt
•	Mailing Address 12251 S 80th Ave			M M / D D / Y Y Y Y
	12201 0 0011710			08 30 2007
	City	State	Zip Code	Transaction ID: SA11A1.27201
	Palos Heights	IL	60463-0930	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer.	Occupation	2	_
	Palos Community Hosp	Pathologi		
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	551 05410	1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼		500.00	
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s	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash	,			

SCHEDULE A (FEC Form 3X)

SCH	EDULE A (FEC Form 3X)			FOR LINE NUMBER	R: PAGE 24/36
			Use separate schedule(s)	(check only one)	
ITEN	MIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12
			Detailed Guillinary Fage	13 14	15 16 17
Any in	formation copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of sol	liciting contributions
or for o	commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	m such committee.
\ NA	ME OF COMMITTEE (In Full)				
Co	ollege of American Pathologists Politic	al Action (Committee		
<u>/</u>					
-	Name (Last, First, Middle Initial)			5. (5	
	Jared Schwartz, Dr.			Date of Receipt	
Ma	iling Address Dept of Lab Med & Patho	ology		08 3	0 2007
City	PO Box 33549	State	Zip Code	Transaction ID:	
	y narlotte	NC	28233		
		INC	20233	Amount of Each I	Receipt this Period
	C ID number of contributing eral political committee.	C			2500.00
ieu	erai politicai committee.				
Na	me of Employer esbyterian Health Care	Occupation	n		
Sy:		Patholog	ist		
	ceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	0500.00	1	
	Other (specify)		2500.00		
	Name (Last, First, Middle Initial)			5. (5	
	Thomas Sodeman, Dr.			Date of Receipt	
ivia	iling Address Chairman Laboratory Me 10 Nevada Dr	08 2	2 2007		
Cit		State	Zip Code	Transaction ID:	
	ke Success	NY	11042-1114		
		INT	11042-1114	Amount of Each I	Receipt this Period
	C ID number of contributing eral political committee.	C			1800.00
ica	era pontea committee.				
Na	me of Employer	Occupation	n		
INO	rth Shore LIJ HS	Patholog	ist		
Re	ceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1800.00	1	
	Other (specify) ▼	0 0	1800.00		
_	Name (Last, First, Middle Initial)			Data of Descint	
	David Stanley, Dr. iling Address 1150 N 18th St Ste 102			Date of Receipt	D / Y Y Y Y
ivia	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			08 3	
Cit	V	State	Zip Code	Transaction ID:	
	, illene	TX	79601-2931		Receipt this Period
			70001 2001	Amount of Each	receipt triis i criod
	C ID number of contributing eral political committee.	C			250.00
	oral political committee.				
Na Ah	me of Employer ilene Path Assoc	Occupation			
		Patholog		_	
Re	ceipt For:	Aggregate	e Year-to-Date ▼		
-	Primary General		250.00		
L	Other (specify) ▼		200.00	1	
0115-	TOTAL of December This Dec. (1911)				4550.00
SUBI	TOTAL of Receipts This Page (optional)		······	-	
TOT	AL This Period (last page this line number or	lv)	>		
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91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25/36		
· · · · · · · · · · · · · · · · · · ·			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Guillinary Fage	13 14 15 16 17		
Ar or	ry information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
\rangle	College of American Pathologists Politi	cal Action (Committee			
Α.	Full Name (Last, First, Middle Initial) J Stephen Swanger, Dr.			Date of Receipt		
	Mailing Address 501 20th St Ste G3			08 30 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27180		
	Knoxville	TN	37916-1890	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		535.00		
	Name of Employer Innovative Pathology Services	Occupation Pathologic				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		535.00	7		
	Other (specify)	1 1		1		
— В.	Full Name (Last, First, Middle Initial) E Paula Szypko, Dr.			Date of Receipt		
	Mailing Address Dept of Path			M M / D D / Y Y Y		
	601 N Elm St PO Box F		7' 0 1	08 22 2007		
	City	State	Zip Code	Transaction ID: SA11A1.27178		
	High Point	NC	27261	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer High Point Regional Hosp	Occupation Pathologic		7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	7		
	Other (specify)		1000.00			
<u> </u>	Full Name (Last, First, Middle Initial) Olguta Diana Treaba, Dr.			Date of Receipt		
	Mailing Address 630 Smithfield Rd Apt 1201			0 8 1 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.27210		
	N Providence	RI	02904	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer PhenoPath Labs	Occupation Pathologic				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		500.00	1		
				<u> </u>		
_	LIDTOTAL of Develop Till Develop 1			2035.00		
	UBTOTAL of Receipts This Page (optional)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 36)
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	College of American Pathologists Politic	cal Action (Committee		
	Full Name (Last, First, Middle Initial)				
A.	Tai-Po Tschang			Date of Receipt	
	Mailing Address Dept of Path			08 23 2007	
	1303 E Herndon Ave	State	Zip Code	Transaction ID: SA11A1.27225	
	Fresno	CA	93720	Amount of Each Receipt this Period	
	FEC ID number of contributing		00720		
	federal political committee.	C		400.00)
	Name of Employer St Agnes Med Ctr	Occupation Patholog			
	Receipt For:		Year-to-Date ▼	7	
	Primary General		400.00		
	Other (specify) ▼	0 0	400.00		
	Full Name (Lock First Middle Initial)				
В.	Full Name (Last, First, Middle Initial) Briggs Shelly Underhill, Dr.			Date of Receipt	
	Mailing Address Cyto Dept			M M / D D / Y Y Y Y	Υ
	8901 W Lincoln Ave			08 10 2007	
	City	State	Zip Code	Transaction ID: SA11A1.27134	
	West Allis	WI	53227-2409	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		750.00	
	Name of Employer ACL Labs	Occupation	า	7	
		Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		750.00		
	Other (specify)	0 0			
C.	Full Name (Last, First, Middle Initial) E Stuart VanMeter, Dr.			Date of Receipt	
Ο.	Mailing Address Dept of Path			M M / D D / Y Y Y	Υ
	1924 Alcoa Hwy # U108	3		08 17 2007	
	City	State	Zip Code	Transaction ID: SA11A1.27167	
	Knoxville	TN	37920-1511	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00)
	federal political committee.				
	Name of Employer	Occupation	1	7	
	Dynacare Laboratories Ten- nessee	Patholog	ist		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	1 1			
Г					
٩	UBTOTAL of Receipts This Page (optional)			1650.00)
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	OTAL This Period (last page this line number o	nly))	L	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 36 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action (Committee	_
A.	Full Name (Last, First, Middle Initial) Mark Thomas Wallace, Dr.			Date of Receipt
	Mailing Address 2308 Sandridge Dr			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.27163
	Dayton	OH	45439-1856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer CompuNet Clinical Labs	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) M. Timothy Wallace, Dr.			Date of Receipt
	Mailing Address 21155 Ann Rita Dr			08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.27238
	Brookfield	WI	53045-4035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer St. Luke's South Shore	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
— С.	Full Name (Last, First, Middle Initial) M. Timothy Wallace, Dr.			Date of Receipt
О.	Mailing Address 21155 Ann Rita Dr			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.27239
	Brookfield	WI	53045-4035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Luke's South Shore	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	865.00	
s	UBTOTAL of Receipts This Page (optional)			1365.00
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SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE NUM	BER: PAGE 28/36
			Use separate schedule(s) or each category of the	(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11	1b 🔲 11c 🔲 12 🔃
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Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of solicit contributions	f soliciting contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	College of American Pathologists Politica	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) E. Scott Wang, Dr.			Date of Recei	pt
	Mailing Address Department of Pathology 11 Friendship Street			0.8	30 7 2007
	City	State	Zip Code	Transaction I	D : SA11A1.27197
	Newport	RI	02840-2299	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Newport Hosp	Occupation Patholog			
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Quincy James Whitaker, Dr.			Date of Recei	pt
	Mailing Address PO Box 2343			08	17 2007
	City	State	Zip Code	Transaction I	D : SA11A1.27204
	Warner Robins	GA	31099	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Path Institute of Middle GA. PC	Occupation Patholog		1	
	Receipt For:		e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼		1000.00		
Э.	Full Name (Last, First, Middle Initial) S. Thomas Whittle, Dr.			Date of Recei	pt
	Mailing Address Department of Pathology 200 Hospital Drive			0.8	22 2007
	City	State	Zip Code		D: SA11A1.27247
	Galax	VA	24333	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Twin County Reg Hosp	Occupation Patholog			
Primary General			e Year-to-Date ▼		
			250.00	1	
	Other (specify) ▼	0 0	230.00		
s	UBTOTAL of Receipts This Page (optional)				1750.00
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T	OTAL This Period (last page this line number onl	y)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 29/36							
	EMIZED RECEIPTS		or each category of the	(check only one)								
••	LIMIZED HEOEII 10		Detailed Summary Page	X 11a 11b	11c 12 15 16 17							
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	frict be sold of used by any persolarities to discommittee to	solicit contributions from	such committee.							
	NAME OF COMMITTEE (In Full)											
\rangle	College of American Pathologists Politi	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Layton Robert Williams, Dr.			Date of Receipt								
	Mailing Address 31 NW 4th Ave			08 / 00	2007							
	City	State	Zip Code	Transaction ID: SA11A1.27260								
	Delray Beach	FL	33444	Amount of Each R	eceipt this Period							
	FEC ID number of contributing federal political committee.			250.00								
	Name of Employer Westside Regional Med Ctr	Occupation Pathologic										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00	1								
	Other (specify) ▼		230.00	J								
В.	Full Name (Last, First, Middle Initial) D. Douglas Wilson			Date of Receipt								
	Mailing Address Department of Patholog 1924 Alcoa Highway	ЭУ		08 / 17								
	City	State	Zip Code	Transaction ID: S	A11A1.27252							
	Knoxville	TN	37920	Amount of Each R	eceipt this Period							
	FEC ID number of contributing federal political committee.	C			500.00							
	Name of Employer Univ of Tennessee Med Ctr Knoxville	Occupation Pathologic										
	Receipt For:		Year-to-Date ▼									
	Primary General		E00.00	1								
	Other (specify)	0 0	500.00									
C.	Full Name (Last, First, Middle Initial) D Mark Woodard, Dr.			Date of Receipt								
	Mailing Address 27 Gannett Peak Dr			0 8 1 0								
	City	State	Zip Code	Transaction ID: S								
	Lander	WY	82520-9643	Amount of Each R								
	FEC ID number of contributing federal political committee.	C			535.00							
	Name of Employer Lander Valley Med Ctr	Occupation										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		525.00	1								
	Other (specify) ▼		535.00	1								
s	UBTOTAL of Receipts This Page (optional)				1285.00							
F	1			-								
T	OTAL This Period (last page this line number of	only))									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Mayo Clinic Scottsdale

Primary

Mailing Address 13400 E Shea Blvd

General

State

ΑZ

C

Aggregate Year-to-Date ▼

250.00

Allen Matthew Zarka, Dr.

City

Scottsdale

Receipt For:

FOR LINE NUMBER: PAGE 30/36 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. College of American Pathologists Political Action Committee Date of Receipt 0 8 30 2007 Zip Code Transaction ID: SA11A1.27193 85259-5499 Amount of Each Receipt this Period 250.00 Occupation Pathologist

CURTOTAL of Possints This Page (entional)		250.00
SUBTOTAL of Receipts This Page (optional)		
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SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LCI OIIII 5X)	Use seperate schedule(s)			E NUMBI nly one)	31 / 3	/ 36								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	21b 27	22 28a	П	23 28b	24 28c	Н	25 29	_	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														
 NAME OF COMMITTEE (In Full) 	and address of any political col	TTITTIL	ee to s	Olicit com	ribut	ions irc	om Such	COMM	шиее					
College of American Pathologists Political	Action Committee													
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	SB21E	3.272	79					
A. Sun Trust Bank						isburse		V V	· V	V				
Mailing Address PO Box 85024				08 M / D 6 / Y 2 0 0 7										
	State Zip Code			Amo	unt o	f Each	Disburs	emen	t this P	eriod				
Richmond Purpose of Disbursement	VA 23285-5024			- Г					872.7	5	7			
Suntrust Bank Service Charges		٠				-	-		-					
Candidate Name	C	Categ Typ	-											
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3. Sun Trust Bank						isburse	SB21E ement			Υ				
Mailing Address PO Box 85024				0 8		1	4	2	0 ŏ 7					
City Richmond	State Zip Code VA 23285-5024			Amo	unt o	f Each	Disburs	emen			7			
Purpose of Disbursement American Express Bank Services Charges		-							34.8	0	_			
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City Richmond	State Zip Code VA 23285-5024			Amo	unt o	f Each	Disburs	emen	t this P	eriod	_			
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American Express Bank Service Charges Candidate Name		Categ Typ												
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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 32/36
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using the			, ,
\	NAME OF COMMITTEE (In Full)			
/	College of American Pathologists Po	litical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.27283
١.	Sun Trust Bank			Date of Disbursement
	Mailing Address PO Box 85024			088 / 27 / 2007
	City Richmond	State Zip Code VA 23285-5024		Amount of Each Disbursement this Period
	Purpose of Disbursement American Express Bank Service Charges		•	40.60
	Candidate Name	C	ategory/ Type	
	Office Sought: House Di Senate President	sbursement For: Primary General Other (specify)		
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SUBTOTAL of Disbursements This Page (optional)	•	40.60
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TOTAL This Period (last page this line number only)	•	962.65

SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and Statem for commercial purposes, other than using the name														ıs		
$\mid \mid$	NAME OF COMMITTEE (In Full)																
$ \rangle$	College of American Pathologists Political	Action Co	mmittee														
Α.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS					Transaction ID: SB23.26726 Date of Disbursement											
	Mailing Address P. O. Box 17813						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$										
		State VA	Zip Code 23226				Amount of Each Disbursement this Period										
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	Candidate Name				ate Ty	gory/ pe											
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	State: VA District: 07 Full Name (Last, First, Middle Initial)															_	
В.							Trans Date		-	sem	ent			V			
	Mailing Address PO BOX 1631							0 8	IVI .		2 7] [<u>'</u> 2	<u>,</u> 0 0	7 '		
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C.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC							Trans Date	of Di	sbur	sem	ent			_		
	Mailing Address PO BOX 2918							8 ^M 0	М	/	20]	Ý 2	<u>,</u> 0 0	7 1		
		State NC	Zip Code 27602					Amou	int of	f Eac	h Di	sburs			Period	_	
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SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b						
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College of American Pathologists Politica	Action Committee												
Full Name (Last, First, Middle Initial)				_	323.2672	27							
Hoosiers Supporting Buyer for Congress				isburseme		V * V *	V						
Mailing Address 200 N. main Street			Amount of Each Disbursement this Period										
City Monticello	State Zip Code IN 47960												
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Candidate Name		Category/ Type											
	ement For: 2008 Primary General												
President	Other (specify)												
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HOLSHOF FOR CONGRESS	M M	isburseme		YY	Υ								
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City Columbia	State Zip Code MO 65010		Amount o	f Each Dis	sbursemer	nt this Pe	eriod						
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One Polyto Nove													
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		Detailed	Summary Page	27	28a 28b	28c 29 30b
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	for commercial purposes, other than using					
Λ	NAME OF COMMITTEE (In Full)					
17	College of American Pathologists	Political Action Co	mmittee			
\mathbb{L}						
	Full Name (Last, First, Middle Initial)				Transaction ID: SE	323.26730
Α.	HULSHOF FOR CONGRESS				Date of Disburseme	ent
	Mailing Address Deat Office Dev	1001			08 / 27	['] 2007
	Mailing Address Post Office Box	1621			27	2007
	City	State	Zip Code		Amount of Each Dis	sbursement this Period
	Columbia	MO	65010			
	Purpose of Disbursement					500.00
	Candidate Name			Category/		
				Туре		
	Office Sought: X House	Disbursement For:	2008			
	Senate	Primary	X General			
	State: MO District: 09	Other (spe	ecity)			
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В.	Full Name (Last, First, Middle Initial)				Transaction ID: SE	
٥.	JOHN S FUND				Date of Disburseme	
	Mailing Address 104 Hume Avenu	IIA			$0^{M}8^{M}$ 2^{D}	2007
	City	State	Zip Code		Amount of Each Dis	sbursement this Period
	Alexandria	VA	22301			1000.00
	Purpose of Disbursement					1000.00
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	,	Use seperate schedule(s)	Use seperate schedule(s) (chec				OR LINE NUMBER: heck only one)						iE 36 / 36					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	П	22 28a	23 28b		24 28c	X	25 29		26 30b					
	y Information copied from such Reports and S for commercial purposes, other than using the											ns						
$\overline{\ }$	NAME OF COMMITTEE (In Full)																	
/	College of American Pathologists Pol	itical Action Committee																
	Full Name (Last, First, Middle Initial)						Transaction ID: SB29,27284											
۹.	 College of American Pathologists Political Action Committee 					Date of	Disbur	seme	-			Υ						
	Mailing Address 1350 I Street, NW Suite 590						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
	City Washington	State Zip Code DC 20005				Amount	of Eac	h Dis	burse	-		-	od					
	Purpose of Disbursement \$500/\$500 Drs							1	000.	00								
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