

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW  
Suite 590  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 12 01 2007 through 12 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 01 31 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		67604.65
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	130066.30									
(c) Total Receipts (from Line 19) .....	37361.00	505528.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167427.30	573132.65								
7. Total Disbursements (from Line 31) .....	31090.42	436795.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	136336.88	136336.88								
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**

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

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
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	28310.00	385650.00
(i) Itemized (use Schedule A) .....	9051.00	119878.00
(ii) Unitemized .....	37361.00	505528.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	37361.00	505528.00
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)) .....	37361.00	505528.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37361.00	505528.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	90.42	8681.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	90.42	8681.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	422702.27
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.....	0.00	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))..	31090.42	436795.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31090.42	436795.77

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	37361.00	505528.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37361.00	505428.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.42	8681.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90.42	8681.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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

**A.**

Full Name (Last, First, Middle Initial)  
W Matthew Andres, Dr.

Mailing Address Lab  
1111 Sixth Ave

City Des Moines State IA Zip Code 50314-2611

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

Name of Employer Mercy Med Ctr-Des Moines 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  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** SA11AI.27896

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
L. David Booker, Dr.

Mailing Address Department of Pathology  
2260 Wrightsboro Rd.

City Augusta State GA Zip Code 30904

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

Name of Employer Augusta Hosp 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 Y  
1 2 / 0 4 / 2 0 0 7

**Transaction ID:** SA11AI.27912

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Hecht Edward Bossen, Dr.

Mailing Address 2811 Wade Road

City Durham State NC Zip Code 27705-5622

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

Name of Employer Duke Univ Med Ctr 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 Y  
1 2 / 1 6 / 2 0 0 7

**Transaction ID:** SA11AI.27913

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 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

**A.**

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

Mailing Address 1211 Union Ave Ste 300

City State Zip Code  
Memphis TN 38104-6655

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

Name of Employer Occupation  
Duckworth Pathology Group 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  
1 2 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.27914

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen William Bush, Dr.

Mailing Address Dept of Path  
6601 White Feather Rd

City State Zip Code  
Joshua Tree CA 92252

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

Name of Employer Occupation  
Hi-Desert Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.27923

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
G. Alvaro Candel, Dr.

Mailing Address Dept of Pathology  
200 Berteau Avenue

City State Zip Code  
Elmhurst IL 60126-2966

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

Name of Employer Occupation  
Elmhurst Memorial Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.27926

Amount of Each Receipt this Period

1000.00

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

1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr.	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address Dept of Path 1 SHIRCLIFF WAY.	<b>Transaction ID:</b> SA11AI.27928
	City Jacksonville State FL Zip Code 32204	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer St Vincent's Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) B. James Cash, Dr.	Date of Receipt MM / DD / YYYY 12 / 06 / 2007
	Mailing Address Laboratory 2693 Forest Hills Rd	<b>Transaction ID:</b> SA11AI.27932
	City Wilson State NC Zip Code 27893	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Eastern Carolina Pathology, Inc Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.	Date of Receipt MM / DD / YYYY 12 / 26 / 2007
	Mailing Address 5620 East El Parque Street	<b>Transaction ID:</b> SA11AI.27939
	City Long Beach State CA Zip Code 90815-4129	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Centinela Hosp Med Ctr Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 7
	Mailing Address Dept of Pathology 200 Portland St	<b>Transaction ID:</b> SA11AI.27941
	City Columbia State MO Zip Code 65201	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Boyce & Byrum Pathology Labs PC Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) R. James DeVillier, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 7
	Mailing Address 296 Denada Path	<b>Transaction ID:</b> SA11AI.27943
	City Roxboro State NC Zip Code 27574	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Unaffiliated Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) B James Elston, Dr.	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 7
	Mailing Address 9420 Greg Ct	<b>Transaction ID:</b> SA11AI.27954
	City River Ridge State LA Zip Code 70123-2520	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer East Jefferson Genl Hosp Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 635.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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

**A.**

Full Name (Last, First, Middle Initial) Edward Ewing		Date of Receipt MM / DD / YYYY 12 / 06 / 2007
Mailing Address Lab 405 W Grand Ave		<b>Transaction ID:</b> SA11AI.27955
City Dayton	State OH	Zip Code 45459
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Grandview Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Farnham		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 5040 Airport Center Pkwy		<b>Transaction ID:</b> SA11AI.27956
City Charlotte	State NC	Zip Code 28208-5885
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Therese Karen Ferrer, Dr.		Date of Receipt MM / DD / YYYY 12 / 26 / 2007
Mailing Address 1521 West Harrison		<b>Transaction ID:</b> SA11AI.27959
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) P. Edward Fody, Dr.		Date of Receipt	
	Mailing Address    Laboratory 602 Michigan Ave		M M / D D / Y Y Y Y Y 1 2    1 4    2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.27963
	Holland	MI	49423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Holland Community 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) B. Ray Franklin, Dr.		Date of Receipt	
	Mailing Address    Department of Pathology 1414 S Orange Ave		M M / D D / Y Y Y Y Y 1 2    1 9    2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.27964
	Orlando	FL	32806-2093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Orlando Regional Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr.		Date of Receipt	
	Mailing Address    Dept of Path/Lab 4500 13th St		M M / D D / Y Y Y Y Y 1 2    1 0    2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.27967
	Gulfport	MS	39501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Memorial Hosp @ Gulfport		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) P. William Gibbons, Dr.	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address Department of Pathology 2000 Ogden Ave	<b>Transaction ID:</b> SA11AI.27971
	City State Zip Code Aurora IL 60504-7222	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Rush Copley Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) A. Gary Gochman, Dr.	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue	<b>Transaction ID:</b> SA11AI.27972
	City State Zip Code Bellflower CA 90706	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Kaiser Permanente 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) P Steven Goetz, Dr.	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address Dept of Path 1000 Fourth St SW	<b>Transaction ID:</b> SA11AI.27974
	City State Zip Code Mason City IA 50401-2800	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Mercy Med Ctr-North Iowa Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 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)  
J. Joseph Goswitz, Dr.  
Mailing Address 311 Woodlawn Avenue

City State Zip Code  
St. Paul MN 55105

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

Name of Employer Occupation  
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  
1 2 / 0 6 / 2 0 0 7

**Transaction ID:** SA11AI.27975

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Rafael David Guillen, Dr.  
Mailing Address 3301 C St Ste 200E

City State Zip Code  
Sacramento CA 95816-3363

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

Name of Employer Occupation  
Diagn Path Med Grp Inc 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  
1 2 / 1 3 / 2 0 0 7

**Transaction ID:** SA11AI.27979

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
T Clarke Harding, Dr.  
Mailing Address Dept of Path  
2111 E Dakota Ave

City State Zip Code  
Fresno CA 93726-4805

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

Name of Employer Occupation  
Pathology Associates Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

**Transaction ID:** SA11AI.27984

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) R. Chantal Harrison, Dr.		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address Department of Pathology MC 7750 7703 Floyd Curl Drive		<b>Transaction ID:</b> SA11AI.27985		
	City San Antonio	State TX	Zip Code 78229-3900	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UTHSC at San Antonio		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) H Ronald Hearne, Dr.		Date of Receipt MM / DD / YYYY 12 / 12 / 2007		
	Mailing Address Department of Pathology 4920 NE Stallings Dr		<b>Transaction ID:</b> SA11AI.27988		
	City Nacogdoches	State TX	Zip Code 75965	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nacogdoches Med Ctr		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Kevin Herzog, Dr.		Date of Receipt MM / DD / YYYY 12 / 13 / 2007		
	Mailing Address 5265 Swallow Ave		<b>Transaction ID:</b> SA11AI.27992		
	City Kalamazoo	State MI	Zip Code 49009-4562	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bronson Methodist Hosp		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

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

550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 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

**A.**

Full Name (Last, First, Middle Initial)  
G. Michael Hitchcock, Dr.

Mailing Address Pathology Diagnostic Services  
3333 Silas Creek Parkway

City State Zip Code  
Winston-Salem NC 27103-7103

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

Name of Employer Occupation  
Forsyth Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.27994

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address Dept of Path  
13103 E Mansfield Ave

City State Zip Code  
Spokane WA 99216-1642

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

Name of Employer Occupation  
InCyte Path PS Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.27996

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
G. Melvin Hoshiko, Dr.

Mailing Address Pathology Department  
2801 Atlantic Ave

City State Zip Code  
Long Beach CA 90801-1428

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

Name of Employer Occupation  
Long Beach Memorial Med Ctr Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.27999

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 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)  
Paq Toi Sherwin Imlay, Dr.

Mailing Address Dept of Path  
44405 Woodward Ave

City State Zip Code  
Pontiac MI 48341-5023

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

Name of Employer Occupation  
St. Joseph Mercy Oakland Pathologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI.28001

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Teresa Kathryn Knight, Dr.

Mailing Address 208 S Goose Hill Rd

City State Zip Code  
Rocky Face GA 30740

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

Name of Employer Occupation  
Associates in Laboratory Medicine 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  
1 2 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.28014

Amount of Each Receipt this Period  
500.00

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

Mailing Address Meridian Health System  
Dept of Pathology

City State Zip Code  
Red Bank NJ 07701-7701

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

Name of Employer Occupation  
Riverview Medical Center 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  
1 2 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.28023

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 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

**A.**

Full Name (Last, First, Middle Initial)  
P Rodger Lewis, Dr.

Mailing Address PO Box 870  
1209 Bishop ST

City State Zip Code  
Union City TN 38281-0870

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

Name of Employer Occupation  
Baptist Memorial Hosp-Uni- Pathologist  
on City

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.28024

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
W. Kenneth Linville

Mailing Address 5517 Queensborough Circle

City State Zip Code  
Corpus Christi TX 78413-6203

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

Name of Employer Occupation  
Histopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	0	7

Transaction ID: SA11AI.28029

Amount of Each Receipt this Period

600.00
--------

**C.**

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

Mailing Address Lab Medicine and Pathology P4  
701 Park Ave

City State Zip Code  
Minneapolis MN 55415

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

Name of Employer Occupation  
Hennepin County Med Ctr Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.28030

Amount of Each Receipt this Period

250.00
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**SUBTOTAL** of Receipts This Page (optional) .....

1100.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 18 / 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. Edward Lipford, Dr.  
Mailing Address 1031 Queens Road West  
City State Zip Code  
Charlotte NC 28207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolinas Med Ctr Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 16 / 2007  
Transaction ID: SA11AI.28031  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
A. Paul Malek, Dr.  
Mailing Address Department of Pathology  
3501 Johnson St  
City State Zip Code  
Hollywood FL 33021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Memorial Regional Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 12 / 2007  
Transaction ID: SA11AI.28034  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
B. Robert McBride, Dr.  
Mailing Address Dept of Path  
814 LaPorte Ave  
City State Zip Code  
Valparaiso IN 46383-5860  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Porter Hosp Occupation Pathologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 12 / 08 / 2007  
Transaction ID: SA11AI.28038  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 19 / 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)  
James Douglas McGrady, Dr.  
Mailing Address 112 Oak Haven

City State Zip Code  
Morton IL 61550

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

Name of Employer Occupation  
Methodist Med Ctr of Illinois Pathologist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

**Transaction ID:** SA11AI.28040  
Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
V Shirin Nash, Dr.  
Mailing Address Department of Pathology  
299 Carew Street

City State Zip Code  
Springfield MA 01104

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

Name of Employer Occupation  
New England Pathology Associates, PC Pathologist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

**Transaction ID:** SA11AI.28051  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Frank Steven O'Sheal, Dr.  
Mailing Address 1004 1st ST N  
SUITE 200

City State Zip Code  
ALABASTER AL 35007-8796

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

Name of Employer Occupation  
Cytology & Pathology Services Pathologist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

**Transaction ID:** SA11AI.28059  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 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

**A.**

Full Name (Last, First, Middle Initial)  
Leon Fred Picklesimer, Dr.

Mailing Address Dept of Path  
290 Big Run Rd

City Lexington State KY Zip Code 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 12 / 07 / 2007

Transaction ID: SA11AI.28062

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
A Julie Plumbley, Dr.

Mailing Address Dept of Path  
70 Med Ctr Cir Ste 309

City Fishersville State VA Zip Code 22939-2273

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

Name of Employer Blue Ridge Pathologists Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 09 / 2007

Transaction ID: SA11AI.28064

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Newman Apple Rice, Dr.

Mailing Address Dept of Path  
4401 S Western

City Oklahoma City State OK Zip Code 73109

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

Name of Employer Integris Southwest Medical Center Occupation Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2007

Transaction ID: SA11AI.28069

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 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

**A.**

Full Name (Last, First, Middle Initial)  
A. James Robb, Dr.

Mailing Address 11613 Kensington Ct

City State Zip Code  
Boca Raton FL 33428-2415

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 ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

**Transaction ID:** SA11AI.28070

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
E. Ronald Rocha, Dr.

Mailing Address 3701 S Higuera St Ste 200

City State Zip Code  
San Luis Obispo CA 93401

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

Name of Employer Central Coast Pathology Consultants 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  
1 2 / 2 8 / 2 0 0 7

**Transaction ID:** SA11AI.28073

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
F Thomas Ruhlen, Dr.

Mailing Address 14185 W. Desert Cove Rd.

City State Zip Code  
Surprise AZ 85379

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

Name of Employer Pathology Assoc Ltd 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  
1 2 / 3 0 / 2 0 0 7

**Transaction ID:** SA11AI.28076

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) J Assad Saad, Dr.		Date of Receipt MM / DD / YYYY 12 / 11 / 2007		
	Mailing Address Pathology Lab 1441 N Beckley Ave		<b>Transaction ID:</b> SA11AI.28080		
	City Dallas	State TX	Zip Code 75203-1201	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Methodist Dallas Medical Center		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Thamarai Saminathan		Date of Receipt MM / DD / YYYY 12 / 21 / 2007		
	Mailing Address Department of Pathology 253 Witherspoon St		<b>Transaction ID:</b> SA11AI.28084		
	City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Univ Med Ctr at Princeton		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) N. Jared Schwartz, Dr.		Date of Receipt MM / DD / YYYY 12 / 21 / 2007		
	Mailing Address Dept of Lab Med & Pathology PO Box 33549		<b>Transaction ID:</b> SA11AI.28085		
	City Charlotte	State NC	Zip Code 28233	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Presbyterian Health Care Sys		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Q. Nelofar Shafi, Dr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address Department of Pathology (113) 950 Campbell Ave	<b>Transaction ID:</b> SA11AI.28086
	City State Zip Code West Haven CT 06516	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VA CT Healthcare Sys-West Pathologist Haven Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr.	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address Laboratory 22101 Moross Road	<b>Transaction ID:</b> SA11AI.28091
	City State Zip Code Detroit MI 48236	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. John Hosp and Med Ctr Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) L. Susan Speaks, Dr.	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 1133 College Avenue Building B	<b>Transaction ID:</b> SA11AI.28092
	City State Zip Code Manhattan KS 66502	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Unaffiliated Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 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

**A.**

Full Name (Last, First, Middle Initial)  
F. Janet Stastny, Dr.

Mailing Address 2400 Susannah St  
PO Box 2484

City Johnson City State TN Zip Code 37601

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

Name of Employer Outpatient Cytopathology Ctr Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.28096

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
L Steven Tracy, Dr.

Mailing Address 2525 Court Dr

City Gastonia State NC Zip Code 28053-1747

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

Name of Employer Gaston Memorial 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 Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.28098

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 1401 Johnston-Willis Drive

City Richmond State VA Zip Code 23235

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

Name of Employer Johnston-Willis Hosp Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.28100

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) R. Francisco Velazquez, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 7		
	Mailing Address Hlth System Diagnostic Svcs 5323 Harry Hines Blvd		<b>Transaction ID:</b> SA11AI.28103		
	City Dallas	State TX	Zip Code 75390-9072	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Univ of Texas Southwestern Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) W. Robert Wahl, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 7		
	Mailing Address 658 Grassmere Pk Ste 101		<b>Transaction ID:</b> SA11AI.28108		
	City Nashville	State TN	Zip Code 37211	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Associated Pathologists PC		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mayhew Richard Ward, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 0 7		
	Mailing Address Pathology 2000 Neuse Blvd		<b>Transaction ID:</b> SA11AI.28112		
	City New Bern	State NC	Zip Code 28560-3499	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Craven Reg Med Ctr		Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address Dept of Pathology 500 Chipeta Way	<b>Transaction ID:</b> SA11AI.28114
	City State Zip Code Salt Lake City UT 84108-4108	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ARUP Clinical Laboratories 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) N. Harold Wheeler, Dr.	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 1304 West Bobonewsom Hwy	<b>Transaction ID:</b> SA11AI.28115
	City State Zip Code Hartsville SC 29550	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Carolina Pines Reg Med Ctr Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address Dept of Path 606 22Nd Ave S	<b>Transaction ID:</b> SA11AI.28119
	City State Zip Code Meridian MS 39301-6116	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Diagnostic Tissue Cytology Grp Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 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

**A.**

Full Name (Last, First, Middle Initial)  
L Charles Wilkinson, Dr.

Mailing Address Clinical Lab  
2124 14 St

City State Zip Code  
Meridian MS 39301-6116

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

Name of Employer Occupation  
Jeff Anderson Regional Med Pathologist  
Ctr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.28121

Amount of Each Receipt this Period  
210.00

**B.**

Full Name (Last, First, Middle Initial)  
R. Bruce Williams

Mailing Address 2915 Missouri Avenue

City State Zip Code  
Shreveport LA 71109

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

Name of Employer Occupation  
The Delta Pathology Group, Pathologist  
LLP

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.28122

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
D Louis Wright, Dr.

Mailing Address PO Box 998

City State Zip Code  
Charleston SC 29402

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

Name of Employer Occupation  
Pathology Services Associ- Pathologist  
ates LLC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.28123

Amount of Each Receipt this Period  
2500.00

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

3210.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 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)  
Mamoun Younes

Mailing Address Department of Pathology  
One Baylor Plaza

City State Zip Code  
Houston TX 77030-7030

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

Name of Employer Occupation  
Baylor College of Medicine Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2007

Transaction ID: SA11AI.28124

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
T. Ralph Zade, Dr.

Mailing Address 44201 Dequindre

City State Zip Code  
Troy MI 48085

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

Name of Employer Occupation  
William Beaumont Hosp Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2007

Transaction ID: SA11AI.28126

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ► **28310.00**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.28154 Date of Disbursement 12 / 05 / 2007
	Mailing Address PO Box 85024	Amount of Each Disbursement this Period 16.32
	City Richmond State VA Zip Code 23285-5024	
	Purpose of Disbursement Moneris ACH Discount	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.28156 Date of Disbursement 12 / 17 / 2007
	Mailing Address PO Box 85024	Amount of Each Disbursement this Period 2.90
	City Richmond State VA Zip Code 23285-5024	
	Purpose of Disbursement Bank Service Charges - Amex	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.28155 Date of Disbursement 12 / 20 / 2007
	Mailing Address PO Box 85024	Amount of Each Disbursement this Period 62.50
	City Richmond State VA Zip Code 23285-5024	
	Purpose of Disbursement Account Ananlysis Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **81.72**

**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 30 / 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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 85024

City  
Richmond

State  
VA

Zip Code  
23285-5024

Purpose of Disbursement  
Bank Service Charge - Amex

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:

District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.28157

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

8.70

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

8.70

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

90.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERIPAC: THE FUND FOR A GREATER AMERICA</b></p> <p>Mailing Address 499 S. CAPITOL ST. S.W. #414 --</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> SB23.28128 <b>Date of Disbursement:</b> 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>XAVIER BECERRA</b></p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name XAVIER BECERRA Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31</p>	<p><b>Transaction ID:</b> SB23.28151 <b>Date of Disbursement:</b> 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>XAVIER BECERRA</b></p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name XAVIER BECERRA Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31</p>	<p><b>Transaction ID:</b> SB23.28152 <b>Date of Disbursement:</b> 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

7500.00

**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)

PAGE 32 / 36

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

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

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT ED TOWNS</b>	<b>Transaction ID:</b> SB23.28139
	Mailing Address 438 Lewis Avenue	Date of Disbursement 12 / 19 / 2007
	City Brooklyn State NY Zip Code 11233	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF DAVE WELDON</b>	<b>Transaction ID:</b> SB23.28166
	Mailing Address P.O. BOX 968	Date of Disbursement 12 / 04 / 2007
	City Melbourne State FL Zip Code 32902	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JAY ROCKEFELLER</b>	<b>Transaction ID:</b> SB23.28198
	Mailing Address 110 -B EAST BROAD STREET	Date of Disbursement 12 / 19 / 2007
	City FALLS CHURCH State VA Zip Code 22046	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: SB23.28130 Date of Disbursement
	Mailing Address 406 VIRGINIA AVE	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.28201 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.28143 Date of Disbursement
	Mailing Address 1707 PRINCE STREET, #5	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>LATHAM FOR CONGRESS</b>	<b>Transaction ID: SB23.28133</b> Date of Disbursement
	Mailing Address P.O. Box 71 PO BOX 71	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MARY'S POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID: SB23.28134</b> Date of Disbursement
	Mailing Address 1155 21st Street NW Suite 300	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MATHESON FOR CONGRESS</b>	<b>Transaction ID: SB23.28135</b> Date of Disbursement
	Mailing Address P.O. BOX 636	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>MATHESON FOR CONGRESS</b>	<b>Transaction ID: SB23.28136</b>
	Mailing Address P.O. BOX 636	Date of Disbursement 12 / 19 / 2007
	City ANNANDALE State VA Zip Code 22003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2500 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NODAK PAC</b>	<b>Transaction ID: SB23.28137</b>
	Mailing Address PO Box 75214	Date of Disbursement 12 / 19 / 2007
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>SHORE PAC</b>	<b>Transaction ID: SB23.28145</b>
	Mailing Address PO. Box 3157	Date of Disbursement 12 / 19 / 2007
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA INC

Transaction ID: SB23.28190

Date of Disbursement

Mailing Address PO BOX 1859

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

City SIOUX FALLS State SD Zip Code 57101

Amount of Each Disbursement this Period

2500.00
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Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTI-  
CS

Transaction ID: SB23.28149

Date of Disbursement

Mailing Address 104 Hume Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

City Alexandria State VA Zip Code 22301

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: District:

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

3500.00
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TOTAL This Period (last page this line number only) .....

31000.00
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