02/07/2008 13:15

Image# 28990426792

# **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An A	uthorized Committ	ee	Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAILING LABE OR TYPE OR PRINT ₩	Example:If typing over the lines	, type		
College of American Patho	ologists Political Action Commit	itee			
ADDRESS (number and street)	1350 I Street, NW				
Check if different	Suite 590				
than previously reported. (ACC)	Washington		DC DC	20005	
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛕	STATE	ZIPCOD	E 🛕
C00274944	3.		NEW N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) X	Jan 31 (YE)
Quarterly Repor	t(Q1) (c) 12-Day	Primary (12F	P) Gen	neral (12G)	Runoff (12R)
July 15 Quarterly Repor	t(Q2) PRE-Election Report for the	: Convention (	12C) Spe	Special (12G)	
October 15 Quarterly Repor		. Convention (	120)	Jiai (123)	
January 31 Quarterly Repor	t(YE) Ele	ection on		in the State of	
July 31 Mid-Yea Report(Non-elec Year Only) (MY)	ction (d) 30-Day  Post -Electio  Report for the	,	G) Run	off (30R)	Special (30S)
Termination Rep	oort	ection on		in the State of	
5. Covering Period	12 01 2007	through	12 31	2007	
I certify that I have examined the Type or Print Name of Treasure	. D. Alfred I.M O	-	true, correct and comp	olete.	
Type of Fillit Name of Treasure	GI				
Signature of Treasurer Elec	etronically Filed by Dr. Alfred	Wray Campbell	Date	01 31	2008
NOTE : Submission of false, e	rroneous, or incomplete informa	ation may subject the pers	on signing this Report	to the penalties of 2 U.S	.C 437g.
Office Use				FEC FORN (Rev. 12/2004	

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name College of American Pathologists Political Action Committee <sup>®</sup> D " D 12 1 2 0 1 2007 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 Ž007 January 1 (b) Cash on Hand at 130066.30 Begining of Reporting Period ..... 37361.00 505528.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 167427.30 573132.65 6(a) and 6(c) for Column B) ..... 31090.42 436795.77 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 136336.88 136336.88 (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. 06/2004) Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

0 1 м м 1 2 2007 м м 1 2 3<sup>D</sup>1 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 385650.00 28310.00 (i) Itemized (use Schedule A) .......... 9051.00 119878.00 (ii) Unitemized ..... (iii) TOTAL (add 37361.00 505528.00 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 37361.00 505528.00 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), 37361.00 505528.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts

37361.00

505528.00

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** 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..... (b) Other Federal Operating 90.42 8681.34 Expenditures..... (c) Total Operating Expenditures 90.42 8681.34 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 1000.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 31000.00 422702.27 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 100.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 100.00 (add Lines 28(a), (b), and (c)) ......... 0.00 4312.16 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 31090.42 436795.77 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 31090.42 436795.77 from Line 31).....

### **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)	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

FE6AN026

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poli	e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Matthew Andres, Dr.  Mailing Address Lab 1111 Sixth Ave  City Des Moines  FEC ID number of contributing federal political committee.  Name of Employer Mercy Med Ctr-Des Moines  Receipt For: Primary General Other (specify)	State Zip Code IA 50314-2611  C  Occupation Pathologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 2 7 2 7 2 0 0 7  Transaction ID: SA11AI.27896  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) L. David Booker, Dr.  Mailing Address Department of Patholo 2260 Wrightsboro Rd.  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer Augusta Hosp LLC  Receipt For:  Primary General Other (specify)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hecht Edward Bossen, Dr.  Mailing Address 2811 Wade Road  City  Durham  FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For:  Primary General Other (specify)	State Zip Code NC 27705-5622  C  Occupation Pathologist  Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.27913  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional)		600.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for 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
or for co	ormation copied from such Reports and Sta ommercial purposes, other than using the ME OF COMMITTEE (In Full) lege of American Pathologists Politi	on for the purpose of soliciting contributions solicit contributions from such committee.		
A. M Ro Maili City Mer FEC fede Nam Duc	mphis C ID number of contributing eral political committee. The of Employer Exworth Pathology Group Eipt For:  Primary General	State TN C Occupation Patholog		Date of Receipt  1 2 1 6 2 0 0 7  Transaction ID: SA11AI.27914  Amount of Each Receipt this Period  250.00
B. Step Maili City Jos FEC fede Nam Hi-D	Name (Last, First, Middle Initial) Shen William Bush, Dr. sing Address Dept of Path 6601 White Feather Rd Shua Tree CID number of contributing stral political committee.  The of Employer Desert Med Ctr Sept For: Primary General	C C C C C C C C C C C C C C C C C C C	Zip Code 92252	Date of Receipt  1 2 1 3 2 0 0 7  Transaction ID: SA11AI.27923  Amount of Each Receipt this Period  100.00
G. A Maili City Elm FEC fede Nam Elm	Other (specify) ▼  Name (Last, First, Middle Initial) Ivaro Candel, Dr.  ing Address Dept of Pathology 200 Berteau Avenue	State IL C Occupation Patholog Aggregate	ist e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	Other (specify) ▼  OTAL of Receipts This Page (optional)		1000.00	1350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Polit	on for the purpose of soliciting contributions o solicit contributions from such committee.		
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial)  B. Brett Cantrell, Dr.  Mailing Address Dept of Path  1 SHIRCLIFF WAY.			Date of Receipt  1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.27928
	<u>Jacksonville</u>	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Vincent's Med Ctr	Occupation Patholog		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) B. James Cash, Dr.			Date of Receipt
	Mailing Address Laboratory 2693 Forest Hills Rd			12 06 7 2007
	City	State	Zip Code	Transaction ID: SA11AI.27932
	Wilson FEC ID number of contributing federal political committee.	C	27893	Amount of Each Receipt this Period  250.00
	Name of Employer Eastern Carolina Patholog- y. Inc	Occupation Pathologo		7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- ;.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.			Date of Receipt
	Mailing Address 5620 East El Parque S	treet		12 26 7 2007
	City	State	Zip Code	Transaction ID: SA11AI.27939
	Long Beach	CA	90815-4129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Centinela Hosp Med Ctr	Occupation Patholog	jist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
-	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)		<u>)</u>	1230.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/36 (check only one)    X   11a			
or for commercial purposes, other that  NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person to for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)  College of American Pathologists Political Action Committee				
College of American Patholo	gists Folitical Action Committee				
Full Name (Last, First, Middle Initia L. Jeffrey Craver, Dr.  Mailing Address Dept of Patho		Date of Receipt			
200 Portland	St	12 30 2007			
City	State Zip Code	Transaction ID: SA11AI.27941			
Columbia	MO 65201	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial B. R. James DeVillier, Dr.	al)	Date of Receipt			
Mailing Address 296 Denada	Path	12 08 2007			
City	State Zip Code	Transaction ID: SA11AI.27943			
Roxboro	NC 27574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer Unaffiliated	Occupation Pathologist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	465.00				
Full Name (Last, First, Middle Initial B James Elston, Dr.	al)	Date of Receipt			
Mailing Address 9420 Greg C	t	12 06 2007			
City	State Zip Code	Transaction ID: SA11AI.27954			
River Ridge	LA 70123-2520	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer East Jefferson Genl Hosp	Occupation Pathologist				
Receipt For:  Primary General	Aggregate Year-to-Date ▼	1			
Other (specify) ▼	635.00				
SUBTOTAL of Receipts This Page	(optional)	400.00			
	ne 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)    X	
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Edward Ewing  Mailing Address Lab 405 W Grand Ave  City	State	Zip Code	Date of Receipt  1 2 0 6 2 0 0 7  Transaction ID: SA11AI.27955	
Dayton  FEC ID number of contributing federal political committee.	OH C	45459	Amount of Each Receipt this Period  100.00	
Name of Employer Grandview Hosp  Receipt For:  Primary  General  Other (specify) ▼	Occupation Patholog Aggregate			
Full Name (Last, First, Middle Initial) Robert Farnham Mailing Address 5040 Airport Center	Pkwy		Date of Receipt  1 2 3 1 2 0 0 7	
City	·			
Charlotte	NC	28208-5885	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Presbyterian Hosp	Occupation Patholog	ist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Therese Karen Ferrer, Dr.	<b>'</b>		Date of Receipt	
Mailing Address 1521 West Harrison	1		12 26 2007	
City	State	Zip Code	Transaction ID: SA11AI.27959	
Chicago FEC ID number of contributing federal political committee.	C	60607	Amount of Each Receipt this Period  100.00	
Name of Employer Stroger Hospital of Cook County	Occupation Patholog	ist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]	
SUBTOTAL of Receipts This Page (optional			450.00	

SCHEDULE I	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial pu	ırposes, other than using the na	on for the purpose of soliciting contributions a solicit contributions from such committee.		
P. Edward Fody, I Mailing Address  City Holland  FEC ID number of federal political communications  Name of Employ Holland Communications	Laboratory 602 Michigan Ave of contributing ommittee.	State MI  C Occupation Pathologi	ist	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, B. Ray Franklin, D. Mailing Address  City  Orlando  FEC ID number of federal political contained of Employ Orlando Regiona  Receipt For:  Primary	Department of Pathology 1414 S Orange Ave of contributing committee.	State FL  C  Occupation Pathologi		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, J. Michael Gandor Mailing Address  City Gulfport  FEC ID number of federal political c	First, Middle Initial) ur, Dr.  Dept of Path/Lab 4500 13th St	State MS	Zip Code 39501	Date of Receipt  1 2 1 0 2 0 0 7  Transaction ID: SA11AI.27967  Amount of Each Receipt this Period  250.00
Name of Employ Memorial Hosp (  Receipt For:  Primary  Other (spe	General	Occupation Pathologic Aggregate		
SUBTOTAL of Rec	ceipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 36 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Poles	Statements may not be sold or used by any person e name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P. William Gibbons, Dr.  Mailing Address Department of Pathol 2000 Ogden Ave  City  Aurora  FEC ID number of contributing	State Zip Code IL 60504-7222	Date of Receipt    M M
rec ib humber of contributing federal political committee.  Name of Employer Rush Copley Med Ctr  Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   300.00	100.00
Full Name (Last, First, Middle Initial) A. Gary Gochman, Dr.  Mailing Address Dept of Pathology 9400 E. Rosecrans A  City  Bellflower  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente  Receipt For: Primary General Other (specify)	venue State Zip Code CA 90706  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt  1 2 1 8 2 0 0 7  Transaction ID: SA11AI.27972  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.  Mailing Address Dept of Path 1000 Fourth St SW  City Mason City  FEC ID number of contributing federal political committee.  Name of Employer Mercy Med Ctr-North Iowa	State Zip Code IA 50401-2800  C Occupation Pathologist	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)   SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 500.00	850.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) J. Joseph Goswitz, Dr. Mailing Address 311 Woodlawn Av  City St. Paul  FEC ID number of contributing federal political committee.	State Zip Code MN 55105	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Rafael David Guillen, Dr.  Mailing Address 3301 C St Ste 200	DE	Date of Receipt  1 2 1 3 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.27979
Sacramento	CA 95816-3363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Diagn Path Med Grp Inc	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) T Clarke Harding, Dr.  Mailing Address Dept of Path	1	Date of Receipt
2111 E Dakota Av	e State Zip Code	12 11 2007
Fresno	CA 93726-4805	Transaction ID: SA11AI.27984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Pathology Associates	Occupation Pathologist	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)	650.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 36 (check only one)    X
or for com	nation copied from such Reports and Si mercial purposes, other than using the OF COMMITTEE (In Full) ge of American Pathologists Polit	on for the purpose of soliciting contributions o solicit contributions from such committee.		
R. Cha Mailing	nne (Last, First, Middle Initial) ntal Harrison, Dr. Address Department of Patholo 7703 Floyd Curl Drive	gy MC 7750		Date of Receipt  1 2
City		State	Zip Code	Transaction ID: SA11AI.27985
FEC ID	Intonio  O number of contributing political committee.	C	78229-3900	Amount of Each Receipt this Period 200.00
Receip	of Employer C at San Antonio  t For:  Primary General  Other (specify)	Occupatio Patholog Aggregate		]
H Rona	me (Last, First, Middle Initial) ald Hearne, Dr.  Address Department of Pathologous	gy		Date of Receipt  1 2 1 2 2 0 0 7
City	4920 NE Stallings Dr	State	Zip Code	Transaction ID: SA11AI.27988
•	gdoches	TX	75965	Amount of Each Receipt this Period
FEC II	number of contributing political committee.	C		250.00
Name ( Nacog	of Employer doches Med Ctr	Occupatio Patholog		
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial) I Kevin Herzog, Dr.			Date of Receipt
Mailing	Address 5265 Swallow Ave			12 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.27992
	nazoo  number of contributing political committee.	C	49009-4562	Amount of Each Receipt this Period  100.00
Name o Bronso	of Employer on Methodist Hosp	Occupatio Patholog		
	t For: Primary General Other (specify) ▼	_ <del>'</del>	e Year-to-Date ▼ 220.00	
SUBTOT	AL of Receipts This Page (optional)	I		550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 15 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions			
	or for commercial purposes, other than using the research NAME OF COMMITTEE (In Full)  College of American Pathologists Politic	name and ad	dress of any political committee to	solicit contributions from such committee.			
Α.	G. Michael Hitchcock, Dr.	Mailing Address Pathology Diagnostic Services					
	City	State	Zip Code	Transaction ID: SA11AI.27994			
	Winston-Salem	NC	27103-7103	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer Forsyth Med Ctr	Occupatio Patholog					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 800.00				
В.	Full Name (Last, First, Middle Initial) C David Hoak, Dr.			Date of Receipt			
	Mailing Address Dept of Path  13103 E Mansfield Ave			12 14 2007			
	City	State	Zip Code	Transaction ID: SA11AI.27996			
	Spokane  FEC ID number of contributing federal political committee.	C	99216-1642	Amount of Each Receipt this Period  1000.00			
	Name of Employer InCyte Path PS	Occupation Patholog					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00				
C.	Full Name (Last, First, Middle Initial) G. Melvin Hoshiko, Dr.			Date of Receipt			
	Mailing Address Pathology Department 2801 Atlantic Ave			12 13 7 2007			
	City Long Beach	State CA	Zip Code 90801-1428	Transaction ID: SA11AI.27999  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Long Beach Memorial Med Ctr	Occupation Patholog					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 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)  X 11a 11b 11c 12 13 14 15 16 17
•	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  College of American Pathologists Politics	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Paq Toi Sherwin Imlay, Dr.  Mailing Address Dept of Path 44405 Woodward Ave City	State	Zip Code	Date of Receipt    M
	Pontiac  FEC ID number of contributing federal political committee.	C	48341-5023	Amount of Each Receipt this Period
	Name of Employer St. Joseph Mercy Oakland  Receipt For:  Primary General  Other (specify) ▼	Occupation Patholog Aggregate		
В.	Full Name (Last, First, Middle Initial) Teresa Kathryn Knight, Dr.  Mailing Address 208 S Goose Hill Rd	•		Date of Receipt  1 2 1 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.28014
	Rocky Face	GA	30740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Associates in Laboratory Medicine	Occupation Patholog	jist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Edwin Leschhorn			Date of Receipt
	Mailing Address Meridian Health System  Dept of Pathology  City	m State	Zip Code	1 2 1 2 2 0 0 7  Transaction ID: SA11AI.28023
	Red Bank	NJ	07701-7701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Riverview Medical Center	Occupation Patholog		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1150.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists F	d Statements may not be sold or used by any personal the name and address of any political committee of control of the control	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) P Rodger Lewis, Dr.  Mailing Address PO Box 870 1209 Bishop ST  City Union City  FEC ID number of contributing federal political committee.  Name of Employer Baptist Memorial Hosp-Union City Receipt For:	State Zip Code TN 38281-0870  C  Occupation Pathologist  Aggregate Year-to-Date ▼	Date of Receipt    M   M   Z 1   Z 0 0 7    Transaction ID: SA11AI.28024    Amount of Each Receipt this Period   250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) W. Kenneth Linville  Mailing Address 5517 Queensborough	750.00 gh Circle	Date of Receipt
City Corpus Christi  FEC ID number of contributing federal political committee.  Name of Employer Histopath Inc	State Zip Code TX 78413-6203  C  Occupation Pathologist	Transaction ID: SA11AI.28029  Amount of Each Receipt this Period  600.00
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) M. Bradley Linzie, Dr. Mailing Address Lab Medicine and F	Aggregate Year-to-Date ▼ 600.00  Pathology P4	Date of Receipt  1 2 1 0 2 0 0 7
701 Park Ave City Minneapolis FEC ID number of contributing federal political committee.	State Zip Code MN 55415	Transaction ID: SA11AI.28030  Amount of Each Receipt this Period  250.00
Name of Employer Hennepin County Med Ctr  Receipt For: Primary General Other (specify)	Occupation Pathologist  Aggregate Year-to-Date  250.00	
SUBTOTAL of Receipts This Page (optional	l)	1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 36 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
College of American Pathologists I  Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr.		Date of Receipt
Mailing Address 1031 Queens Road City Charlotte	State Zip Code NC 28207	1 2 1 6 2 0 0 7  Transaction ID: SA11AI.28031
FEC ID number of contributing federal political committee.	C 20207	Amount of Each Receipt this Period 500.00
Name of Employer Carolinas Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial)  A. Paul Malek, Dr.  Mailing Address Department of Patl 3501 Johnson St	hology	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.28034
Hollywood  FEC ID number of contributing federal political committee.	FL 33021	Amount of Each Receipt this Period  500.00
Name of Employer Memorial Regional Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) B. Robert McBride, Dr.		Date of Receipt
Mailing Address Dept of Path 814 LaPorte Ave		12 08 2007
City Valparaiso	State Zip Code IN 46383-5860	Transaction ID: SA11AI.28038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Porter Hosp	Occupation Pathologist	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	1100.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	
College of American Pathologists Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) James Douglas McGrady, Dr.		Date of Receipt
Mailing Address 112 Oak Haven  City	State Zip Code	1 2 0 4 2 0 0 7  Transaction ID: SA11Al.28040
Morton	IL 61550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Methodist Med Ctr of Illi- nois	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) V Shirin Nash, Dr. Mailing Address Department of Patho	logu.	Date of Receipt
299 Carew Street		12 12 2007
City Springfield	State Zip Code MA 01104	Transaction ID: SA11AI.28051  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer New England Pathology Ass- ociates, PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Frank Steven O'Sheal, Dr.		Date of Receipt
Mailing Address 1004 1st ST N SUITE 200		12 26 2007
City ALABASTER	State Zip Code AL 35007-8796	Transaction ID: SA11AI.28059
FEC ID number of contributing federal political committee.	C 33007-6796	Amount of Each Receipt this Period  250.00
Name of Employer Cytology & Pathology Serv- ices	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

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)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	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.
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.			Date of Receipt
Mailing Address Dept of Path 290 Big Run Rd	12 07 2007		
City Lexington	State KY	Zip Code 40503-2903	Transaction ID: SA11AI.28062  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 Patholog		
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) A Julie Plumbley, Dr.	Date of Receipt		
Mailing Address Dept of Path 70 Med Ctr Cir Ste 309			12 09 YYYYY
City Fishersville	State VA	Zip Code	Transaction ID: SA11AI.28064
FEC ID number of contributing federal political committee.	C	22939-2273	Amount of Each Receipt this Period  200.00
Name of Employer Blue Ridge Pathologists	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	_ <u> </u>	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Newman Apple Rice, Dr.			Date of Receipt
Mailing Address Dept of Path 4401 S Western			1 2 2 7 2 0 0 7
City Oklahoma City	State OK	Zip Code 73109	Transaction ID: SA11AI.28069  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70100	300.00
Name of Employer Integris Southwest Medical Center	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 36   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements 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.
NAME OF COMMITTEE (In Full) College of American Pathologists F	<u> </u>		
Full Name (Last, First, Middle Initial)  A. James Robb, Dr.			Date of Receipt
Mailing Address 11613 Kensington	12 06 2007		
City	State FL	Zip Code	Transaction ID: SA11AI.28070
Boca Raton  FEC ID number of contributing federal political committee.	C	33428-2415	Amount of Each Receipt this Period 2500.00
Name of Employer Unaffiliated	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) E. Ronald Rocha. Dr.			Date of Receipt
Mailing Address 3701 S Higuera St Ste 200			12 28 2007
City	State	Zip Code	Transaction ID: SA11AI.28073
San Luis Obispo	CA	93401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Central Coast Pathology	Occupation Patholog		
Consultants Receipt For:	<del></del>	Year-to-Date ▼	
Primary General Other (specify) ▼	1 99.09	500.00	]
Full Name (Last, First, Middle Initial) F Thomas Ruhlen, Dr.			Date of Receipt
Mailing Address 14185 W. Desert Cove Rd.			1 2 3 0 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: SA11AI.28076
Surprise  FEC ID number of contributing federal political committee.	C	85379	Amount of Each Receipt this Period 250.00
Name of Employer Pathology Assoc Ltd	Occupation Patholog		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	al)		3250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/36   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y 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.
NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action (	Committee	
Full Name (Last, First, Middle Initial) J Assad Saad, Dr.			Date of Receipt
Mailing Address Pathology Lab 1441 N Beckley Ave	е		12 11 2007
City	State TX	Zip Code	Transaction ID: SA11AI.28080
Dallas  FEC ID number of contributing federal political committee.	C	75203-1201	Amount of Each Receipt this Period  300.00
Name of Employer Methodist Dallas Medical Center	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thamarai Saminathan			Date of Receipt
Mailing Address Department of Pathology 253 Witherspoon St			12 21 2007
City Princeton	State NJ	Zip Code	Transaction ID: SA11AI.28084
FEC ID number of contributing federal political committee.	C	08540	Amount of Each Receipt this Period  250.00
Name of Employer Univ Med Ctr at Princeton	Occupation Patholog		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) N. Jared Schwartz, Dr.			Date of Receipt
Mailing Address Dept of Lab Med & Pathology PO Box 33549			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NC	Zip Code	Transaction ID: SA11AI.28085
Charlotte  FEC ID number of contributing federal political committee.	C	28233	Amount of Each Receipt this Period 2500.00
Name of Employer Presbyterian Health Care Sys	Occupation Patholog		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	.0		3050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 36 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists P	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Q. Nelofar Shafi, Dr.  Mailing Address Department of Pathorson Department Ave	ology (113)		Date of Receipt  1 2 1 0 2 0 0 7
City West Haven  FEC ID number of contributing federal political committee.	State CT	Zip Code 06516	Transaction ID: SA11AI.28086  Amount of Each Receipt this Period  250.00
Name of Employer VA CT Healthcare Sys-West Haven Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologi Aggregate		
Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr.  Mailing Address Laboratory 22101 Moross Road City	State	Zip Code	Date of Receipt    M
Detroit  FEC ID number of contributing federal political committee.  Name of Employer St. John Hosp and Med Ctr  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Pathologi Aggregate		Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) L. Susan Speaks, Dr.  Mailing Address 1133 College Avenue Building B  City	ue State	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Manhattan  FEC ID number of contributing federal political committee.	KS	66502	Amount of Each Receipt this Period  250.00
Name of Employer Unaffiliated  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologi Aggregate		
SUBTOTAL of Receipts This Page (optional	)		750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 36 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
College of American Pathologist	s Political Action Committee	
Full Name (Last, First, Middle Initial)  F. Janet Stastny, Dr.	a.	Date of Receipt
Mailing Address 2400 Susannah PO Box 2484	St	12 07 2007
City	State Zip Code	Transaction ID: SA11AI.28096
Johnson City  FEC ID number of contributing federal political committee.	TN 37601	Amount of Each Receipt this Period 500.00
Name of Employer Outpatient Cytopathology Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) L Steven Tracy, Dr.  Mailing Address 2525 Court Dr		Date of Receipt
		12 19 2007
City Gastonia	State Zip Code NC 28053-1747	Transaction ID: SA11AI.28098  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20030 1747	100.00
Name of Employer Gaston Memorial Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Winbern John Turner, Dr.		Date of Receipt
Mailing Address 1401 Johnston-V	Villis Drive	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: SA11AI.28100
Richmond  FEC ID number of contributing federal political committee.	VA 23235	Amount of Each Receipt this Period 250.00
Name of Employer Johnston-Willis Hosp	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	850.00
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 36 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  College of American Pathologists	and Statements may not be sold or used by any pers g the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) R. Francisco Velazquez, Dr.  Mailing Address HIth System Diagr 5323 Harry Hines I	Blvd State Zip Code	Date of Receipt  1 2 1 7 2 0 0 7  Transaction ID: SA11AI.28103
Dallas  FEC ID number of contributing federal political committee.	TX 75390-9072	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas Southwestern Med Ctr Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   1500.00	
Full Name (Last, First, Middle Initial) W. Robert Wahl, Dr.  Mailing Address 658 Grassmere Pk	Date of Receipt  1 2 0 3 2 0 0 7	
City	Transaction ID: SA11AI.28108	
Nashville	TN 37211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Associated Pathologists PC	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date  600.00	
Full Name (Last, First, Middle Initial)  Mayhew Richard Ward, Dr.  Mailing Address Pathology		Date of Receipt
2000 Neuse Blvd	7'- 0-4	12 17 2007
City New Bern	State Zip Code NC 28560-3499	Transaction ID: SA11AI.28112  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Craven Reg Med Ctr	Occupation Pathologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	al)	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 36 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  College of American Pathologists P	d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L. Ronald Weiss, Dr.  Mailing Address Dept of Pathology 500 Chipeta Way  City Salt Lake City  FEC ID number of contributing federal political committee.  Name of Employer ARUP Clinical Laboratories	State Zip Code UT 84108-4108  C Occupation Pathologist	Date of Receipt  12 20 20 7  Transaction ID: SA11AI.28114  Amount of Each Receipt this Period  500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  N. Harold Wheeler, Dr.  Mailing Address 1304 West Bobonev	wsom Hwy	Date of Receipt  1 2 2 0 7 2 0 0 7
City  Hartsville  FEC ID number of contributing federal political committee.	State Zip Code SC 29550	Transaction ID: SA11AI.28115  Amount of Each Receipt this Period  100.00
Name of Employer Carolina Pines Reg Med Ctr  Receipt For:  Primary General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   300.00	]
Full Name (Last, First, Middle Initial) L Brian Wilkinson, Dr.  Mailing Address Dept of Path 606 22Nd Ave S  City	State Zip Code	Date of Receipt  1 2 1 0 2 0 0 7  Transaction ID: SA11AI.28119
Meridian  FEC ID number of contributing federal political committee.	MS 39301-6116	Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Tissue Cytology Grp Receipt For:  Primary General Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	)	850.00

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)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  College of American Pathologists Po	d Statements may not be sold or used by any pers the name and address of any political committee to olitical Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) L Charles Wilkinson, Dr.  Mailing Address Clinical Lab 2124 14 St  City  Meridian  FEC ID number of contributing federal political committee.  Name of Employer Jeff Anderson Regional Med Ctr Receipt For:	State Zip Code MS 39301-6116  C  Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) R. Bruce Williams Mailing Address 2915 Missouri Avenu	210.00 ue	Date of Receipt  1 2 1 0 2 0 0 7
City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer The Delta Pathology Group, LLP Receipt For: Primary General Other (specify)	State Zip Code LA 71109  C  Occupation Pathologist  Aggregate Year-to-Date   500.00	Transaction ID: SA11AI.28122  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) D Louis Wright, Dr. Mailing Address PO Box 998  City Charleston  FEC ID number of contributing federal political committee.	State Zip Code SC 29402	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Pathology Services Associates LLC Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologist  Aggregate Year-to-Date   2500.00	
SUBTOTAL of Receipts This Page (optional)	)	3210.00

В.

PAGE 28/36 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mamoun Younes Mailing Address Department of Pathology 12 02 2007 One Baylor Plaza City State Zip Code Transaction ID: SA11AI.28124 Houston TX 77030-7030 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Baylor College of Medicine Occupation Pathologist Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) T. Ralph Zade, Dr. Date of Receipt Mailing Address 44201 Dequindre 20 2007 City Transaction ID: SA11AI.28126 State Zip Code Troy MI 48085 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer William Beaumont Hosp Occupation Pathologist Receipt For: Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number only)	<b>•</b>	28310.00

Primary

Other (specify)

General

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 29/36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem		by any person fo	r the purpose of soliciting contributions
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	e and address of any political o	committee to soli	cit contributions from such committee
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.28154
Sun Trust Bank			Date of Disbursement
Mailing Address PO Box 85024			12 D D D Y Y Y O O 7
,	State Zip Code VA 23285-5024		Amount of Each Disbursement this Period
Purpose of Disbursement Moneris ACH Discount			16.32
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Sun Trust Bank			Transaction ID: SB21B.28156  Date of Disbursement
Mailing Address PO Box 85024			12 M / D 7 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code VA 23285-5024		Amount of Each Disbursement this Period
Purpose of Disbursement	20200 0021		2.90
Bank Service Charges - Amex  Candidate Name		Category/	
		Type	
Senate President	ement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID CD01D 001FF
Sun Trust Bank			Transaction ID: SB21B.28155 Date of Disbursement
Mailing Address PO Box 85024			$\begin{bmatrix}\begin{smallmatrix}\mathbf{M}\\1\\2\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}\mathbf{J}\\2\\0\end{smallmatrix}\end{bmatrix}^{D} \begin{bmatrix}\begin{smallmatrix}\mathbf{J}\\2\\0\end{smallmatrix}\end{bmatrix}^{D} \begin{bmatrix}\begin{smallmatrix}\mathbf{J}\\2\\0\end{smallmatrix}\end{bmatrix}^{D} \begin{bmatrix}\begin{smallmatrix}\mathbf{J}\\2\\0\end{smallmatrix}\end{bmatrix}^{D}$
	State Zip Code VA 23285-5024		Amount of Each Disbursement this Period
Purpose of Disbursement Account Ananlysis Fee			62.50
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:    Primary	Туро	
State: District:	(-F)/ <b>\</b>		
SUBTOTAL of Disbursements This Page (optional) .			81.72

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

_	ALIEBULE BYEEA E ANA										
	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER:	PAGE 30/36						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 28c	25 29	26 30b				
	y Information copied from such Reports and State for commercial purposes, other than using the name										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	College of American Pathologists Politica	Action Committee									
	Full Name (Last, First, Middle Initial)			Transaction ID: SE	321B.281	57					
	Sun Trust Bank			Date of Disburseme	nt						
	Mailing Address PO Box 85024			12 7 3 1	/ Y Y	0 0 7 Y					
	City Richmond	State Zip Code VA 23285-5024		Amount of Each Dis	bursemen	t this Per	riod				
	Purpose of Disbursement Bank Service Charge - Amex					8.70					
	Candidate Name	C	Category/ Type								
	Office Sought: House Disburs	ement For:									
	Senate	Primary General									
	President	Other (specify)									
	State: District:										

SUBTOTAL of Disbursements This Page (optional)	•			 8.70	) .
TOTAL This Period (last page this line number only)	<b>•</b>			90.42	2

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	()		eck only	NUMBE / one)	H:		L	AGE	31 / 3	6
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĥ	21b 27	22 28a	<u> </u>	23 28b	24 280		25 29	
	y Information copied from such Reports and State or commercial purposes, other than using the nan											
$\sum_{i}$	NAME OF COMMITTEE (In Full)  College of American Pathologists Politica						- ISOUTO					
<u>/</u>	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATE	R AMERICA				Date	of Disl	ourse				
	Mailing Address 499 S. CAPITOL ST. S.	W. #414				1 <sup>M</sup> 2	M /	1	9 /	ž	0 ŏ 7	Y
	City WASHINGTON	State Zip Code DC 20003				Amou	int of E	Each	Disburs	-		
	Purpose of Disbursement					L.			•	2	500.00	)
	Candidate Name			atego Typo	-							
	Senate President	ement For: 2007 Primary X General Other (specify)										
	State: District: Full Name (Last, First, Middle Initial) XAVIER BECERRA						actio		SB23.	2815	1	
	Mailing Address P.O. Box 261060						M /	D 1		Ý Ž	0 ŏ 7	Υ
	City Los Angeles	State Zip Code CA 90026				Amou	ınt of E	Each I	Disburs	semen	t this P	erio
	Purpose of Disbursement									40	00.00	)
	Candidate Name XAVIER BECERRA			atego Type	-							
		ement For: 2008 Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) XAVIER BECERRA					Date	of Disl	ourse				
	Mailing Address P.O. Box 261060					1 <sup>M</sup> 2	M /	1	9 /	Ý Ž	0 ŏ 7	Y
	City Los Angeles	State Zip Code CA 90026				Amou	int of E	Each	Disburs			-
	Purpose of Disbursement					L.			•	10	00.00	)
	Candidate Name XAVIER BECERRA			atego Typo								
	Office Sought:  X House Senate President State: CA District: 31	ement For: 2008 Primary X General Other (specify)										
_	JBTOTAL of Disbursements This Page (optional)								-	75	00.00	_

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 32/36
ΙΤ	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22   X   23   24   25   28a   28b   28c   29   3
	y Information copied from such Reports and Staten			d by any person f	or the purpose of soliciting contributions
or	for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and addres	ss of any political	committee to so	ilcit contributions from such committee
$\rangle$	College of American Pathologists Political	Action Co	mmittee		
	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS				Transaction ID: SB23.28139 Date of Disbursement
	Mailing Address 438 Lewis Avenue				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Brooklyn	State NY	Zip Code 11233		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Candidate Name			Category/ Type	
	Senate X President	ement For: Primary Other (spe	2008 General		
	State: District: Full Name (Last, First, Middle Initial)				I- ODOS 00400
	FRIENDS OF DAVE WELDON				Transaction ID: SB23.28166 Date of Disbursement
	Mailing Address P.O. BOX 968				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & T \\ 2 & Q & Q & T \end{bmatrix}$
	City Melbourne	State FL	Zip Code 32902		Amount of Each Disbursement this Period
	Purpose of Disbursement			· · ·	1000.00
	Candidate Name			Category/ Type	
	· -	ement For: Primary Other (spe	2008 General		
_	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: CD00 00100
	FRIENDS OF JAY ROCKEFELLER				Transaction ID: SB23.28198 Date of Disbursement
	Mailing Address 110 -B EAST BROAD ST	(REET			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} ]$
		State VA	Zip Code 22046		
	City	State			Amount of Each Disbursement this Period 2000.00
	City FALLS CHURCH	State		Category/ Type	
	City FALLS CHURCH Purpose of Disbursement  Candidate Name  Office Sought: House Senate X President	State	2008 General		Amount of Each Disbursement this Period 2000.00
	City FALLS CHURCH Purpose of Disbursement  Candidate Name  Office Sought: House Disburse Senate X	State VA  ement For: Primary	2008 General		

,		Use separate schedule(s	s)		PR LINE reck only					17	UL.	33 / 3	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	X	23 28b		24 28c		25 29	26
or fo	Information copied from such Reports and State or commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) College of American Pathologists Politica	e and address of any politication											
١.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO Mailing Address 406 VIRGINIA AVE					Trans Date	of D	-	emer			) 0 0 7	Y
	City ALEXANDRIA Purpose of Disbursement	State Zip Code VA 22302				Amou	int o	f Each	n Disk	ourse	-	this P	-
	Candidate Name			ateg Typ		-	•	•	•	•	•		•
		ement For: 2008 Primary General Other (specify)	•										
<b>3.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW  Mailing Address PO Box 8166					Trans Date		sburs				0 ŏ 7	Y
	City Savannah Purpose of Disbursement	State Zip Code GA 31412		Ü		Amou	int o	f Each	n Disk	ourse		this P	
!		ement For: 2008 Primary General Other (specify)		ateg Typ	-								
	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS							sburs	emer				Y
	Mailing Address 1707 PRINCE STREET	#5 State Zip Code				1 2	ınt o		1 9	nirse		0 0 7	
	ALEXANDRIA Purpose of Disbursement	VA 22314	Ī		-	Timoc		Luoi	T DIOC	Juiso	-	00.00	-
	Candidate Name			ateg Typ									
		ement For: 2008 Primary General Other (specify)	•										
	-						-			-	40		

SCHEDULE B (FEC F	' Use se	parate schedule(s)	(check onl	NUMBER: PAGE 34/36
ITEMIZED DISBURSE	Detaile	h category of the d Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
				for the purpose of soliciting contributions olicit contributions from such committee
NAME OF COMMITTEE (In Fu	•	Committee		
Full Name (Last, First, Middle In LATHAM FOR CONGRES	•			Transaction ID: SB23.28133 Date of Disbursement
Mailing Address P.O. Box				12 19 7 2007
City Clarion	State IA	Zip Code 50525		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name			Category/ Type	
Office Sought: House Senate Presider State: District:	Disbursement For X Primary Other (s	2008 General pecify) ▼		
Full Name (Last, First, Middle III MARY'S POLITICAL ACTI	,			Transaction ID: SB23.28134 Date of Disbursement
Mailing Address 1155 21s Suite 300	st Street NW			12 M / D 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20036		Amount of Each Disbursement this Perio
Purpose of Disbursement				2500.00
Candidate Name			Category/ Type	
Office Sought:  Senate Presider State:  District:	Disbursement Form Primary Other (s	2007 X General pecify)		
Full Name (Last, First, Middle III MATHESON FOR CONGR				Transaction ID: SB23.28135 Date of Disbursement
Mailing Address P.O. BO	X 636			12 19 7 2007
City ANNANDALE	State VA	Zip Code 22003		Amount of Each Disbursement this Perio
Purpose of Disbursement			•	2500.00
Candidate Name			Category/ Type	
Office Sought: House Senate Presider	Disbursement Form  X Primary  Other (s	2008 General		
State: District:				

		Use separate schedule(s)	(check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)  College of American Pathologists Politica	ne and address of any political		
<u>V_</u>	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS  Mailing Address P.O. BOX 636			Transaction ID: SB23.28136 Date of Disbursement    M
	City ANNANDALE Purpose of Disbursement	State Zip Code VA 22003		Amount of Each Disbursement this Period 2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbur Senate President State: District:	sement For: 2500 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) NODAK PAC  Mailing Address PO Box 75214			Transaction ID: SB23.28137 Date of Disbursement    M
	City Washington Purpose of Disbursement	State Zip Code DC 20013		Amount of Each Disbursement this Period 2500.00
	Candidate Name  Office Sought: House Senate President State: District:	sement For: 2007 Primary X General Other (specify)	Category/ Type	
	Full Name (Last, First, Middle Initial) SHORE PAC			Transaction ID: SB23.28145 Date of Disbursement
	Mailing Address PO. Box 3157  City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period
	Purpose of Disbursement  Candidate Name		Category/ Type	1000.00
	Office Sought: House Senate President State: District:	sement For: 2007 Primary X General Other (specify) ▼		
	UBTOTAL of Disbursements This Page (optiona	)		6000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 36/36
ITEMIZED DISBURSEMENTS	for each category of the	(Check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full)			
College of American Pathologists Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23,28190
TIM JOHNSON FOR SOUTH DAKOTA IN	C		Date of Disbursement
Mailing Address PO BOX 1859			12 19 2007
Maining Address 1 O BOX 1839			
City	State Zip Code		Amount of Each Disbursement this Period
SIOUX FALLS	SD 57101		
Purpose of Disbursement		· · · ·	2500.00
Candidate Name		Category/	
Office Occupies Theory		Туре	
	ment For: 2008 Primary General		
President	Other (specify)		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			T :: ID ODGG 00440
TRUST PAC TEAM REPUBLICANS FOR I	JTII IZING SENSIBI E T	ACTI-	Transaction ID: SB23.28149 Date of Disbursement
CS			
Mailing Address 104 Hume Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 19 \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 20077 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	State Zip Code		Amount of Each Disbursement this Period
Alexandria	VA 22301		
Purpose of Disbursement			1000.00
Candidate Name		Catanani	
Caruidate Natrie		Category/ Type	
Office Sought: House Disburse	ment For: 2007		
Senate	Primary X General		
President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	<b>•</b>	31000.00

State:

District: