

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 11 25 2008 through 12 31 2008

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. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 05 13 2009

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

Office Use Only **FEC FORM 3X** (Rev. 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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		136336.88
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	48316.18									
(c) Total Receipts (from Line 19)	55310.00	571005.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103626.18	707341.88								
7. Total Disbursements (from Line 31)	22859.22	626574.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80766.96	80766.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	38885.00	438547.00
(i) Itemized (use Schedule A)	13925.00	126958.00
(ii) Unitemized	52810.00	565505.00
(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)	52810.00	565505.00
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	2500.00	5500.00
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))	55310.00	571005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55310.00	571005.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	359.22	10689.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	359.22	10689.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	611749.09
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4136.41
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22859.22	626574.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22859.22	626574.92

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)	52810.00	565505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52810.00	565505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	359.22	10689.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	359.22	10689.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44
(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)
Louise Jeanne Ackerman, Dr.

Mailing Address 401 Palmetto St

City State Zip Code
New Smyrna Beach FL 32168-7399

FEC ID number of contributing federal political committee. C

Name of Employer Bert Fish Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31925

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
T. Richard Anderson, Dr.

Mailing Address Path Consultants of Port Huron
5158 Lakeshore Rd

City State Zip Code
Ft Gratiot MI 48059

FEC ID number of contributing federal political committee. C

Name of Employer Port Huron 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
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.31900

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
F. Dale Andres, Dr.

Mailing Address Department of Pathology
1000 4th Street SW

City State Zip Code
Mason City IA 50401

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Med Ctr-North Iowa Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.31751

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1600.00

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 / 44
(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 Raja Bahu, Dr.

Mailing Address 440 Bracken Ln

City Northfield State IL Zip Code 60093-2901

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

Name of Employer unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31964

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
F. John Bambara, Dr.

Mailing Address P. O. Box 128
1133 College Ave.

City Manhattan State KS Zip Code 66505-0128

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

Name of Employer Peterson Clinical Laboratory 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 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.31724

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
W. Lyle Barksdale, Dr.

Mailing Address 500 W Leota
PO Box 1289

City North Platte State NE Zip Code 69101

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

Name of Employer Pathology Services, PC 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 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.31885

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 8 / 44
(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)
R. Neil Bavikatty, Dr.
Mailing Address 6527 Pine Knolls Dr
City State Zip Code
Traverse City MI 49686
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Munson 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 1 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.31683
Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Scott Christopher Bee, Dr.
Mailing Address 1412 Wimbledon Ct
City State Zip Code
Ft Collins CO 80524
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
McKee Med Ctr 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 0 / 2 0 0 8
Transaction ID: SA11AI.31730
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
W. Arthur Bracey, Dr.
Mailing Address Department of Pathology-P125E
6720 Bertner
City State Zip Code
Houston TX 77030
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
St. Luke's Episcopal Hosp 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 9 / 2 0 0 8
Transaction ID: SA11AI.31958
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00
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 9 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) B. Brett Cantrell, Dr.		Date of Receipt	
	Mailing Address Dept of Path 1 SHIRCLIFF WAY.		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.32016
	Jacksonville	FL	32204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	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 ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Aristides Pedro Carmona, Dr.		Date of Receipt	
	Mailing Address Pathology Department 951 North Washington Ave		M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.31767
	Titusville	FL	32796-2194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
	Name of Employer Parrish Med Ctr		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) K. Sharon Casey, Dr.		Date of Receipt	
	Mailing Address 16 Oak Forrest Cir		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.32012
	Denton	TX	76210-5550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Presbyterian Hosp of Denton		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44
(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)
M Thomas Chesney, Dr.
Mailing Address 7550 Wolf River Blvd # 200

City State Zip Code
Germantown TN 38138-1745

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

Name of Employer Occupation
Trumbull Laboratories, LLC Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.31908

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
C Phillip Collins, Dr.
Mailing Address Pathology Department
12221 N. Mopac Expwy.

City State Zip Code
Austin TX 78758

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

Name of Employer Occupation
North Austin Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31946

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
C Carol Cooke-Dittmann, Dr.
Mailing Address Dept of Path
3401 W Gore Blvd

City State Zip Code
Lawton OK 73502

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

Name of Employer Occupation
Comanche County Mem Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31932

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 44
(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 Gary Cooper, Dr.

Mailing Address 501 20th St Ste G3

City State Zip Code
Knoxville TN 37916-1890

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

Name of Employer Innovative Pathology Services Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31762

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City State Zip Code
Long Beach CA 90815-4129

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

Name of Employer Centinela Hosp Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31927

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
P. James Craig, Dr.

Mailing Address Pathology Department
900 East Oak Hill Avenue

City State Zip Code
Knoxville TN 37917

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

Name of Employer St. Mary's Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.31737

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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. Jeffrey Craver, Dr.	Date of Receipt MM / DD / YYYY 12 / 28 / 2008
	Mailing Address Dept of Pathology 200 Portland St	Transaction ID: SA11AI.31921
	City State Zip Code Columbia MO 65201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Boyce & Byrum Pathology Pathologist Labs PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) S George Csathy, Dr.	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 989 Quivera St.	Transaction ID: SA11AI.31718
	City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation US Labs Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Patrawadee Duangjak	Date of Receipt MM / DD / YYYY 12 / 28 / 2008
	Mailing Address Department of Pathology 13207 Ravenna Road	Transaction ID: SA11AI.31924
	City State Zip Code Chardon OH 44024	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UHHS Geauga Regional Hosp Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 13 / 44
	<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) S Barbara Ducatman, Dr.	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address Dept of Path Health Sciences Ctr North	Transaction ID: SA11AI.31962
	City Morgantown State WV Zip Code 26506-9203	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Virginia Univ HSC Occupation Pathologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr.	Date of Receipt MM / DD / YYYY 12 / 13 / 2008
	Mailing Address Department of Pathology 1783 El Camino Real	Transaction ID: SA11AI.31748
	City Burlingame State CA Zip Code 94010	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Peninsula 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	

C.	Full Name (Last, First, Middle Initial) E. Randy Eckert	Date of Receipt MM / DD / YYYY 12 / 28 / 2008
	Mailing Address 6308 Northgrove Road	Transaction ID: SA11AI.31923
	City Austin State TX Zip Code 78731-3725	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Austin 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	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44
(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. David Eisenstein, Dr.

Mailing Address Department of Pathology
1 Medical Village Drive

City State Zip Code
Edgewood KY 41017

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

Name of Employer Occupation
St. Elizabeth 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 Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.31743

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. Andrew Evanger, Dr.

Mailing Address Department of Pathology
1650 Cowles Street

City State Zip Code
Fairbanks AK 99701

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

Name of Employer Occupation
Fairbanks Memorial Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.31882

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R Carl Evans, Dr.

Mailing Address 9600 Datapoint Dr

City State Zip Code
San Antonio TX 78229-2028

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

Name of Employer Occupation
Path Ref Lab Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.31727

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44
(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)
Lee Cynthia Foss-Bowman, Dr.

Mailing Address CH20 Clinical Lab
27005 76th Ave

City State Zip Code
New Hyde Park NY 11040-1402

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

Name of Employer Long Island Jewish Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31942

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
B. Ray Franklin, Dr.

Mailing Address Department of Pathology
1414 S Orange Ave

City State Zip Code
Orlando FL 32806-2093

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

Name of Employer Orlando Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31947

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A. Robert Frazier, Dr.

Mailing Address 801 Boush St

City State Zip Code
Norfolk VA 23510

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

Name of Employer Dominion Pathology Laboratories 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 8 / 2 0 0 8

Transaction ID: SA11AI.31719

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 / 44

(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)
Joseph Edward Garcia, Dr.

Mailing Address 1125 Bartow Rd
Ste 101A

City State Zip Code
Lakeland FL 33801-5845

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

Name of Employer Occupation
Micro Path Laboratories Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31784

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
E. Fred Gilbert, Dr.

Mailing Address 1 Pine Hollow Dr

City State Zip Code
Newnan GA 30263

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

Name of Employer Occupation
Newnan Hospital - West Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

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

Transaction ID: SA11AI.31873

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
P Steven Goetz, Dr.

Mailing Address Dept of Path
1000 Fourth St SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Med Ctr-North Iowa Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31722

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44
(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)
W. Herschel Gordon, Dr.

Mailing Address Ukiah Valley Med Ctr Lab
275 Hospital Dr

City Ukiah State CA Zip Code 95482

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 ▼ 600.00

Date of Receipt 12 / 29 / 2008
Transaction ID: SA11AI.31968
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
K. Gregory Haake, Dr.

Mailing Address 1000 E Primrose Ste 300

City Springfield State MO Zip Code 65807-5178

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

Name of Employer Pathology Services of Springfield Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2008
Transaction ID: SA11AI.32010
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
E Richard Halbert, Dr.

Mailing Address 1801 16th St # DEPART

City Greeley State CO Zip Code 80631-5154

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

Name of Employer North Colorado Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2008
Transaction ID: SA11AI.31983
Amount of Each Receipt this Period 500.00

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 18 / 44
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
H. M. Elizabeth Hammond, Dr.

Date of Receipt
MM / DD / YYYY
12 / 22 / 2008

Mailing Address Dept of Pathology
8th Ave and C St

Transaction ID: SA11AI.31871

City Salt Lake City State UT Zip Code 84143

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee. C

Name of Employer LDS Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

B.

Full Name (Last, First, Middle Initial)
C. Randall Hastedt, Dr.

Date of Receipt
MM / DD / YYYY
12 / 09 / 2008

Mailing Address 8144 Linden Leaf Circle

Transaction ID: SA11AI.31726

City Columbus State OH Zip Code 43235-4617

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee. C

Name of Employer Mount Carmel St. Ann's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

C.

Full Name (Last, First, Middle Initial)
E. James Haswell, Dr.

Date of Receipt
MM / DD / YYYY
12 / 29 / 2008

Mailing Address Dept of Pathology
130 Division Street

Transaction ID: SA11AI.31937

City Derby State CT Zip Code 06418

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. C

Name of Employer Griffin Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44
(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)
C. Teresa Hayes, Dr.
Mailing Address 7700 Floyd Curl Dr # LAB
City San Antonio State TX Zip Code 78229-3902
FEC ID number of contributing federal political committee. **C**
Name of Employer Southwest Texas Methodist Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 29 / 2008
Transaction ID: SA11AI.31954
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Lloyd Tommy Hewett, Dr.
Mailing Address 3000 United Founders Blvd Ste 234
City Oklahoma City State OK Zip Code 73112-4290
FEC ID number of contributing federal political committee. **C**
Name of Employer Ameripath Oklahoma Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 18 / 2008
Transaction ID: SA11AI.31796
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Burnett John Holt, Dr.
Mailing Address Dept of Path and Lab Med 200 Hawthorne Ln
City Charlotte State NC Zip Code 28233
FEC ID number of contributing federal political committee. **C**
Name of Employer Presbyterian Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 30 / 2008
Transaction ID: SA11AI.31684
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

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FOR LINE NUMBER: PAGE 20 / 44
(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)
Jose Orlando Icaza, Dr.
Mailing Address 1456 Williams St
City Leesburg State FL Zip Code 34748-3824
FEC ID number of contributing federal political committee. **C**
Name of Employer Leesburg Reg Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 05 / 2008
Transaction ID: SA11AI.31709
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
L. Rebecca Johnson, Dr.
Mailing Address Pathology & Clinical Labs
725 North Street
City Pittsfield State MA Zip Code 01201
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkshire Health Systems Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 12 / 17 / 2008
Transaction ID: SA11AI.31773
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
O. Dervila Jonas, Dr.
Mailing Address 418 Mosby Dr. S.W.
City Leesburg State VA Zip Code 20175
FEC ID number of contributing federal political committee. **C**
Name of Employer Inova Loudoun Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 11 / 2008
Transaction ID: SA11AI.31741
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**

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FOR LINE NUMBER: PAGE 21 / 44
(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 Richard Knierim, Dr.
Mailing Address 1124 Columbia St Ste 200

City State Zip Code
Seattle WA 98104-2048

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

Name of Employer CellNetix Path & Labs Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 8
Transaction ID: SA11AI.31881
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Gapuz Atilano Lacson, Dr.
Mailing Address 801 6th St S

City State Zip Code
Saint Petersburg FL 33701-4899

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

Name of Employer All Children's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ -100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8
Transaction ID: SA11AI.32056
Amount of Each Receipt this Period -100.00
Refunded Contribution

C. Full Name (Last, First, Middle Initial)
D. George Leidel, Dr.
Mailing Address Department of Pathology
3600 S. Highlands Avenue

City State Zip Code
Sebring FL 33870-3331

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

Name of Employer Highlands Reg Med Ctr Occupation Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8
Transaction ID: SA11AI.31814
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44
(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)
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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.31987

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Edgar John Lewis, Dr.

Mailing Address 7412 Perfect Dr

City State Zip Code
Durant OK 74701-8449

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

Name of Employer Occupation
Texoma Pathology Associates 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 3 / 2 0 0 8

Transaction ID: SA11AI.31887

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Marie Laura Lowther, Dr.

Mailing Address 1430 W. C St
P O Box 925

City State Zip Code
Russellville AR 72811-0925

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

Name of Employer Occupation
Pathology Services Lab, PA 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 1 / 2 0 0 8

Transaction ID: SA11AI.31688

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 44
(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)
Luisa Marlene Magrini-Greyson, Dr.

Mailing Address Path Lab
1000 N Lee Ave

City Oklahoma City State OK Zip Code 73102-1080

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

Name of Employer St. Anthony 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 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.31744

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
A. Paul Malek, Dr.

Mailing Address Department of Pathology
3501 Johnson St

City Hollywood State FL Zip Code 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
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.31732

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Louis Jonathan Myles, Dr.

Mailing Address Department Anatomic Pathology
9500 Euclid Avenue

City Cleveland State OH Zip Code 44195-5138

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

Name of Employer Cleveland Clinic Foundati-
on Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31918

Amount of Each Receipt this Period
100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44
(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)
S. Thomas Namiki, Dr.

Mailing Address Department of Pathology
1301 Punchbowl St

City Honolulu State HI Zip Code 96813

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

Name of Employer The Queens Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 13 / 2008
Transaction ID: SA11AI.31749
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
G. John Newby, Dr.

Mailing Address Dept of Pathology
11110 Medical Campus Rd Ste 230

City Hagerstown State MD Zip Code 21742-6727

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

Name of Employer Washington County Health System Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 24 / 2008
Transaction ID: SA11AI.31898
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
E. Russell Newkirk, Dr.

Mailing Address Dept of Pathology
315 S Manning Blvd

City Albany State NY Zip Code 12208-1707

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

Name of Employer St Peter's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 29 / 2008
Transaction ID: SA11AI.31959
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 2850.00

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 / 44
(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)
J Lyle Noordhoek, Dr.

Mailing Address 207A E. 7th St.

City Hays State KS Zip Code 67601

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

Name of Employer Central Plains Laboratories LLC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 30 / 2008
Transaction ID: SA11AI.31976
Amount of Each Receipt this Period: 400.00

B.

Full Name (Last, First, Middle Initial)
J. Michael O'Brien, Dr.

Mailing Address Department of Pathology
774 Albany St

City Boston State MA Zip Code 02118

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

Name of Employer Boston Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 17 / 2008
Transaction ID: SA11AI.31774
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
N. Ronald Padgett, Dr.

Mailing Address PO Box 1089
419 E Prudhomme St

City Opelousas State LA Zip Code 70571

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

Name of Employer Pecot & Padgett APMC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 18 / 2008
Transaction ID: SA11AI.31826
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 44
(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)
Dean C. Pappas, Dr.

Mailing Address Department of Pathology
170 Governors Ave

City State Zip Code
Medford MA 02155

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

Name of Employer Occupation
Lawrence Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2008

Transaction ID: SA11AI.31721

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
E. Wayne Penka, Dr.

Mailing Address Department of Pathology
7500 Mercy Road

City State Zip Code
Omaha NE 68124

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

Name of Employer Occupation
Alegent Health Midlands Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2008

Transaction ID: SA11AI.31697

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
C. Gary Ponto, Dr.

Mailing Address 344 S Patterson Ave Ste 207

City State Zip Code
Santa Barbara CA 93111

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

Name of Employer Occupation
Santa Barbara Pathology Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2008

Transaction ID: SA11AI.31714

Amount of Each Receipt this Period
250.00

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 27 / 44
(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)
D. Mark Pool, Dr.

Mailing Address Department of Pathology
350 N Wall Street

City State Zip Code
Kankakee IL 60901-2901

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

Name of Employer Occupation
Riverside Med Ctr 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 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.31689

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L. Edward Proctor, Dr.

Mailing Address 10 Chapin Circle

City State Zip Code
Myrtle Beach SC 29572

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

Name of Employer Occupation
Grand Strand Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31936

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Arundhati Rao

Mailing Address Department of Pathology
2401 S 31st Street

City State Zip Code
Temple TX 76508

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

Name of Employer Occupation
Scott and White Memorial Hosp 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 9 / 2 0 0 8

Transaction ID: SA11AI.31855

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 28 / 44

(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)
Carlos Luis Rey-Martinez, Dr.

Mailing Address Department of Pathology
2001 W 68th St

City State Zip Code
Hialeah FL 33016-1801

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

Name of Employer Occupation
Palmetto General Hosp 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 8 / 2 0 0 8

Transaction ID: SA11AI.31825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
G Victoria Reyes, Dr.

Mailing Address Dept of Pathology
365 Montauk Ave

City State Zip Code
New London CT 06320-4700

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

Name of Employer Occupation
Lawrence & Memorial Hosp 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 8 / 2 0 0 8

Transaction ID: SA11AI.31817

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
E. William Roberts, Dr.

Mailing Address William E Roberts & Assoc
1240 Southampton Drive

City State Zip Code
Alexandria LA 71303

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

Name of Employer Occupation
Unaffiliated 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 1 / 2 0 0 8

Transaction ID: SA11AI.32025

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 44
(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)
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 ▼
250.00

Date of Receipt: 12 / 05 / 2008
Transaction ID: SA11AI.31704
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
A Thomas Roisum, Dr.

Mailing Address 6000 Hospital Dr

City State Zip Code
Hannibal MO 63401

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

Name of Employer: Hannibal Reg Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 20 / 2008
Transaction ID: SA11AI.31861
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
R Mary Schwartz, Dr.

Mailing Address Dept of Path MS 205

City State Zip Code
Houston TX 77030-2703

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

Name of Employer: The Methodist Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 12 / 17 / 2008
Transaction ID: SA11AI.31794
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 44
(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)
Edward Louis Seibert, Dr.
Mailing Address 108 Buckhaven Court

City Hendersonville State TN Zip Code 37075

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

Name of Employer Sumner Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 18 / 2008
Transaction ID: SA11AI.31839
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
S Gregory Severson, Dr.
Mailing Address 1907 S 182nd Circle

City Omaha State NE Zip Code 68130

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

Name of Employer Alegent Health Lakeside Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 19 / 2008
Transaction ID: SA11AI.31854
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
M. Kris Shekitka, Dr.
Mailing Address Department of Pathology
900 S Caton Ave

City Baltimore State MD Zip Code 21229

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

Name of Employer St Agnes Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 11 / 2008
Transaction ID: SA11AI.31742
Amount of Each Receipt this Period: 500.00

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 31 / 44
(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. Howard Siegel, Dr.

Mailing Address Department of Pathology
6701 N. Charles St.

City State Zip Code
Baltimore MD 21204

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

Name of Employer Greater Baltimore Med Ctr
Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31720

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Perry Daniel Snower, Dr.

Mailing Address Laboratory
22101 Moross Road

City State Zip Code
Detroit MI 48236

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

Name of Employer St. John Hosp and Med Ctr
Occupation Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31696

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
N Gregory Sossaman, Dr.

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2483

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

Name of Employer Ochsner Clinic Foundation
Occupation Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
G. Ronald Stockstill, Dr.

Mailing Address 11350 Glen Birnham

City State Zip Code
Eads TN 38028-6932

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

Name of Employer Occupation
St Francis Hosp Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.31678

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
D. Jason Sutherland, Dr.

Mailing Address Laboratory
501 East Hampden

City State Zip Code
Englewood CO 80110

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

Name of Employer Occupation
HealthOne Swedish 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
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.32005

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Leah Kelley Taylor, Dr.

Mailing Address 1602 Hatcher Ln

City State Zip Code
Columbia TN 38401-4827

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

Name of Employer Occupation
Pathology Corp of America Southeast Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.31902

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 44
(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)
J. Michael Waldron, Dr.

Mailing Address Department of Pathology
8267 Elmbrook

City State Zip Code
Dallas TX 75247-5247

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

Name of Employer Occupation
Propath Laboratory, Inc. Pathologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.31713

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
J. David Walker

Mailing Address Dept of Path
310 Sunnyview Ln

City State Zip Code
Kalispell MT 59901-3129

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

Name of Employer Occupation
Kalispell Regional 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
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.31940

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lewis Leslie Walters, Dr.

Mailing Address 5604 Banister Ct

City State Zip Code
Plano TX 75093-4227

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

Name of Employer Occupation
Medical City Dallas Hosp Pathologist

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

Date of Receipt

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

Transaction ID: SA11AI.31872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 44
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Mayhew Richard Ward, Dr.

Mailing Address Pathology
2000 Neuse Blvd

City State Zip Code
New Bern NC 28560-3499

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

Name of Employer Occupation
Craven Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.31750

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
C. Richard Watson, Dr.

Mailing Address NuPath PC
525 E Grant St

City State Zip Code
Macomb IL 61455-3313

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

Name of Employer Occupation
McDonough District Hosp 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 8 / 2 0 0 8

Transaction ID: SA11AI.31819

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
A. Jeffrey Welsh, Dr.

Mailing Address Department of Pathology
5 Richland Medical Park Drive

City State Zip Code
Columbia SC 29203-6897

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

Name of Employer Occupation
Palmetto Hlth Richland 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 5 / 2 0 0 8

Transaction ID: SA11AI.31712

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 44
(check only one)

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<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. Thomas Williams, Dr.

Mailing Address Pathology Department
8303 Dodge Street

City State Zip Code
Omaha NE 68114

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

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.31862

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
John Andrew Wilson, Dr.

Mailing Address 450 E Romie Ln

City State Zip Code
Salinas CA 93901-4098

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

Name of Employer Salinas Valley Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.31833

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
L. Sherry Woodhouse, Dr.

Mailing Address 1440 Coral Ridge Dr #296

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Pathology Consultants of S Broward 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 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.31768

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1335.00**

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 36 / 44
(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)
Truman Edward Wright, Dr.

Mailing Address Pathology Department
915 Gordon Ave

City State Zip Code
Thomasville GA 31792-6614

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

Name of Employer Archbold Medical Center Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.31998

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Andrew John Wright, Dr.

Mailing Address 1001 S George St

City State Zip Code
York PA 17403-3676

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

Name of Employer York 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 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.31914

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
G. Kent Zimmerman, Dr.

Mailing Address 2602 S. Gaucho

City State Zip Code
Mesa AZ 85202

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

Name of Employer Clin-Path Associates, P.C. Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.31866

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

TOTAL This Period (last page this line number only) ▶ 38885.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 44
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 12
		<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) BILL SHUSTER FOR CONGRESS		Date of Receipt
Mailing Address PO Box 27		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 6 / 2 0 0 8
City	State	Zip Code
Hollidaysburg	PA	16648
FEC ID number of contributing federal political committee.		Transaction ID: SA16.32062
C C00364935		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	Refund of Contribution/Vo- id
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

B.

Full Name (Last, First, Middle Initial) HULSHOF FOR CONGRESS		Date of Receipt
Mailing Address Post Office Box 1621		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
City	State	Zip Code
Columbia	MO	65010
FEC ID number of contributing federal political committee.		Transaction ID: SA16.32055
C C00295923		Amount of Each Receipt this Period
		1500.00
Name of Employer	Occupation	Refund of Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 44

<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.32047 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Amex Charge	<input type="text" value="34.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32048 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Amex Charge	<input type="text" value="2.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32049 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Amex Charge	<input type="text" value="2.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="40.60"/>
TOTAL 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)

<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.32050 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Service Charge for Dec.08	<table border="1"><tr><td>50.50</td></tr></table>	50.50																		
50.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32051 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Suntrust Moneris Charge for Dec.08	<table border="1"><tr><td>217.37</td></tr></table>	217.37																		
217.37																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.32052 Date of Disbursement																			
	Mailing Address P.O. Box 85024	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	8												
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Amex Charge	<table border="1"><tr><td>15.95</td></tr></table>	15.95																		
15.95																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>283.82</td></tr></table>	283.82
283.82		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 40 / 44

<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 P.O. Box 85024

City Richmond State VA Zip Code 23285

Purpose of Disbursement

Amex Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.32053

Date of Disbursement

12 / 27 / 2008

Amount of Each Disbursement this Period

34.80

SUBTOTAL of Disbursements This Page (optional) ▶

34.80

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

359.22

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>A. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32043</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALAN GRAYSON</p> <p>Mailing Address 8419 OAK PARK ROAD</p> <p>City ORLANDO State FL Zip Code 32819</p> <p>Purpose of Disbursement General Debt Retirement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32027</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAKPAC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32029</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)
KOSMAS FOR CONGRESS

Transaction ID: SB23.32030
Date of Disbursement

Mailing Address PO Box 1547

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City State Zip Code
New Smyrna Beach FL 32170

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 24

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
LISA MURKOWSKI - U S SENATE

Transaction ID: SB23.32044
Date of Disbursement

Mailing Address PO BOX 100847

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

City State Zip Code
ANCHORAGE AK 99510

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
MARTIN HEINRICH FOR CONGRESS

Transaction ID: SB23.32032
Date of Disbursement

Mailing Address 2118 CENTRAL AVENUE SE
#71

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	0	8

City State Zip Code
Albuquerque NM 87105

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: NM District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

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 43 / 44

<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>A. Full Name (Last, First, Middle Initial) MARY'S PAC</p> <p>Mailing Address 1155 21ST STREET NW SUITE 300</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32042 Date of Disbursement 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE</p> <p>Mailing Address P O B 13147</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32045 Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS</p> <p>Mailing Address PO BOX 226</p> <p>City BLOOMFIELD HILLS State MI Zip Code 48303</p> <p>Purpose of Disbursement General Debt Retirement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.32034 Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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) PINGREE FOR CONGRESS	Transaction ID: SB23.32038 Date of Disbursement 11 / 25 / 2008
	Mailing Address PO Box 17613	Amount of Each Disbursement this Period 2500.00
	City Portland State ME Zip Code 04112	
	Purpose of Disbursement General Debt Retirement	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA	Transaction ID: SB23.32046 Date of Disbursement 12 / 17 / 2008
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMMITTEE	Transaction ID: SB23.32040 Date of Disbursement 11 / 25 / 2008
	Mailing Address 865 MACON ALLEY	Amount of Each Disbursement this Period 1000.00
	City COLUMBUS State OH Zip Code 43206	
	Purpose of Disbursement	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	22500.00