FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		EFEC MAILING L		ample:If typing er the lines	, type			
College of America	n Pathologists I	Political Action Cor	nmittee					.
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previousl reported. (AC	ent L	Vashington					20005	
2. FEC IDENTIFICAT	ION NUMBER	. ₩ _	CITY 🛕		S	STATE	ZIPCOI	DE 萬
C00274944			3. IS THIS REPOR		NEW N) OR	X AMI (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report fo (d) 30-Day Post -Ele Report fo	Election on)	12C)	Sep 2	2G) in the State o	Special (30S)
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 FOR (Rev. 12/20)	M 3X

Image#	29992090974
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	D D Y Y W Y 25 2008	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y		136336.88
	(b) Cash on Hand at Begining 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
3.	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]
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

X 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

FE6AN026

Image# 29992090975

DETAILED SUMMARY PAGE

•	OF RECEIPTS	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name College of American Pathologists Polit	cal Action Committee	
		To: M M M 1 2 J 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
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	38885.00	438547.00
(ii) Unitemized	13925.00	126958.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	52810.00	565505.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
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 Loop Bonovmente Received	0.00	0.00

0.00

0.00

0.00

0.00

0.00

55310.00

55310.00

2500.00

14.	Loan Repayments Received
15.	Offsets To Operating Expenditures
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

16.	Refunds of Contributions Made
	to Federal candidates and Other
	Political Committees
17.	Other Federal Receipts

18.	Transfers from Non-Federal and Levin Funds
	(a) Non-Federal Account
	(from Schedule H3)

(Dividends, Interest, etc.)

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

20. Total Federal Receipts (subtract Line 18(c) from Line 19) 0.00

0.00

5500.00

	571	005	5.00)	

0.00

571005.00

Image# 29992090976

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A	COLUMN B
1. Operating Expenditures: (a) Shared Federal/Non-Federal	Total This Period	Calendar Year-to-Date
(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
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	22500.00	611749.09
Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
5. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 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
9. Other Disbursements	0.00	4136.41
 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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22859.22	626574.92
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
	00050.00	COCE74 00

22859.22

626574.92

from Line 31).....

Image# 29992090977

DETAILED SUMMARY PAGE

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 44 (check only one) 11a X 11a 11b
			Detailed Summary Fage	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.		
	College of American Pathologists Polition			
Α.	Full Name (Last, First, Middle Initial) Louise Jeanne Ackerman, Dr.	Date of Receipt		
	Mailing Address 401 Palmetto St			M M / D D / Y Y Y Y 12 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.31925
	New Smyrna Beach	FL	32168-7399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bert Fish Med Ctr	Occupatio Patholog		
	Receipt For:	- · · ·	e Year-to-Date V	
	Primary General	33 - 3	500.00	1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) T. Richard Anderson, Dr.			Date of Receipt
	Mailing Address Path Consultants of Por 5158 Lakeshore Rd		M M / D D / Y Y Y Y Y 12 24 2008	
	City Sta		Zip Code	Transaction ID: SA11AI.31900
	Ft Gratiot	MI	48059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Port Huron Hosp	Occupatio Patholog		-
	Receipt For:		e Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify) v	0 0		
C.	Full Name (Last, First, Middle Initial) F. Dale Andres, Dr.			Date of Receipt
	Mailing Address Department of Patholog 1000 4th Street SW	ЭУ		M M / D D / Y Y Y Y 12 / 15 / 2008
	City	State	Zip Code	Transaction ID: SA11AI.31751
	Mason City	IA	50401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1000.00	
	SUBTOTAL of Receipts This Page (optional)			1600.00
	TOTAL This Period (last page this line number o	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS					
	or for commercial purposes, other than using the	name and add	aress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	tical Action (Committee			
Α.	Full Name (Last, First, Middle Initial) M Raja Bahu, Dr.					
	Mailing Address 440 Bracken Ln	M M / D D / Y Y Y Y 12 29 2008				
	City	State	Zip Code	Transaction ID: SA11AI.31964		
	Northfield	IL	60093-2901	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer unaffiliated	Occupation Patholog				
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼		500.00]		
В.	Full Name (Last, First, Middle Initial) F. John Bambara, Dr.			Date of Receipt		
	Mailing Address P. O. Box 128 1133 College Ave.			1 2 / D D / Y Y Y Y 1 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.31724		
	Manhattan FEC ID number of contributing federal political committee.	KS C	66505-0128	Amount of Each Receipt this Period		
	Name of Employer Peterson Clinical Laborat- ory	Occupation Patholog				
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	300.00]		
C.	Full Name (Last, First, Middle Initial) W. Lyle Barksdale, Dr.	I		Date of Receipt		
	Mailing Address 500 W Leota PO Box 1289			M M / D D / Y Y Y Y 12 23 2008		
	City	State	Zip Code	Transaction ID: SA11AI.31885		
	North Platte	NE	69101	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Pathology Services, PC	Occupation Patholog	ist			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General Other (specify) ▼		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)		
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s			
	College of American Pathologists Poli	tical Action Committee			
Α.	Full Name (Last, First, Middle Initial) R. Neil Bavikatty, Dr.	Date of Receipt			
	Mailing Address 6527 Pine Knolls Dr		M M / D D / Y Y Y Y 11 30 2008		
	City	State Zip Code	Transaction ID: SA11AI.31683		
	Traverse City	MI 49686	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		100.00		
	Name of Employer Munson Med Ctr	Occupation Pathologist			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Other (specify)	350.00			
в.	Full Name (Last, First, Middle Initial) Scott Christopher Bee, Dr.	I	Date of Receipt		
	Mailing Address 1412 Wimbledon Ct	12 / 10 / Y Y Y Y 12 / 10			
	City	State Zip Code	Transaction ID: SA11AI.31730		
	<u>Ft Collins</u>	CO 80524	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		1000.00		
	Name of Employer McKee Med Ctr	Occupation Pathologist			
	Receipt For:	Aggregate Year-to-Date ▼			
	Other (specify)	1000.00			
C.	Full Name (Last, First, Middle Initial) W. Arthur Bracey, Dr.		Date of Receipt		
	Mailing Address Department of Patholo 6720 Bertner		M M / D D / Y Y Y Y 12 29 2008		
	City Houston	State Zip Code TX 77030	Transaction ID: SA11AI.31958		
	FEC ID number of contributing	TX 77030	Amount of Each Receipt this Period		
	federal political committee.				
	Name of Employer St. Luke's Episcopal Hosp	Occupation Pathologist			
	Receipt For: Primary General	Aggregate Year-to-Date ▼			
	Other (specify) ▼	500.00			
	SUBTOTAL of Receipts This Page (optional)	•	1600.00		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
		Statements may not be sold or used by any person e name and address of any political committee to	
	NAME OF COMMITTEE (In Full) College of American Pathologists Pol	itical Action Committee	
⊻ A.	Full Name (Last, First, Middle Initial) B. Brett Cantrell, Dr.		Date of Receipt
	Mailing Address Dept of Path <u>1 SHIRCLIFF WAY</u> .		1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.32016
	Jacksonville FEC ID number of contributing federal political committee.	FL 32204	Amount of Each Receipt this Period 250.00
	Name of Employer St Vincent's Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) Aristides Pedro Carmona, Dr. Mailing Address Pathology Departmen		Date of Receipt
	951 North Washington 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: Primary General Other (specify) ▼	Aggregate Year-to-Date 2000.00]
-).	Full Name (Last, First, Middle Initial) K. Sharon Casey, Dr.		Date of Receipt
	Mailing Address 16 Oak Forrest Cir		12 ^{//} 31 [/] 2008
	City	State Zip Code	Transaction ID: SA11AI.32012
	Denton FEC ID number of contributing federal political committee.	TX 76210-5550	Amount of Each Receipt this Period 500.00
	Name of Employer Presbyterian Hosp of Dent- on	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	·	1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any a name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) M Thomas Chesney, Dr.		Date of Receipt
	Mailing Address 7550 Wolf River Blvd	# 200	1 2 2 4 Y Y Y 1 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.31908
	Germantown	TN 38138-1745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Trumbull Laboratories, LLC	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
- В.	Full Name (Last, First, Middle Initial) C Phillip Collins, Dr.		Date of Receipt
	Mailing Address Pathology Department 12221 N. Mopac Expw		12 / 29 / Y Y Y 12008
	City	State Zip Code	Transaction ID: SA11AI.31946
	Austin	TX 78758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer North Austin Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	D
- C.	Full Name (Last, First, Middle Initial) C Carol Cooke-Dittmann, Dr.	1	Date of Receipt
	Mailing Address Dept of Path 3401 W Gore Blvd		12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31932
	Lawton	OK 73502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Comanche County Mem Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	D
ſ	SUBTOTAL of Receipts This Page (optional)		1000.00
ŀ	TOTAL This Period (last page this line number		

			FOR LINE NUMBER: PAGE 11/44
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full)		
	College of American Pathologists Politi	ical Action Committee	
<i>ب</i> ٩.	Full Name (Last, First, Middle Initial) L Gary Cooper, Dr.		Date of Receipt
	Mailing Address 501 20th St Ste G3		12 / 16 / Y Y Y Y 12 16
	City	State Zip Code	Transaction ID: SA11AI.31762
	Knoxville	TN 37916-1890	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Innovative Pathology Serv-	Occupation Pathologist	
	ices Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	2000.00	
3.	Full Name (Last, First, Middle Initial) Joseph Thomas Cooper, Dr.		Date of Receipt
-	Mailing Address 5620 East El Parque S	treet	M M / D D / Y Y Y Y 12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31927
	Long Beach	CA 90815-4129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Centinela Hosp Med Ctr	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00]
-	Full Name (Last, First, Middle Initial) P. James Craig, Dr.		Date of Receipt
	Mailing Address Pathology Department 900 East Oak Hill Aven	ue	M M / D D / Y Y Y Y 12 10 2008
	City	State Zip Code	Transaction ID: SA11AI.31737
	Knoxville	TN 37917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer St. Mary's Health System	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date 🔻	_]
	Primary General Other (specify)	750.00]
Γ	SUBTOTAL of Receipts This Page (optional)		2000.00
┢		,	
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any person name and address of any political committee to	FOR LINE NUMBER: PAGE 12 / 44 (check only one) Image: Constraint of the state o
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit		
Α.	Full Name (Last, First, Middle Initial) L. Jeffrey Craver, Dr. Mailing Address Dept of Pathology 200 Portland St		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.31921
	Columbia	MO 65201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologist	
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 350.00]
в.	Full Name (Last, First, Middle Initial) S George Csathy, Dr. Mailing Address 989 Quivera St.		Date of Receipt
		12 05 2008	
	City	State Zip Code	Transaction ID: SA11AI.31718
	Laguna Beach FEC ID number of contributing federal political committee.	CA 92651	Amount of Each Receipt this Period
	Name of Employer US Labs	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
C.	Full Name (Last, First, Middle Initial) Patrawadee Duangjak		Date of Receipt
	Mailing Address Department of Patholo 13207 Ravenna Road		12 / 28 / 2008
	City Chardon	State Zip Code OH 44024	Transaction ID: SA11AI.31924
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer UHHS Geauga Regional Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) v	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	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) College of American Pathologists Pol	Statements may not be sold or used by any person e name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions osolicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) S Barbara Ducatman, Dr. Mailing Address Dept of Path		Date of Receipt
	Health Sciences Ctr N City	North State Zip Code	Transaction ID: SA11AI.31962
	Morgantown	WV 26506-9203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer West Virginia Univ HSC	Occupation Pathologist	
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate Year-to-Date 500.00]
В.	Full Name (Last, First, Middle Initial) Lawton Keith Duncan, Dr. Mailing Address Department of Pathol 1783 El Camino Real		Date of Receipt
	City	Transaction ID: SA11AI.31748	
	Burlingame	State Zip Code CA 94010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Peninsula Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) E. Randy Eckert		Date of Receipt
	Mailing Address 6308 Northgrove Roa	d	12 / D D / Y Y Y Y 12 28 2008
	City	State Zip Code	Transaction ID: SA11AI.31923
	Austin	TX 78731-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer North Austin Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date 500.00]
ſ	SUBTOTAL of Receipts This Page (optional) .	· ······	1250.00
ľ	TOTAL This Period (last page this line numbe	r only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 / 44 (check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any pers Idress of any political committee t	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) J. David Eisenstein, Dr.	Date of Receipt		
	Mailing Address Department of Patholo <u>1 Medical Village Drive</u>	M + M / D + D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.31743
	Edgewood	KY	41017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Elizabeth Med Ctr	Occupation Patholog		
	Receipt For:	_ I`	e Year-to-Date 🔻	-
	Primary General		250.00	
_	Other (specify)	0 0	230.00	
в.	Full Name (Last, First, Middle Initial) J. Andrew Evanger, Dr.			Date of Receipt
	Mailing Address Department of Patholo 1650 Cowles Street	M M / D D / Y Y Y Y 12 23 2008		
	City	Zip Code	Transaction ID: SA11AI.31882	
	<u>Fairbanks</u>	AK	99701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Fairbanks Memorial Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
С.	Full Name (Last, First, Middle Initial) R Carl Evans, Dr.			Date of Receipt
	Mailing Address 9600 Datapoint Dr			1 2 0 9 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31727
	San Antonio	TX	78229-2028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Path Ref Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		650.00	
[1000.00
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/44 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
۷ ۸.	Full Name (Last, First, Middle Initial) Lee Cynthia Foss-Bowman, Dr.		Date of Receipt
	Mailing Address CH20 Clinical Lab 27005 76th Ave		M M / D D / Y Y Y Y 12 29 2008
	City	State Zip Code NY 11040-1402	Transaction ID: SA11AI.31942
	New Hyde Park FEC ID number of contributing federal political committee.	NY 11040-1402	Amount of Each Receipt this Period
	Name of Employer Long Island Jewish Med Ctr	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
- 3.	Full Name (Last, First, Middle Initial) B. Ray Franklin, Dr.	1	Date of Receipt
	Mailing Address Department of Patholo 1414 S Orange Ave		M M / D D / Y Y Y Y 12 29 2008
	City Orlando	State Zip Code FL 32806-2093	Transaction ID: SA11AI.31947
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Orlando Regional Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) A. Robert Frazier, Dr.	I	Date of Receipt
	Mailing Address 801 Boush St		12 08 2008
	City	State Zip Code	Transaction ID: SA11AI.31719
	Norfolk FEC ID number of contributing federal political committee.	VA 23510	Amount of Each Receipt this Period
	Name of Employer Dominion Pathology Labora- tories	Occupation Pathologist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00]
Γ		1	3000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one) X X 11a 11b 11c 12 13 14 15 16 1'
or for commercial purposes, other than us	is and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Pathologis	ts Political Action Committee	
Full Name (Last, First, Middle Initial) Joseph Edward Garcia, Dr.		Date of Receipt
Mailing Address 1125 Bartow Rd		12 / 17 / Y Y Y Y 12 008
City Lakeland	State Zip Code FL 33801-5845	Transaction ID: SA11AI.31784 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Micro Path Laboratories	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) E. Fred Gilbert, Dr. Mailing Address 1 Pine Hollow D		Date of Receipt
-		12 22 2008
City Newnan	State Zip Code GA 30263	Transaction ID: SA11AI.31873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Newnan Hospital - West	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.		Date of Receipt
Mailing Address Dept of Path 1000 Fourth St S	SW	M M / D D / Y Y Y Y Y 12 08 2008
City Mason City	State Zip Code IA 50401-2800	Transaction ID: SA11AI.31722 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 44 (check only one) 11a X 11a 11b 13 14 15 16 17 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) W. Herschel Gordon, Dr.		Date of Receipt
	Mailing Address Ukiah Valley Med Ctr 275 Hospital Dr	M M / D D / Y Y Y Y 12 29 2008	
	City Ukiah	State Zip Code CA 95482	Transaction ID: SA11AI.31968
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 600.00]
В.	Full Name (Last, First, Middle Initial) K. Gregory Haake, Dr. Mailing Address 1000 E Primrose Ste 3	300	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.32010
	<u>Springfield</u>	MO 65807-5178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Pathology Services of Spr- ingfield Receipt For:	Occupation Pathologist Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00]
с.	Full Name (Last, First, Middle Initial) E Richard Halbert, Dr.		Date of Receipt
	Mailing Address 1801 16th St # DEPAI	RT	12 30 Y Y Y Y 12 30 2008
	City	State Zip Code CO 80631-5154	Transaction ID: SA11AI.31983
	Greeley FEC ID number of contributing federal political committee.	CO 80631-5154	Amount of Each Receipt this Period
	Name of Employer North Colorado Med Ctr	Occupation Pathologist	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date 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) X 11a 11b 11c 12
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any perso	13 14 15 16 17
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Poli	tical Action	Committee	
, А.	Full Name (Last, First, Middle Initial) H. M. Elizabeth Hammond, Dr.			Date of Receipt
	Mailing Address Dept of Pathology 8th Ave and C St			12 22 2008
	City	State	Zip Code	Transaction ID: SA11AI.31871
	Salt Lake City	UT	84143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LDS Hosp	Occupation Patholog		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	0 0	500.00]
- B.	Full Name (Last, First, Middle Initial) C. Randall Hastedt, Dr.	1		Date of Receipt
	Mailing Address 8144 Linden Leaf Circ	le		12 09 YYYY 12008
	City	State	Zip Code	Transaction ID: SA11AI.31726
	Columbus	OH	43235-4617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Mount Carmel St. Ann's Ho-	Occupation Patholog		
	<u>sp</u> Receipt For:	1 1	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
- C.	Full Name (Last, First, Middle Initial) E. James Haswell, Dr.	I		Date of Receipt
	Mailing Address Dept of Pathology 130 Division Street			M M / D D / Y Y Y Y Y 12 29 2008
	City	State	Zip Code	Transaction ID: SA11AI.31937
		СТ	06418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Griffin Hosp	Occupation Patholog	gist	
	Receipt For: Primary General	Aggregat	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1400.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	tical Action Committee	
A.	Full Name (Last, First, Middle Initial) C. Teresa Hayes, Dr.		Date of Receipt
	Mailing Address 7700 Floyd Curl Dr # I	AB	12 29 Y Y Y Y 12 29 2008
	City	State Zip Code	Transaction ID: SA11AI.31954
	San Antonio	TX 78229-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
в.	Full Name (Last, First, Middle Initial) Lloyd Tommy Hewett, Dr.		Date of Receipt
	Mailing Address 3000 United Founders	12 18 2008	
	City	State Zip Code	Transaction ID: SA11AI.31796
	Oklahoma City	OK 73112-4290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Ameripath Oklahoma	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
- C.	Full Name (Last, First, Middle Initial) Burnett John Holt, Dr.		Date of Receipt
	Mailing Address Dept of Path and Lab 200 Hawthorne Ln	M M / D D / Y Y Y Y 111 30 2008	
	City	State Zip Code	Transaction ID: SA11AI.31684
	Charlotte	NC 28233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Presbyterian Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	500.00	
ſ	SUBTOTAL of Receipts This Page (optional)		1250.00
	TOTAL This Period (last page this line number	only)	•

SCHEDULE A (FEC Form 3	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 44
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used by any persor og the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) Jose Orlando Icaza, Dr.		Date of Receipt
Mailing Address 1456 Williams St		1 2 0 5 Y Y Y Y Y 1 2 0 5 2 0 0 8
City	State Zip Code FL 34748-3824	Transaction ID: SA11AI.31709
Leesburg FEC ID number of contributing federal political committee.	FL 34748-3824	Amount of Each Receipt this Period 250.00
Name of Employer Leesburg Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr.		Date of Receipt
Mailing Address Pathology & Clinic 725 North Street	1 2 / 1 7 / 2 0 0 8	
City Pittsfield	State Zip Code MA 01201	Transaction ID: SA11AI.31773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) O. Dervila Jonas, Dr.		Date of Receipt
Mailing Address 418 Mosby Dr. S.	W.	M M / D D / Y Y Y Y 12 11 2008
City	State Zip Code	Transaction ID: SA11AI.31741
Leesburg FEC ID number of contributing federal political committee.	VA 20175	Amount of Each Receipt this Period 250.00
Name of Employer Inova Loudoun Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	ical Action Committee	
	Full Name (Last, First, Middle Initial)		Data of Descript
Α.	H Richard Knierim, Dr. Mailing Address 1124 Columbia St Ste	Date of Receipt	
	City	State Zip Code	Transaction ID: SA11AI.31881
	Seattle	WA 98104-2048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer CellNetix Path & Labs	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Gapuz Atilano Lacson, Dr.		Date of Receipt
	Mailing Address 801 6th St S		12 / 31 / Y Y Y Y 12 / 31
	City	State Zip Code	Transaction ID: SA11AI.32056
	Saint Petersburg	FL 33701-4899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-100.00 Refunded Contribution
	Name of Employer All Children's Hosp	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	-100.00	
С.	Full Name (Last, First, Middle Initial) D. George Leidel, Dr.		Date of Receipt
	Mailing Address Department of Patholo 3600 S. Highlands Ave	nue	12 / D D / Y Y Y Y 18 / 2008
	City	State Zip Code	Transaction ID: SA11AI.31814
	Sebring	FL 33870-3331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Highlands Reg Med Ctr	Occupation Pathologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	600.00	
	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 for each category of the Detailed Summary Page				
	Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full)					
	College of American Pathologists Polit	cal Action Committee				
Α.	Full Name (Last, First, Middle Initial) Edwin Leschhorn	Date of Receipt				
	Mailing Address Meridian Health System Dept of Pathology	1	12 30 YYYY 12 30 2008			
	City	State Zip Code	Transaction ID: SA11AI.31987			
	Red Bank	NJ 07701-7701	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Riverview Medical Center	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	1000.0	00			
в.	Full Name (Last, First, Middle Initial) Edgar John Lewis, Dr.		Date of Receipt			
-	Mailing Address 7412 Perfect Dr		12 23 2008			
	City	State Zip Code	Transaction ID: SA11AI.31887			
	Durant	OK 74701-8449	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer Texoma Pathology Associat-	Occupation Pathologist				
	es Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	500.0	00			
C.	Full Name (Last, First, Middle Initial) Marie Laura Lowther, Dr.		Date of Receipt			
0.	Mailing Address 1430 W. C St P O Box 925					
	City	State Zip Code	Transaction ID: SA11AI.31688			
	Russellville	AR 72811-0925	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer Pathology Services Lab, PA	Occupation Pathologist				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	250.0	00			
	SUBTOTAL of Receipts This Page (optional)		1750.00			
	TOTAL This Period (last page this line number of	only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 23 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the I	name and address of any political committee to	solicit contributions from such committee.
	College of American Pathologists Politi		
Α.	Full Name (Last, First, Middle Initial) Luisa Marlene Magrini-Greyson, Dr.	Date of Receipt	
	Mailing Address Path Lab 1000 N Lee Ave		M M / D D / Y Y Y Y 12 11 2008
	City	State Zip Code	Transaction ID: SA11AI.31744
	Oklahoma City	OK 73102-1080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St. Anthony Hosp	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) A. Paul Malek, Dr.		Date of Receipt
	Mailing Address Department of Patholog 3501 Johnson St		M M / D D / Y Y Y Y 12 10 2008
	City Hollywood	State Zip Code FL 33021	Transaction ID: SA11AI.31732
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Memorial Regional Hosp	Occupation Pathologist	_
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	500.00	
C.	Full Name (Last, First, Middle Initial) Louis Jonathan Myles, Dr.		Date of Receipt
	Mailing Address Department Anatomic F 9500 Euclid Avenue	Pathology	M M / D D / Y Y Y Y 12 26 2008
	City	State Zip Code	Transaction ID: SA11AI.31918
	<u>Cleveland</u> FEC ID number of contributing federal political committee.	OH 44195-5138	Amount of Each Receipt this Period
	Name of Employer Cleveland Clinic Foundati-	Occupation Pathologist	_
	on Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	210.00	
	SUBTOTAL of Receipts This Page (optional)		850.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one)			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	College of American Pathologists Polit	tical Action	Committee				
Α.	Full Name (Last, First, Middle Initial) S. Thomas Namiki, Dr.	Date of Receipt					
	Mailing Address Department of Patholo 1301 Punchbowl St		1 2 / D D / Y Y Y Y 1 3 2 0 0 8				
	City	State	Zip Code	Transaction ID: SA11AI.31749			
	Honolulu FEC ID number of contributing federal political committee.	HI C	96813	Amount of Each Receipt this Period			
	Name of Employer The Queens Med Ctr	Occupatio					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 250.00]			
- B.	Full Name (Last, First, Middle Initial) G. John Newby, Dr. Mailing Address Dept of Pathology			Date of Receipt			
	Mailing Address Dept of Pathology 11110 Medical Campus Rd Ste 230			1 2 / 2 4 2 0 0 8			
	City	State MD	Zip Code	Transaction ID: SA11AI.31898			
	Hagerstown FEC ID number of contributing federal political committee.	C	21742-6727	Amount of Each Receipt this Period			
	Name of Employer Washington County Health System	Occupation Patholog					
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date 2500.00]			
- C.	Full Name (Last, First, Middle Initial) E. Russell Newkirk, Dr.			Date of Receipt			
	Mailing Address Dept of Pathology 315 S Manning Blvd			12 / 29 / Y Y Y 2008			
	City	State	Zip Code	Transaction ID: SA11AI.31959			
	Albany FEC ID number of contributing federal political committee.	NY C	12208-1707	Amount of Each Receipt this Period			
	Name of Employer St Peter's Hosp	Occupation Patholog		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			2850.00			
	TOTAL This Period (last page this line number	only)					

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and Si	tatements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit		
	Full Name (Last, First, Middle Initial) J Lyle Noordhoek, Dr.		Date of Receipt
-	Mailing Address 207A E. 7th St.		12 30 Y Y Y Y Y 12 30 2008
	City	State Zip Code	Transaction ID: SA11AI.31976
	Hays	KS 67601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Central Plains Laboratori- es LLC	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	400.00	
	Full Name (Last, First, Middle Initial) J. Michael O'Brien, Dr.		Date of Receipt
	Mailing Address Department of Patholo 774 Albany St	12 ^{//} 17 [/] 2008	
	City	State Zip Code	Transaction ID: SA11AI.31774
•	Boston	MA 02118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
-	Name of Employer Boston Med Ctr	Occupation Pathologist	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial) N. Ronald Padgett, Dr.		Date of Receipt
	Mailing Address PO Box 1089 419 E Prudhomme St		12 ^{//} 18 ^{//} 2008
		State Zip Code	Transaction ID: SA11AI.31826
•	Opelousas	LA 70571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		750.00
	Name of Employer Pecot & Padgett APMC	Occupation Pathologist	
		Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	750.00	
Q I	BTOTAL of Receipts This Page (optional)	L	1250.00
	TAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the	itatements may r name and addre	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso ess of any political committee to	FOR LINE NUMBER: PAGE 26 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 17
	NAME OF COMMITTEE (In Full) College of American Pathologists Polit	tical Action Co	ommittee	
Α.	Full Name (Last, First, Middle Initial) Dean C. Pappas, Dr.	Date of Receipt		
	Mailing Address Department of Patholo 170 Governors Ave	рду		12 08 Y Y Y Y 12 08
	City	State	Zip Code	Transaction ID: SA11AI.31721
	Medford	MA	02155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lawrence Memorial Hosp	Occupation Pathologis	it	7
	Receipt For:	Aggregate Y	lear-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) E. Wayne Penka, Dr.			Date of Receipt
	Mailing Address Department of Pathology 7500 Mercy Road			M M / D D / Y Y Y Y 12 03 2008
	City	State NE	Zip Code	Transaction ID: SA11AI.31697
	Omaha FEC ID number of contributing federal political committee.	C	68124	Amount of Each Receipt this Period
	Name of Employer Alegent Health Midlands Community Hosp	Occupation Pathologis	it	
	Receipt For:	Aggregate Y	Year-to-Date 🔻	
	Primary General Other (specify) ▼		400.00	
C.	Full Name (Last, First, Middle Initial) C. Gary Ponto, Dr.	I		Date of Receipt
	Mailing Address 344 S Patterson Ave S	Ste 207		M M / D D / Y Y Y Y 12 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.31714
	Santa Barbara	CA	93111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Santa Barbara Pathology Lab	Occupation Pathologis	it	
		Aggregate Y	lear-to-Date ▼	
	Other (specify)		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 Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 44 (check only one) 11a X 11a 13 14 15 16 17
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) D. Mark Pool, Dr. Mailing Address Department of Patholo	bay		Date of Receipt
	350 N Wall Street			12 01 2008
	City Kankakee	State IL	Zip Code	Transaction ID: SA11AI.31689
	FEC ID number of contributing federal political committee.	C	60901-2901	Amount of Each Receipt this Period
	Name of Employer Riverside Med Ctr	Occupation Patholog	gist	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
в.	Full Name (Last, First, Middle Initial) L. Edward Proctor, Dr. Mailing Address 10 Chapin Circle			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.31936
	Myrtle Beach	SC	29572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Grand Strand Reg Med Ctr	Occupation Patholog		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 🔻 600.00]
- C.	Full Name (Last, First, Middle Initial) Arundhati Rao			Date of Receipt
	Mailing Address Department of Patholo 2401 S 31st Street			1 2 / D D / Y Y Y Y 1 2 0 0 8
	City Temple	State TX	Zip Code 76508	Transaction ID: SA11AI.31855 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Scott and White Memorial Hosp	Occupation Patholog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
ſ	SUBTOTAL of Receipts This Page (optional)			850.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli		
لا A.	Full Name (Last, First, Middle Initial) Carlos Luis Rey-Martinez, Dr.	Date of Receipt	
	Mailing Address Department of Patholo 2001 W 68th St	bâà	M M / D D / Y Y Y Y 12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.31825
	Hialeah FEC ID number of contributing federal political committee.	FL 33016-1801	Amount of Each Receipt this Period
	Name of Employer Palmetto General Hosp	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) G Victoria Reyes, Dr. Mailing Address Dept of Pathology	1	Date of Receipt
	365 Montauk Ave	State Zip Code	1 2 1 8 2 0 0 8 Transaction ID: SA11AI.31817
	New London	CT 06320-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Lawrence & Memorial Hosp	Occupation Pathologist	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
– C.	Full Name (Last, First, Middle Initial) E. William Roberts, Dr.		Date of Receipt
	Mailing Address William E Roberts & A 1240 Southampton Dr		M M / D D / Y Y Y Y 12 31 2008
	City Alexandria	State Zip Code LA 71303	Transaction ID: SA11AI.32025
	FEC ID number of contributing federal political committee.	LA 71303	Amount of Each Receipt this Period
	Name of Employer Unaffiliated	Occupation Pathologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	······	800.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 29 / 44 (check only one)			
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action C	Committee				
× ۱.	Full Name (Last, First, Middle Initial) E. Ronald Rocha, Dr.	Date of Receipt					
	Mailing Address 3701 S Higuera St S	Ste 200		12 ^{DD} /YYYY 12008			
	City	State	Zip Code	Transaction ID: SA11AI.31704			
	San Luis Obispo	CA	93401	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Central Coast Pathology Consultants	Occupation Pathologi					
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify)	0 0	250.00]			
-	Full Name (Last, First, Middle Initial) A Thomas Roisum, Dr.			Date of Receipt			
	Mailing Address 6000 Hospital Dr			12 20 Y Y Y Y Y 12 20 20 8			
	City	State	Zip Code	Transaction ID: SA11AI.31861			
	Hannibal	MO	63401	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Hannibal Reg Hosp	Occupation Pathologi					
	Receipt For:	Aggregate	Year-to-Date 🔻	_			
	Primary General Other (specify)	0 0	500.00]			
	Full Name (Last, First, Middle Initial) R Mary Schwartz, Dr.			Date of Receipt			
	Mailing Address Dept of Path MS 205			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y			
	City	State	Zip Code	Transaction ID: SA11AI.31794			
	Houston	TX	77030-2703	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer The Methodist Hosp	Occupation Pathologi	st				
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻				
	Other (specify)		1000.00				
Γ	SUBTOTAL of Receipts This Page (optional))		1750.00			
F		,					
	TOTAL This Period (last page this line numb	per only)					

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 44		
			Use separate schedule(s) for each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from su					
	NAME OF COMMITTEE (In Full)					
	College of American Pathologists Polition	cal Action	Committee			
۹.	Full Name (Last, First, Middle Initial) Edward Louis Seibert, Dr.			Date of Receipt		
	Mailing Address 108 Buckhaven Court			1 2 / D D / Y Y Y Y 1 2 1 8 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.31839		
	Hendersonville	TN	37075	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Sumner Regional Med Ctr	Occupation Patholog				
	Receipt For:		e Year-to-Date V	-		
	Primary General	00 - 0	250.00	1		
	Other (specify)	0 0	250.00			
- 3.	Full Name (Last, First, Middle Initial) S Gregory Severson, Dr.			Date of Receipt		
	Mailing Address 1907 S 182nd Circle			M M / D D / Y Y Y Y 12 19 2008		
	City	State	Zip Code	Transaction ID: SA11AI.31854		
	Omaha	NE	68130	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Alegent Health Lakeside	Occupatio				
	Hosp	Patholog				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-		
	Other (specify)	0 0	600.00			
-).	Full Name (Last, First, Middle Initial) M. Kris Shekitka, Dr.			Date of Receipt		
	Mailing Address Depatment of Pathology 900 S Caton Ave	у		M M / D D / Y Y Y Y 12 11 2 2008		
	City	State	Zip Code	Transaction ID: SA11AI.31742		
	Baltimore	MD	21229	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer St Agnes Hosp	Occupation Patholog				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)		500.00]		
Γ	I SUBTOTAL of Receipts This Page (optional)			850.00		
┢						
	TOTAL This Period (last page this line number o	orily)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 44 (check only one)					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action Committee						
لا A.	 Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr. 		Date of Receipt					
	Mailing Address Department of Patho 6701 N. Charles St.	M M / D D / Y Y Y Y Y 12 08 2008						
	City	State Zip Code	Transaction ID: SA11AI.31720					
	Baltimore	MD 21204	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist						
	Receipt For:	Aggregate Year-to-Date V]					
	Primary General Other (specify) ▼	500.00						
– B.	Full Name (Last, First, Middle Initial) Perry Daniel Snower, Dr.		Date of Receipt					
	Mailing Address Laboratory 22101 Moross Road		M M / D D / Y Y Y Y Y 12 02 2008					
	City	State Zip Code	Transaction ID: SA11AI.31696					
	Detroit	MI 48236	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer St. John Hosp and Med Ctr	Occupation Pathologist						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Other (specify) ▼	500.00						
- C.	Full Name (Last, First, Middle Initial) N Gregory Sossaman, Dr.		Date of Receipt					
	Mailing Address 1514 Jefferson Hwy		12 ¹ 16 ¹ 2008					
	City	State Zip Code	Transaction ID: SA11AI.31766					
	New Orleans	LA 70121-2483	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Ochsner Clinic Foundation	Occupation Pathologist						
	Receipt For:	Aggregate Year-to-Date V						
	 Primary General Other (specify) ▼ 	750.00						
Γ	SUBTOTAL of Receipts This Page (optional)		1000.00					
┝		P						
	TOTAL This Period (last page this line numb	er only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for De Statements may not b	e separate schedule(s) each category of the tailed Summary Page e sold or used by any perso	FOR LINE NUMBER: PAGE 32 / 44 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 17
	NAME OF COMMITTEE (In Full) College of American Pathologists Poli			
А.	Full Name (Last, First, Middle Initial) G. Ronald Stockstill, Dr.	Date of Receipt		
	Mailing Address 11350 Glen Birnham			1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y
	City		ip Code	Transaction ID: SA11AI.31678
	Eads	<u> </u>	8028-6932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St Francis Hosp	Occupation Pathologist		
	Receipt For:	Aggregate Year-	to-Date 🔻	
	 Primary General Other (specify) ▼ 		500.00	
В.	Full Name (Last, First, Middle Initial) D. Jason Sutherland, Dr.			Date of Receipt
	Mailing Address Laboratory 501 East Hampden			1 2 / D D / Y Y Y Y 1 2 / 31 / 2008
	City Englewood		iip Code 30110	Transaction ID: SA11AI.32005
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer HealthOne Swedish Med Ctr	Occupation Pathologist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date V 250.00]
C.	Full Name (Last, First, Middle Initial) Leah Kelley Taylor, Dr. Mailing Address 1602 Hatcher Ln	J		
	City	State Z	ip Code	1 2 2 4 2 0 0 8 Transaction ID: SA11AI.31902
	<u>Columbia</u>		8401-4827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pathology Corp of America Southeast	Occupation Pathologist	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date V 250.00]
	SUBTOTAL of Receipts This Page (optional)		b	1000.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 44 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
Any information copied from such Rep or for commercial purposes, other that	ports and Statements may not be sold or used by any person n using the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) College of American Patholog	gists Political Action Committee	
Full Name (Last, First, Middle Initia A. J. Michael Waldron, Dr.	al)	Date of Receipt
Mailing Address Department of 8267 Elmbroo		12 05 Y Y Y Y 12 05
City	State Zip Code	Transaction ID: SA11AI.31713
Dallas FEC ID number of contributing federal political committee.	TX 75247-5247	Amount of Each Receipt this Period
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
B. J. David Walker	al)	Date of Receipt
Mailing Address Dept of Path 310 Sunnyvie		1 2 / 2 9 / Y Y Y Y 1 2 0 0 8
City Kalispell	State Zip Code MT 59901-3129	Transaction ID: SA11AI.31940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kalispell Regional Med Ctr	Occupation Pathologist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Lewis Leslie Walters, Dr.	al)	Date of Receipt
Mailing Address 5604 Baniste	r Ct	12 ^{DD} /YYYY 2222008
City	State Zip Code	Transaction ID: SA11AI.31872
Plano FEC ID number of contributing federal political committee.	TX 75093-4227	Amount of Each Receipt this Period
Name of Employer Medical City Dallas Hosp	Occupation Pathologist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this lin	ne number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 44 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions representitive representitive
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politi			
А.	Full Name (Last, First, Middle Initial) Mayhew Richard Ward, Dr. Mailing Address Pathology 2000 Neuse Blvd			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.31750
	New Bern	NC	28560-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Craven Reg Med Ctr	Occupation Patholog		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify) v	0 0	750.00	
в.	Full Name (Last, First, Middle Initial) C. Richard Watson, Dr.			Date of Receipt
	Mailing Address NuPath PC 525 E Grant St	Olaha	7: 0.1	1 2 / D D / Y Y Y Y 1 8 / 2008
	City Macomb	State II	Zip Code	Transaction ID: SA11AI.31819
	FEC ID number of contributing federal political committee.	C	61455-3313	Amount of Each Receipt this Period 500.00
	Name of Employer McDonough District Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
C.	Full Name (Last, First, Middle Initial) A. Jeffrey Welsh, Dr.			Date of Receipt
	Mailing Address Department of Patholog 5 Richland Medical Par	k Drive		M M / D D / Y Y Y Y 12 05 2008
	City	State	Zip Code	Transaction ID: SA11AI.31712
	Columbia	SC	29203-6897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Palmetto Hith Richland	Occupation Patholog	gist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)		•	1000.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	etomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 44 (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Politi	name and ad	dress of any political committee to	
Α.	Full Name (Last, First, Middle Initial) L. Thomas Williams, Dr.			Date of Receipt
	Mailing Address Pathology Department 8303 Dodge Street			12 20 2008
	City	State	Zip Code	Transaction ID: SA11AI.31862
	Omaha	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Methodist Hospital	Occupatio Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	600.00]
в.	Full Name (Last, First, Middle Initial) John Andrew Wilson, Dr.			Date of Receipt
	Mailing Address 450 E Romie Ln			12 18 2008
	City	State	Zip Code	Transaction ID: SA11AI.31833
	Salinas FEC ID number of contributing federal political committee.	CA	93901-4098	Amount of Each Receipt this Period 535.00
	Name of Employer Salinas Valley Memorial Hosp Receipt For:	Occupatio Patholog		
	Primary General Other (specify) ♥		535.00]
C.	Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.			Date of Receipt
	Mailing Address 1440 Coral Ridge Dr #2			1 2 / 1 6 / Y Y Y Y 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.31768
	Coral Springs	FL	33071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pathology Consultants of S Broward	Occupatio Patholog	jist	
	Receipt For: Primary General	Aggregate	e Year-to-Date 500.00	1
	Other (specify) 🔻	0 0		
	SUBTOTAL of Receipts This Page (optional)			1335.00
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 44 (check only one) X X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any person ng the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists	Political Action Committee	
Full Name (Last, First, Middle Initial) Truman Edward Wright, Dr.		Date of Receipt
Mailing Address Pathology Depart 915 Gordon Ave	ment	M M / D D / Y Y Y Y 12 31 2008
City	State Zip Code	Transaction ID: SA11AI.31998
Thomasville	GA 31792-6614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Archbold Medical Center	Occupation Pathologist	1
Receipt For:	Aggregate Year-to-Date ▼	7
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Andrew John Wright, Dr.	1	Date of Receipt
Mailing Address 1001 S George S	t	12 ^{//} 24 [/] 2008
City	State Zip Code	Transaction ID: SA11AI.31914
York	PA 17403-3676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer York Hosp	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) G. Kent Zimmerman, Dr.		Date of Receipt
Mailing Address 2602 S. Gaucho		1 2 / D D / Y Y Y Y 2 2 2 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.31866
Mesa	AZ 85202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼ 400.00	
Other (specify) ▼		
	nal)	650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) College of American Pathologists Polit	name and ad	dress of any political committee t	FOR LINE NUMBER: PAGE 37 / 44 (check only one) 11a 13 14 15 16 17 son for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS Mailing Address PO Box 27			Date of Receipt
	City	State	Zip Code	Transaction ID: SA16.32062
	Hollidaysburg	PA	16648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0364935	1000.00
	Name of Employer	Occupatio	n	Refund of Contribution/Vo- id
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) HULSHOF FOR CONGRESS			Date of Receipt
	Mailing Address Post Office Box 1621			12 31 2008
	City	State	Zip Code	Transaction ID: SA16.32055
	Columbia	МО	65010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C0	0295923	1500.00
	Name of Employer	Occupatio	n	Refund of Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1500.00	

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

CHEDULE B	(FEC Form 3X)				FΟ		NUMBE	B٠			P۸	GF	38 / 4	14
	BURSEMENTS	Use sepa	arate schedule(s) category of the		(ch	eck only								
		Detailed	Summary Page		X	21b 27	22 28a	Ц	23 28b	Д	24 28c	Д	25 29	Д
v Information copied	from such Reports and	Statements may n	ot be sold or used	l by a						<u>l</u> oliciti		I	-	
	oses, other than using th													,
NAME OF COMMI	TTEE (In Full)													
College of Amer	ican Pathologists Po	litical Action Co	ommittee											
Full Name (Last, Fi Sun Trust Bank	rst, Middle Initial)						Trans Date		on ID sburs	-		3.32	047	
Mailing Address	P.O. Box 85024						[™] 1	М	D 2	2 ^D	/ Y	ž	οŏε	} ^Y
City Richmond		State VA	Zip Code 23285				Amou	unt o	f Each	n Disk	oursei	ment	this F	Perio
Purpose of Disbursement Amex Charge							L.						34.80)
Candidate Name					atego Type									
Office Sought:	Senate President	sbursement For: Primary Other (spe	General			<u> </u>								
	District:													
Full Name (Last, Fi Sun Trust Bank	rst, middie initial)							of D	sburs	emer		_		
Mailing Address P.O. Box 85024							^M 2	М	D () ^D	/ Y	ž	o ò a	3 ^Y
City Richmond	Zip Code 23285				Amou	unt o	f Each	n Disk	oursei	ment		-		
Purpose of Disburs Amex Charge	ement				i i		L.						2.90)
Candidate Name					atego Type									
Office Sought:	Senate President	sbursement For: Primary Other (spe	General ecify) ▼											
State: [Full Name (Last, Fi	District:													
Sun Trust Bank								of D	sburs	emer		3.320	049	14
Mailing Address	P.O. Box 85024						1 ^M 2	М	D () ^D		ź	0 Å 8	3
City Richmond		State VA	Zip Code 23285				Amou	unt o	f Each	n Disk	oursei	ment		-
Purpose of Disbursement Amex Charge							L.						2.90)
Candidate Name					atego Type									
Office Sought:	Senate President	sbursement For: Primary Other (spe	General											
State:	District:													
UBTOTAL of Disbu	rsements This Page (op	tional)				►						4	10.60)

FE6AN026

FEMIZED DISBURSEMENTS	Use separate schedule(s)				NE NUMBER: PAGE 39 / 44							
	for each category of the Detailed Summary Page		(ch	eck on 21b 27	y one) 22 28a	\square	23 28b	F	24 28c	\square	25 29	
ny Information copied from such Reports and State r for commercial purposes, other than using the nar												S
NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action Committee											
Full Name (Last, First, Middle Initial) Sun Trust Bank							on ID		SB21E ent	3.32	050	
Mailing Address P.O. Box 85024					[™] 2	М	/ D	04	/ Y	ž	οòε	3 [×]
City Richmond	State Zip Code VA 23285				Amou	int o	fEacl	h Di	sburse	-		
Purpose of Disbursement Suntrust Service Charge for Dec.08											50.5	0
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SUBTOTAL of Disbursements This Page (optional)			►						2	83.8	2
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	SCHEDULE B (FEC Form 3X)			Use separate schedule(s) for each category of the				NE NUMBER: PAGE 40 / 44 nly one)								4		
I		FEMIZED DISBURSEMENTS			Detailed Summary Page				21b 27		22 28a		23 28b		24 28c		25 29	26 30b
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	$ \rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists	Political A	Action C	ommitt	ee												
Α.		Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address P.O. Box 85024									Date		isburs	-	B21B nt / Y		053 0 ð 8	Y
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		Purpose of Disbursement Amex Charge									L.						34.80	
		Candidate Name						ateg Typ										
		Office Sought: House Senate President	Disburser	ment For: Primary Other (sp		General												
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	SUBTOTAL of Disbursements This Page (optional)	►	34.80
	TOTAL This Period (last page this line number only)	►	359.22
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		and Statements may not be sold or use ing the name and address of any politica		28a 28b 28c 29 30
	NAME OF COMMITTEE (In Full) College of American Pathologist			
<u> </u>	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS			Transaction ID: SB23.32043 Date of Disbursement
	Mailing Address P. O. Box 178	13		$12^{M} / 17 / 2008^{Y}$
	City Richmond	State Zip Code VA 23226		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: VA District: 07	Disbursement For: 2010 X Primary General Other (specify) ▼		
	State: VA District: 07 Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALAN	GRAYSON		Transaction ID: SB23.32027 Date of Disbursement
	Mailing Address 8419 OAK PA		111 $25 $ 2008	
	City ORLANDO	State Zip Code FL 32819		Amount of Each Disbursement this Period
	Purpose of Disbursement General Debt Retirement			2500.00
	Candidate Name		Category/ Type	
	Office Sought: X House Senate President State: FL District: 08	Disbursement For: 2008 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) DAKPAC			Transaction ID: SB23.32029 Date of Disbursement
	Mailing Address 607 14TH STF	REET NW SUITE 800		$111^{M} / 25^{D} / Y^{Y} 2008^{Y}$
	City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼		
	State: District:			4500.00
		e (optional)		4300.00
I	OTAL This Period (last page this line r		▶	

SCHEDULE B (FEC Form 3X)			FO		NUMBE	B٠			Þ		42 /	44
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College of American Pathologists Political	Action Committee											
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City New Smyrna Beach	State Zip Code FL 32170				Amou	int of	fEac	h C	Disburs	emer	nt this	Period
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	ement For: 2010 Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial)					Trans	acti	on IE):	SB23	.320)32	
MARTIN HEINRICH FOR CONGRESS					Date	of Di	sbur	ser	nent			X
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City Albuquerque	StateZip CodeNM87105				Amou	int of	fEac	h C	Disburs			
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TOTAL This Period (last page this line number only E6AN026)					<u> </u>			B(Fo	-		

ITEMIZED DISBURSEMENTS	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	-	E NUMBER:	PA	GE 43/	44
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MARY'S PAC Full Name (Last, First, Middle Initial) MARY'S PAC Maling Address 1155 21ST STREET NW SUITE 300 City Cardidate Name Office Sought: House Purpose of Disbursement Cardidate Name Office Sought: House Purpose of Disbursement City State: District: House Purpose of Disbursement City State: District: Maling Address P or B 13147 City City State: Disbursement City Purpose of Disbursement City State: Disbursement For: 2010 X Purpose of Disbursement Y Y City Sanate President D	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23			
MARY'S PAC Transaction ID: OutCode. Mailing Address 1155 21ST STREET NW SUITE 300 State Zip Code WASHINGTON DC 20036 Purpose of Disbursement Category Type Office Sought: House Disbursement For: 2008 State: Disbursement For: 2008 State: Disbursement For: 2008 MIKULSKI FOR SENATE COMMITTEE Other (specify) ▼ Transaction ID: SB23.32045 Mailing Address P O B 13147 112 ° (° 17 ′ ° 2 0 0 8') Transaction ID: SB23.32045 Office Sought: Senate President MD 21203 Amount of Each Disbursement Mailing Address P O B 13147 112 ° (° 17 ′ ° 2 0 0 8') Transaction ID: SB23.32034 City Senate Disbursement For: 2010 ° (ategory) Tot 7 ′ ° 2 0 0 8' Transaction ID: SB23.32034 Purpose of Disbursement Category/ 1000.00 Tot 7 ′ ° 2 0 0 8' Transaction ID: SB23.32034 Purpose of Disbursement MD 21203 Amount of Each Disbursement this Peric City	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	the name and address of any political					5
City State Zip Code Amount of Each Disbursement this Peric Candidate Name Category/ Type Category/ Type Amount of Each Disbursement this Peric Office Sought: House Disbursement For: 2008 State: Distursement For: 2008 Other (specify) V Transaction ID: SB23,32045 Distursement Other (specify) V Transaction ID: SB23,32045 MikULSKI FOR SENATE COMMITTEE Mailing Address P O B 13147 Tif 2 M / 0 1 7 / 2 0 0 8 M City State Zip Code Amount of Each Disbursement the Peric Category/ Category/ Type 0 1 7 / 2 0 0 8 M Amount of Each Disbursement the Peric Category/ Category/ Type 0 1 7 / 2 0 0 8 M Amount of Each Disbursement the Peric Category/ Category/ Type 0 1 7 / 2 0 0 8 M Amount of Each Disbursement the Peric Office Sought: House Disbursement For: 2010 X Benate Disbursement For: 2010 Transaction ID: SB23,32034 PetERS FOR CONGRESS Mil 48303 Amount of Each Disbursement 11 M / 2 2 / 2 0 0 8 M City State: Mil 4				Date of Disburse	ement	32042	
WASHINGTON DC 20036 Purpose of Disbursement		ET NW		12 ¹⁰	^D / Y	2008	3 1
Cardidate Name Category/ Type Office Sought: House President Disbursement For: 2008 Primary X (General Other (specify) ▼ Full Name (Last, First, Middle Initial) MikULSKI FOR SENATE COMMITTEE Transaction ID: SB23.32045 Date of Disbursement Mailing Address P O B 13147 City BALTIMORE MD Purpose of Disbursement Category/ Type Office Sought: House President State: MD State: MD Office Sought: House President State: MD State: MD Office Sought: House President Mailing Address PO BOX 226 City BLOOMFIELD HILLS State Mailing Address PO BOX 226 City BLOOMFIELD HILLS State Mailing Address PO BOX 226 City BLOOMFIELD HILLS Disbursement For: 2008 Propose of Disbursement General Del Retrement Category/ Type Office Sought: X House President Disbursement For: 2008 Primary X General Other (specify) ¥ Office Sought: X House President Disbursement For: 2008 President Category/ Type Transaction ID: SB23.32034 Date of Disbursement this				Amount of Each	Disburse		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	-	PAGE 44 / 44
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 2 28c 29
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NAME OF COMMITTEE (In Full) College of American Pathologists Political	Action Committee			
Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS			Transaction ID: Date of Disburse	
Mailing Address PO Box 17613				
City Portland	State Zip Code ME 04112		Amount of Each	Disbursement this Period
Purpose of Disbursement General Debt Retirement	I			2500.00
Candidate Name	C	Category/ Type		
Office Sought: X House Disburs Senate President State: ME District: 01	ement For: 2008 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR S	OUTH DAKOTA		Transaction ID: Date of Disburse	ment
Mailing Address PO Box 2009			12 ^M /1	^D 7 ['] ^Y 2008 [']
City Sioux Falls	StateZip CodeSD57101		Amount of Each	Disbursement this Period
Purpose of Disbursement			L	1000.00
Candidate Name	С	Category/ Type		
5 <u>X</u>	ement For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMMITTEE			Transaction ID: Date of Disburse	
Mailing Address 865 MACON ALLEY			1 ^M 1 ^M / ^D 2	^D / ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City COLUMBUS	State Zip Code OH 43206		Amount of Each	Disbursement this Period
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Candidate Name	C	Category/ Type		
	ement For: 2010 Primary General Other (specify)			
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