FEC FORM 3X	AN	ID DISE	OF REC BURSEM An Authorize	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING IYPE OR PRIN		ample:If typing er the lines	, type			
College of America	n Pathologists F	Political Action C	Committee					
ADDRESS (number and	street)	350 I Street, NV	V 					
Check if differ than previousl reported. (ACC	ent L	uite 590 / ashington 					20005 	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00274944			3. IS THIS REPORT		N) OR	AN (A	MENDED)	
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 y) (MY)	(d) 30-Day Post -	lection for the:)	12C)	Sep	12G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
(TER)	on Report		Election on				in the State of	
5. Covering Period	11		2 0 0 7	through	11 true correct a	3 0	2007	
Type or Print Name of T		Dr. Alfred Wray						
Signature of Treasurer	Electronically	Filed by Dr.	Alfred Wray Cam	pbell	Da	ate 12	20	2007
NOTE : Submission of f	alse, erroneous	, or incomplete	information may s	ubject the perso	on signing this	Report to the	penalties of 2 U.S	.C 437g.
Office Use Only							FEC FORI (Rev. 02/200	

8.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2	003)	ECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name College of American Patho	logists Political Ac	tion Committee	
Report Covering the Period:	From:	0 1 Y Y Y Y Y 0 1 2 0 0 7	To: M M D D Z 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2	0Ŏ7 [×] ×		67604.65
(b) Cash on Hand at Begining of Reporting Peric	d	152683.06	
(c) Total Receipts (from Line 1	9)	19285.00	468167.00
(d) Subtotal (add lines 6(b) and	I		
6(c) for Column A and Line 6(a) and 6(c) for Column B)	s T	171968.06	535771.65
7. Total Disbursements (from Line	31)	41901.76	405705.35
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)). 		130066.30	130066.30
 Debts and Obligations owed T the committee (Itemize all on Schedule C and/or Schedule D) 	ro	0.00	
· · · · · · · · · · · · · · · · · · ·	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

DETAILED SUMMARY PAGE OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 College of American Pathologists Political Action Committee м м 11 ^D 0^D 1 м м 1 1 ^D 3^D 0 2007[°] ^Y2007 Report Covering the Period: From: To: COLUMN A **COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15375.00 357340.00 (i) Itemized (use Schedule A)

(ii) Unitemized	3910.00	110827.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	19285.00	468167.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(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) ►	19285.00	468167.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19285.00	468167.00

19285.00

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

468167.00

Write or Type Committee Name

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	314.26	8590.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	▶ 314.26	8590.92
2. Transfers to Affiliated/Other Party		
Committees		1000.00
Federal Candidates/Committeesand Other Political Committees	41587.50	391702.27
Independent Expenditure (use Schedule E)		0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
6. Loan Repayments Made		0.00
 Loans Made Refunds of Contributions To: (a) Individuals/Persons Other 		0.00
Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	🕨 0.00	100.00
9. Other Disbursements		4312.16
 Federal Election Activity (2 U.S.C 431(2) (a) Shared Federal Election Activity 	0))	
(from Schedule H6) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirel		
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
 Total Disbursements (add Lines 21(c), 23, 24, 25, 26, 27, 28(d), 29 and 30(c)). 	44.004.70	405705.35
 Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii))	
from Line 31)	41901.76	405705.35

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	19285.00	468167.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19285.00	468067.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	314.26	8590.92
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	314.26	8590.92

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 6 / 25 (check only one)								
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page			Ì	(11a	Д	, 11b		· –	12		1
Ar	y information copied from such Reports and Sta	atements may	not be sold or used t	by any person	1 for	13 the pur	pose	14 of so	15 liciting	contrik	16 Dutions	 ;	17
or	for commercial purposes, other than using the r	name and add	Iress of any political c	committee to s	solic	it contri	butio	ns fro	m such	comr	nittee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (ommittee										
\angle			Johnnittee		_								
Α.	Full Name (Last, First, Middle Initial) W. Eric Arntson, Dr.					Date o	f Rec	eipt					
	Mailing Address 407 14th Ave SE					^M ^N 11	/	2	D /		2 0 0 °		
	City	State	Zip Code			Transa	ction					,	
	Puyallup	WA	98371			Amour							
	FEC ID number of contributing federal political committee.	C								1	000.0	0	
	Name of Employer Good Samaritan Hosp	Occupation											
	Receipt For:	Pathologi Aggregate	Year-to-Date V		-								
	Primary General		1 1 1 1 1										
	Other (specify) v	0 0	0 0 0 0 0	000.00									
в.	Full Name (Last, First, Middle Initial) M Janis Atkinson, Dr.					Date o	f Rec	eipt					
	Mailing Address Dept of Path 355 Ridge Ave					^M ^N	/	2	D /		200		
	City	State	Zip Code			Transa	ctior	_	_				
	Evanston	IL	60202-3399			Amour							
	FEC ID number of contributing federal political committee.	С									250.0	0	
	Name of Employer St. Francis Hosp	Occupation Pathologi											
	Receipt For:	· ·	Year-to-Date V										
	Primary General	1 1		450.00									
	Other (specify)	0 0	0 0 0 0 0	0 0 0									
с.	Full Name (Last, First, Middle Initial) Scott Christopher Bee, Dr.					Date o	f Rec	eipt					
	Mailing Address 1412 Wimbledon Ct					^M ^N 11	_	2			2 0 0 ^Y		
	City	State	Zip Code			Transa	ction		_				
	<u>Ft Collins</u>	CO	80524		-	Amour	nt of I	Each	Receip	t this F	Period		_
	FEC ID number of contributing federal political committee.	C								1	000.0	0	
	Name of Employer McKee Med Ctr	Occupation Pathologi											
	Receipt For:		Year-to-Date V										
	Primary General Other (specify) ▼ 1000.00												
s	UBTOTAL of Receipts This Page (optional)			····· Þ			*			22	250.0	0	
Т	OTAL This Period (last page this line number o	nly)		►									

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) C. Laurence Berg, Dr. Mailing Address Department of Pathology			Date of Receipt
	City	State	Zip Code	1 2 3 2 0 7 Transaction ID: SA11A1.27769
	La Crosse	WI	54601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Gundersen Lutheran Med Ctr	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Ryan Mark Carter, Dr. Mailing Address 621 Breanna Ln			Date of Receipt
		Chatta	Zin Oada	11 25 2007
	City Chico	State CA	Zip Code 95973	Transaction ID: SA11A1.27801 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pathology Sciences Med Gr- oup	Occupatio Patholog	ist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
с.	Full Name (Last, First, Middle Initial) P James Craig, Dr.			Date of Receipt
	Mailing Address 501 20th St Suite G3			1 1 / D D / Y Y Y Y 1 6 2 0 0 7
	City Knoxville	State TN	Zip Code 37916-1890	Transaction ID: SA11A1.27824 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Mary's Hith Sys	Occupatio Patholog	jist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
s	UBTOTAL of Receipts This Page (optional)			450.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X X 11a 11b 11c			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) H. Phillip Deos, Dr. Mailing Address 2625 Coffee Road			Date of Receipt			
				11 25 2007			
	City Modesto	State CA	Zip Code	Transaction ID: SA11A1.27834			
	FEC ID number of contributing federal political committee.	CA	95355	Amount of Each Receipt this Period			
	Name of Employer Yosemite Pathology Med Grp	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date V				
	Other (specify)	0 0	250.00]			
в.	Full Name (Last, First, Middle Initial) Zabat Evangeline De Sagun, Dr.			Date of Receipt			
	Mailing Address 626 Bethany Rd			1 1 2 5 Y Y Y Y 1 1 1 2 5 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.27776			
	Dekalb	IL	60115-4939	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Kishwaukee Cmnty Hosp	Occupation Patholog					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00]			
<u>с.</u>	Full Name (Last, First, Middle Initial) E. Randy Eckert			Date of Receipt			
	Mailing Address 6308 Northgrove Road			M M / D D / Y Y Y Y 1 1 30 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27794			
	Austin	TX	78731-3725	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer North Austin Med Ctr	Occupation Patholog	ist				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]			
s	UBTOTAL of Receipts This Page (optional)			775.00			
Т	OTAL This Period (last page this line number o	nly)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/25 (check only one) 11c 12				
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (Committee					
<u> </u>	Full Name (Last, First, Middle Initial) A. Robert Frazier, Dr.			Date of Receipt				
	Mailing Address 801 Boush St			1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y				
	City	State	Zip Code	Transaction ID: SA11A1.27762				
	Norfolk FEC ID number of contributing	VA	23510	Amount of Each Receipt this Period				
	federal political committee.	C		2500.00				
	Name of Employer Dominion Pathology Labora-	Occupatio Patholog						
	tories Receipt For:		e Year-to-Date V	_				
	Primary General Other (specify) ▼	0 0	2500.00]				
в.	Full Name (Last, First, Middle Initial) J. Raul Gagucas, Dr.			Date of Receipt				
	Mailing Address Dept of Path 90 Jackson Pike			M M / D D / Y Y Y Y 11 21 2007				
	City	State	Zip Code	Transaction ID: SA11A1.27772				
	Gallipolis	OH	45631-1562	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Holzer Clinic	Occupatio Patholog						
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 300.00]				
<u>с</u> .	Full Name (Last, First, Middle Initial) Joseph Edward Garcia, Dr.			Date of Receipt				
	Mailing Address Dept of Pathology 1635 Lakeland Hills			M M / D D / Y Y Y Y 11 28 / 2007				
	City Lakeland	State FL	Zip Code 33805	Transaction ID: SA11A1.27789 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Micro Path Laboratories	Occupatio Patholog						
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]				
s	UBTOTAL of Receipts This Page (optional)			3300.00				
Т	OTAL This Period (last page this line number o	nly)						

SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 10/25						
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		5)	(check only one)						
11			Detailed Summary Page		X 11a 11b 11c 12						
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	licit contributions from such committee.									
\sum	NAME OF COMMITTEE (In Full)										
\geq	College of American Pathologists Politic	al Action (Committee								
Α.	Full Name (Last, First, Middle Initial) R. John Harbour, Dr.				Date of Receipt						
	Mailing Address 416 Wellfield Rd				1 1 / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7						
	City	State	Zip Code		Transaction ID: SA11A1.27754						
	Manakin-Sabot	VA	23103		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			250.00						
	Name of Employer Bon Secours St. Mary's Ho-	Occupation Patholog									
	sp Receipt For:		e Year-to-Date ▼								
	Primary General										
	Other (specify)		500.0	U							
В.	Full Name (Last, First, Middle Initial) S David Hewitt, Dr.				Date of Receipt						
	Mailing Address Dept of Path 126 S Floral				11 26 Y Y Y Y 1007						
	City	State	Zip Code		Transaction ID: SA11A1.27832						
	Visalia	CA	93291		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			100.00						
	Name of Employer Visalia Pathology Group	Occupation Patholog									
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify) ▼	600.00									
<u></u>	Full Name (Last, First, Middle Initial) F David Jadwin, Dr.				Date of Receipt						
	Mailing Address 1635 Heather Ridge Dr				M M / D D / Y Y Y Y 1 1 02 2007						
	City	State	Zip Code		Transaction ID: SA11A1.27756						
	Glendale	CA	91207-1035		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C			50.00						
	Name of Employer Columbia Healthcare Analy-	Occupation Patholog									
	tics Inc		ist ₂Year-to-Date ▼								
	Other (specify) ▼ 350.00										
s	UBTOTAL of Receipts This Page (optional)			•	400.00						
т	OTAL This Period (last page this line number or	ıly)		►							

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 11 / 25 (check only one) 11a X 11a 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politie	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) K Gary Ludwig, Dr. Mailing Address 408 E. Wisconsin Avenue			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.27745
	Neenah	WI	54956	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Appleton Med Ctr	Occupatio		
	Receipt For:	Patholog	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00]
в.	Full Name (Last, First, Middle Initial) B Janice McCall, Dr.			Date of Receipt
	Mailing Address 5751 Hoover Blvd			1 1 0 2 Y Y Y Y 1 1 1 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.27811
	Tampa	FL	33634-5340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Ruffolo, Hooper & Associa- tes	Occupation Patholog	ist	_
	Receipt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 500.00]
с.	Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani			Date of Receipt
	Mailing Address 333 N Smith Ave			M M / D D / Y Y Y Y 111 26 2007
	City	State	Zip Code	Transaction ID: SA11A1.27829
	St Paul	MN	55102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer United Hosp of St Paul	Occupation Patholog		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1100.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/25 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
\geq	College of American Pathologists Politica	al Action (Committee	_			
A.	Full Name (Last, First, Middle Initial) G. John Newby, Dr.			Date of Receipt			
	Mailing Address Dept of Pathology 11110 Medical Campus I	Rd Ste 23(n	1 1 2 8 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11A1.27833			
	<u>Hagerstown</u>	MD	21742-6727	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		2500.00			
	Name of Employer Washington County Health	Occupation Pathologi					
	System Receipt For:		Year-to-Date V	_			
	Primary General Other (specify) ▼	1 I 1 I	2500.00				
в.	Full Name (Last, First, Middle Initial) S Gary Pearl, Dr.			Date of Receipt			
	Mailing Address Dept of Path 1414 Kuhl Ave			M M / D D / Y Y Y Y 111 23 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27798			
	Orlando	FL	32806-2093	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Orlando Reg Med Ctr	Occupation Patholog					
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	250.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) E. Wayne Penka, Dr.			Date of Receipt			
	Mailing Address Department of Pathology 7500 Mercy Road	1		M M / D D / Y Y Y Y 111 26 2007			
	City	State	Zip Code	Transaction ID: SA11A1.27744			
	Omaha	NE	68124	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Alegent Health Midlands Community HospOccupation PathologisReceipt For:Aggregate						
			Year-to-Date ▼	-			
	Primary General Other (specify) ▼		300.00]			
s	UBTOTAL of Receipts This Page (optional)			2850.00			
Т	OTAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/25										
			or each category of the	`	neck on	<u> </u>	,	—						
••			Detailed Summary Page		(11a 13	$ \rightarrow $	11b 14	Н	11c 15	\vdash	12 16	□ 17		
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for	the pur	pose	of so	licitin	g coi	ntribu	utions			
or	for commercial purposes, other than using the na	ame and add	Iress of any political committee to	o solici	it contri	butior	ns fro	m su	ch co	omm	ittee.			
	NAME OF COMMITTEE (In Full)		N											
\square	College of American Pathologists Politic	al Action C	Jommittee											
Α.	Full Name (Last, First, Middle Initial) H Thomas Rynalski, Dr.				Date o	f Rec	ceipt							
	Mailing Address Dept of Path 4351 Tamiami Trl N				м м 11	/		^D /2	Y		0 [°] 0			
	City	State	Zip Code		Transa	ctior	ו ID:	SA1	1A1	.277	792			
	Naples	FL	34103-3106	_	Amour	nt of E	Each	Rece	eipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	C								5	00.0	0		
	Name of Employer Naples Pathology Assoc	Occupation Pathologi												
	Receipt For:	0	Year-to-Date V	_										
	Primary General			11										
	Other (specify)	0 0	500.00											
В.	Full Name (Last, First, Middle Initial) L. Howard Siegel, Dr.				Date o	f Rec	eipt							
	Mailing Address Department of Pathology 6701 N. Charles St.	1			^M 1 1	/		D /	Y		0 0			
	City	State	Zip Code		Transa	ctior	ו ID:	SA1	1A1	.277	765			
	Baltimore	MD	21204		Amour	nt of E	Each	Rece	eipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	C								5	00.0	0		
	Name of Employer Greater Baltimore Med Ctr	Occupation Pathologi												
	Receipt For:		Year-to-Date V											
	Primary General			11										
	Other (specify) v	0 0	500.00											
с.	Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr.				Date o	f Rec	eipt							
	Mailing Address 24410 Oaklawn Plantatio	on Rd			^M ^M 1 1	/	D 2	^D /9	Y		0 0			
	City	State	Zip Code		Transa	ctior	n ID:	SA1	1A1	.277	787			
	Pass Christian	MS	39571		Amour	nt of E	Each	Rece	eipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	C								10	00.0	0		
	Name of Employer Memorial Hosp @ Gulfport	Occupation Pathologi												
	Receipt For:	-	Year-to-Date V											
	Primary General		1000.00	1										
	Other (specify)	0 0	1000.00											
s	UBTOTAL of Receipts This Page (optional)		•	•						20	00.0	0		
т	OTAL This Period (last page this line number on	ly)		- ▶										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 25 (check only one)										
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c} \hline X \\ \hline 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline \end{array}$										
	y information copied from such Reports and Sta or commercial purposes, other than using the n			on for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full)													
\sum	College of American Pathologists Politic	cal Action (Committee											
	Full Name (Last, First, Middle Initial) Bridges Julie Steele, Dr.			Date of Receipt										
	Mailing Address Dept. of Pathology, 2110 10666 Torrey Pines Rd.	С		1 1 0 2 Y Y Y Y										
	City	State	Zip Code	Transaction ID: SA11A1.27813										
	La Jolla	CA	92037	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Scripps Clinic Medical La- boratory	Occupation Patholog												
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼	0 0	600.00]										
	Full Name (Last, First, Middle Initial) Lewis Leslie Walters, Dr.			Date of Receipt										
	Mailing Address 5604 Banister Ct			M M / D D / Y Y Y Y 11 1 19 2007										
	City	State	Zip Code	Transaction ID: SA11A1.27784										
	Plano	TX	75093	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Med City Dallas Hosp	Occupation Patholog												
	Receipt For:	Ŭ	Year-to-Date V											
	Primary General Other (specify) ▼		500.00]										
	Full Name (Last, First, Middle Initial) E. Deborah Ward, Dr.			Date of Receipt										
	Mailing Address Department of Patholog 1141 N Monroe Dr	У		M M / D D / Y Y Y Y 1 1 2007										
	City	State	Zip Code	Transaction ID: SA11A1.27766										
		OH	45385	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Greene Memorial Hosp	Occupation Patholog												
	Receipt For:		Year-to-Date V											
	Primary General Other (specify) ▼	0 0	350.00]										
รเ	JBTOTAL of Receipts This Page (optional)		······	1250.00										
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X X 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any perso lress 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 Pathologists Politi	cal Action C	Committee									
Α.	Full Name (Last, First, Middle Initial) S David Wilkinson, Dr.			Date of Receipt								
	Mailing Address Sanger Hall S4-011 1101 East Marshall St	0 111		M M / D D / Y Y Y Y 1 1 / 1 3 / 2007								
	City Dishurs and	State	Zip Code	Transaction ID: SA11A1.27831								
	Richmond	VA	23219	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer VCU Health System	Occupation Pathologi										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
в.	Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr.			Date of Receipt								
	Mailing Address 1440 Coral Ridge Dr #2	296		M M / D D / Y Y Y Y 1 1 2 7 2 0 0 7								
	City	State	Zip Code	Transaction ID: SA11A1.27800								
	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	Occupation Pathologi										
	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 line number only)	►	15375.00

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16/25
ΙТ	EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the	(Check on	
••		Detailed Summary Page	X 21b	
A m	ulpformation conied from cuch Departs and	Ctatamenta may not be cald as yes	27	28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using th			
\square	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologists Po	litical Action Committee		
V				
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.27878
Α.	Sun Trust Bank			Date of Disbursement
	Mailing Address PO Box 85024			1 1 ^M / ^D 0 6 / ^Y 2 0 0 7 ^Y
	Mailing Address PO Box 85024			
	City	State Zip Code		Amount of Each Disbursement this Period
	Richmond	VA 23285-5024		
	Purpose of Disbursement			273.26
	Bank Service Charges			
	Candidate Name		Category/ Type	
	Office Sought: House Di	sbursement For:	Турс	
	Senate	Primary General		
	President	Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.27879
В.	Sun Trust Bank			Date of Disbursement
	Mailing Address PO Box 85024			
	FO Box 05024			
	City	State Zip Code		Amount of Each Disbursement this Period
	Richmond	VA 23285-5024		00 50
	Purpose of Disbursement Bank Services Charges			26.50
	Candidate Name		Category/	
			Type	
	Office Sought: House Di	sbursement For:		
	Senate	Primary General		
	President	Other (specify)		
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SUBTOTAL of Disbursements This Page (optional)	►	299.76
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					INE NUMBER: PAGE 17 / 25							
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	NAME OF COMMITTEE (In Full)		any pendear											
$\langle \rangle$	College of American Pathologists Political	Action Comm	ittee											
Α.	Full Name (Last, First, Middle Initial) Susan Askew							Trans Date o			SB23.2 ement	2784	1	
	Mailing Address 1350 I St NW Ste 590						_	1 ^M 1	M /	۵	^D /	Ý Ý	0 ð 7	, Y
	City	State Zir	Code				-	Amou	nt of	Each	Disburs	omon	t thic F	Period
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	Purpose of Disbursement In Kind				0			L.					281.	50
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	President	nent For: Primary Other (specify)	2008 General											
	State: IA District:						_							
В.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS							Date o	of Dis	sburse			-	
	Mailing Address 349 KEATING ST.							11	M /	□2	9 /	Ý Ž	0 ð 7	, ^Y
			o Code 9014					Amou	nt of	Each	Disburs	emen	t this F	Period
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	Candidate Name				ateg Typ	ory/ e								
	Office Sought: X House Disburser Senate X President	nent For: Primary Other (specify)	2008 General											
	State: NV District: 01													
C.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS							Trans Date o		sburse		2786	1	
	Mailing Address 729 15TH STREET NW THIRD FLOOR							1 ^M 1	M /	□2	9 /	Ý Ž	0 ð 7	, Y
	City		o Code 0005					Amou	nt of	Each	Disburs	emen	t this F	Period
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					FOR LINE NUMBER: (check only one)							PAGE 18/25						
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	y Information copied from such Reports and State for commercial purposes, other than using the nar														s					
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\rangle	College of American Pathologists Politica	I Action Cor	mmittee																	
A.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN							Trans Date o			-	-	783	8						
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	Mailing Address 426 C STREET, NE													001						
	City WASHINGTON	State DC	Zip Code 20002					Amou	nt o	f Each	n Dis	sburse	men	t this I	Perio	bd				
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в.	Full Name (Last, First, Middle Initial)							Trans Date o			-	-	784:	3						
	Mailing Address 426 C STREET, NE						_	1 ¹ 1	М	D 2	2 9 2 9	/ Y	ž	o ò 7	7 ^Y					
	City WASHINGTON	State DC	Zip Code 20002					Amou	nt o	f Each	n Di	sburse				bd				
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	Office Sought: House Disburs	ement For: Primary Other (spe	2008 X General cify) ▼																	
	State: IA District:																			
C.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT VITO FOSS	ELLA						Trans Date o	of D	sburs	eme	ent								
	Mailing Address PO BOX 131403							11	М	2	29	/ Y	Ž	o ò 7	7 ^Y					
	City STATEN ISLAND	State NY	Zip Code 10313					Amou	nt o	f Each	n Di	sburse	men	t this I	Perio	bd				
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)				UMBE	R:			PA	GE	19/2	25	
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\square	NAME OF COMMITTEE (In Full)														
\backslash	College of American Pathologists Political	Action Committee													
Α.	Full Name (Last, First, Middle Initial) Dave Camp for Congress						Trans Date of			-	-	7845	5		
	Mailing Address P.O. Box 423					_	1 ^M 1	M	D 2	2 9 2 9	/ Y	ź	0 ð 7	, Y	
	5	State Zip Code MI 48640					Amou	nt of	Each	ו Dis	burse	ment	t this F	Perioc	ł
	Purpose of Disbursement			v			L.					1	000.	00	
	Candidate Name				gory/ pe										
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	State: MI District: 4 Full Name (Last, First, Middle Initial)														
В.	DAVID SCOTT FOR CONGRESS						Date of			-	-			V	
	Mailing Address 499 S. CAPITOL STREE SUITE 404	T, SW					1 1		2	29		Ź	o ò 7	'	
		StateZip CodeDC20003					Amou	nt of	Each	ו Dis	burse			-	1
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	Candidate Name				gory/ pe										
	Senate X President	ment For: 2008 Primary General Other (specify) ▼													
	State: GA District: 13 Full Name (Last, First, Middle Initial)														
C.	Chris Donnellan						Date of	of Di	sburs	eme				V	
	Mailing Address 1350 I Street, NW Suite 590						1 1		2	2 ^D		Ż	0 ð 7	'	
		StateZip CodeDC20005					Amou	nt of	Each	ו Dis	sburse	-			ł
	Purpose of Disbursement In Kind						L.	-					652.8	58	
	Candidate Name Friends of Mary Landrieu				gory/ pe										
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Г	State: LA District: 00									*		-			_
s	JBTOTAL of Disbursements This Page (optional) .				Þ							26	652.8	38	
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\rangle	College of American Pathologists Political	Action Co	mmittee															
Α.	Full Name (Last, First, Middle Initial)							Trans			-	-	788	2				
	FRIENDS OF BLANCHE LINCOLN							Date c	of Di M			ent / Y	Ý	Y	Y			
	Mailing Address 301 4th Street, NE							11		2	29		2	0 ð 7	7			
	,	State DC	Zip Code 20002					Amou	nt o	Each	ı Dis	sburse	men	t this I	Perio	bc		
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	State: AR District: 00 Full Name (Last, First, Middle Initial)						_	T					70.4					
В.	FRIENDS OF JOHN BARRASSO							Date of		sburs	eme	-	-		V			
	Mailing Address 406 Virginia Avenue							1 1			2 9 2 9		ź	0 ð 7	7			
		State VA	Zip Code 22302					Amou	nt o	Each	ı Dis	burse	men	t this I	Perio	bd		
	Purpose of Disbursement				-	,		L.					_ 1	000.	00			
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	State: WY District: 00																	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER							Trans Date c	of Di	sburs	eme		784	8				
	Mailing Address 7908-I Cincinnati Dayton	Road						11	M	D 2	2 9 ^D	/ Y	ž	0 ð 7	7 ^Y			
		State OH	Zip Code 45069					Amou	nt o	Each	ı Dis	burse	men	t this I	Perio	bd		
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		INE NUMBER: PAGE 21 / 25								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b							
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	tate Zip Code /A 22302		Transaction ID: 5 Date of Disbursen	nent							
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Full Name (Last, First, Middle Initial) B. FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940			11 29	nent D / Y Y Y Y Y 2 0 0 7							
Santa Barbara C Purpose of Disbursement Candidate Name Office Sought: X House Disbursem Senate X I		Category/ Type	Amount of Each L	Disbursement this Period							
State: CA District: 23 Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu Mailing Address 503 Capital CT NE Suite 100			Transaction ID: S Date of Disbursen	nent							
Washington D Purpose of Disbursement Candidate Name Office Sought: House X Senate President X		Category/ Type	Amount of Each D	Disbursement this Period 984.62							
State: LA District: 00 SUBTOTAL of Disbursements This Page (optional)		······ Þ		4984.62							
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			INE NUMBER: PAGE 22/2								25		
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\rangle	College of American Pathologists Political	Action Committee													
Α.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu						Trans Date o		isburs	seme	-		-	Y	
	Mailing Address 503 Capital CT NE Suite 100						11			29		2	o ò 7		
		State Zip Code DC 20002					Amou	nt o	fEac	h Dis	burse	emen	t this I	Perio	d
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В.	FRIENDS OF ROSA DELAURO						Date o		isburs	seme	-			Y	
	Mailing Address 49 HUNTINGTON STREE	ET					11		L	29		2	o ò 7	7	
		State Zip Code CT 06511					Amou	nt o	fEac	h Dis	sburse			-	d
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C.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS						Trans Date o	of D	isburs	seme					
	Mailing Address P.O. BOX 636						[™] 1	М	/ D	29		ź	0 ð 7	7 ^Y	
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name													s	
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$\langle \rangle$	College of American Pathologists Political	Action Co	mmittee												
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А.	MARK PRYOR FOR US SENATE						Date o	of Di M			ent	, Y	Y	Y	
	Mailing Address 420 C STREET, NE						11		2	29		2	o ò 7	7	
	,	State DC	Zip Code 20002				Amou	nt o	Each	ı Dis	sburse				bc
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В.	PALLONE FOR CONGRESS						Trans Date o	of D	sburs	eme	-		-	X	
	Mailing Address PO BOX 3176						11	М	D 2	29	/ Y	Ž	0 ð 7	7 ^Y	
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	State: NJ District: 06		·												
C.	Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS						Trans Date c		sburs	eme					
	Mailing Address 6380 Wilshire Blvd. #161	2					11	М	D 2	2 9 ^D	/ Y	2 2	o ò 7	7 ^Y	
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S	CHEDULE B (FEC Form 3X)	Use sepe	Use seperate schedule(s)					PAGE 24 / 25								
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name														IS	
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\langle	College of American Pathologists Political	Action Co	mmittee													
Α.	Full Name (Last, First, Middle Initial) STEPHANIE FOR SOUTH DAKOTA							Date	of D	isbu	urse		-		X	
	Mailing Address P.O. BOX 75214							1 ^M 1	М	Ĺ	^D 2	9 ′	2	źoò	7	
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C.	VAN HOLLEN FOR CONGRESS							Date		isbu	urse				Y	
	Mailing Address 10605 Concord Street Suite 202							1 1			^D 2	9	2	2 0 Ò 7	7	
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Ν	NAME OF COM	VITTEE (In Full)																	
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Α.	A. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)								Date of Disbursement 1 1 1 2 9 7 2 0 0 7										
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