

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Alfred Wray Campbell

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 10 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">67604.65</td></tr></table>	67604.65
Y	Y	Y	Y									
2	0	0	7									
67604.65												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">108118.18</td></tr></table>	108118.18										
108118.18												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">65470.00</td></tr></table>	65470.00	<table border="1" style="width: 100%;"><tr><td align="center">414163.00</td></tr></table>	414163.00								
65470.00												
414163.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">173588.18</td></tr></table>	173588.18	<table border="1" style="width: 100%;"><tr><td align="center">481767.65</td></tr></table>	481767.65								
173588.18												
481767.65												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">32850.04</td></tr></table>	32850.04	<table border="1" style="width: 100%;"><tr><td align="center">341029.51</td></tr></table>	341029.51								
32850.04												
341029.51												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">140738.14</td></tr></table>	140738.14	<table border="1" style="width: 100%;"><tr><td align="center">140738.14</td></tr></table>	140738.14								
140738.14												
140738.14												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	61320.00	311565.00
(i) Itemized (use Schedule A)	4150.00	102598.00
(ii) Unitemized	65470.00	414163.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	65470.00	414163.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	65470.00	414163.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65470.00	414163.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	850.04	6965.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	850.04	6965.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	328652.27
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
29. Other Disbursements.....	0.00	4312.16
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32850.04	341029.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32850.04	341029.51

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	65470.00	414163.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65470.00	414063.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	850.04	6965.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	850.04	6965.08

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
D Garrett Alcorn, Dr.

Mailing Address 16251 Sylvester Rd SW

City State Zip Code
Burien WA 98166-3017

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

Name of Employer Highline Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11A1.27357

Amount of Each Receipt this Period
500.00

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

Mailing Address Dept of Path
969 Lakeland Dr

City State Zip Code
Jackson MS 39216-4606

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

Name of Employer St Dominic-Jackson Mem Ho-sp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11A1.27444

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
B Julius Askew, Dr.

Mailing Address 14 Los Encinos Ct

City State Zip Code
Magnolia TX 77354

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

Name of Employer Houston Northwest Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27361

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David George Austin, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address Department of Pathology 315 Martin Luther King Jr Way		Transaction ID: SA11A1.27391	
City State Zip Code Tacoma WA 98405-4234	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Multicare Hlth Sys Pathologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. E. Michael Bailey, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 3758		Transaction ID: SA11A1.27411	
City State Zip Code Corpus Christi TX 78463-3758	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pathology Associates of Corpus Christi Pathologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. M Barry Benisch, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address Dept of Path 865 Stone St		Transaction ID: SA11A1.27429	
City State Zip Code Rahway NJ 07065	Amount of Each Receipt this Period 1200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation R Wood Johnson Univ Hosp Pathologist	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Neil Robert Blanchard, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address Department of Pathology 2190 Highway 85 North		Transaction ID: SA11A1.27348	
City State Zip Code Niceville FL 32578		Amount of Each Receipt this Period 535.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCA Twin Cities Hospital Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) B. J. Richard Boatsman, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address Department of Pathology Box 129		Transaction ID: SA11A1.27313	
City State Zip Code Lawton OK 73502		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Comanche County Mem Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Miller Alyson Booth, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 1840 Wealthy St SE		Transaction ID: SA11A1.27439	
City State Zip Code Grand Rapids MI 49506-2921		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Spectrum Health Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1535.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Randall Briley, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address Dept of Path 400 N Highland Ave		Transaction ID: SA11A1.27387	
City State Zip Code Murfreesboro TN 37130		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Middle Tennessee Med Ctr Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. A. Miguel Brito, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address Path Dept 800 Meadows Rd		Transaction ID: SA11A1.27299	
City State Zip Code Boca Raton FL 33486		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Boca Raton Community Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. S Michael Brown, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 2900 12th Ave N Ste 295W		Transaction ID: SA11A1.27487	
City State Zip Code Billings MT 59101-7504		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Yellowstone Pathology Ins- titute Inc Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Wray Alfred Campbell, Dr.

Mailing Address Dept of Path
101 E Wood St

City State Zip Code
Spartanburg SC 29303

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

Name of Employer Occupation
Spartanburg Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2007

Transaction ID: SA11A1.27437

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
K. David Carter, Dr.

Mailing Address Department of Pathology
407 E. 3rd St.

City State Zip Code
Duluth MN 55805

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: SA11A1.27450

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
M Thomas Chesney, Dr.

Mailing Address 6046 Knight Arnold Rd
Suite 101

City State Zip Code
Memphis TN 38115

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

Name of Employer Occupation
Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27413

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. M. James Chiadis, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 4416 Tracey Lane		Transaction ID: SA11A1.27432	
City State Zip Code Bethlehem PA 18017		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Sacred Heart Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Michael Chang-Hyun Choi, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address OUR Lab 1450 Elm Hill Pike		Transaction ID: SA11A1.27491	
City State Zip Code Nashville TN 37210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer OUR Lab Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. W. John Chowning, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 111 Franklin Health Commons		Transaction ID: SA11A1.27332	
City State Zip Code Farmington ME 04938		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Franklin Memorial Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. S Gretchen Crary, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address Dept of Pathology 701 Park Ave		Transaction ID: SA11A1.27353
City State Zip Code Minneapolis MN 55415	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. D. Michael Curry, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address Department of Pathology 200 Portland St		Transaction ID: SA11A1.27300
City State Zip Code Columbia MO 65201-6525	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. S. DeWitt Davenport, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007
Mailing Address PO Box 2918		Transaction ID: SA11A1.27470
City State Zip Code Harlingen TX 78551-2918	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Baptist Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pedro Eduardo De La Flor Weiss, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address Dept of Path 7305 N Military Trail		Transaction ID: SA11A1.27469	
City State Zip Code West Palm Beach FL 33410		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation VA Med Ctr-West Palm Beach Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. A Patricia Devine, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 200 F Main St 302		Transaction ID: SA11A1.27379	
City State Zip Code Stoneham MA 02180		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lowell General Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. A Craig Dise, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address Dept of Path 100 Madison Ave		Transaction ID: SA11A1.27404	
City State Zip Code Morristown NJ 07960-1956		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Overlook Hospital Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 46						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. S. Barbara Ducatman, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address Department of Pathology PO Box 9203		Transaction ID: SA11A1.27480	
City Morgantown	State WV	Zip Code 26506-9203	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer West Virginia Univ HSC		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gragg Ann Early, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007	
Mailing Address 124 Mount Vernon Dr		Transaction ID: SA11A1.27436	
City Decatur	State GA	Zip Code 30030-1605	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Regional Med Ctr		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. W. Donald Edlow, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007	
Mailing Address 25 Evan Way		Transaction ID: SA11A1.27339	
City Baltimore	State MD	Zip Code 21208	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Good Samaritan Hosp		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. S Theresa Emory, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2007	
Mailing Address 1918 W State St		Transaction ID: SA11A1.27355	
City State Zip Code Bristol TN 37620		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Highlands Pathology Consultants, PC		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. M Galen Eversole, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 695 S Broadway		Transaction ID: SA11A1.27424	
City State Zip Code Denver CO 80209		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Quest Diagnostics Inc		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael Christopher Flynn, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 175 College St		Transaction ID: SA11A1.27431	
City State Zip Code Battle Creek MI 49017-3432		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer RML Pathologist, PC		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kathryn Foucar		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Hematopathology 1001 Woodward PI NE		Transaction ID: SA11A1.27464	
City State Zip Code Albuquerque NM 87102		Amount of Each Receipt this Period 535.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of New Mexico Sch of Med Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

Full Name (Last, First, Middle Initial) B. J. William Frable, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Gateway Bldg, Rm 6205 1200 E Marshall St		Transaction ID: SA11A1.27473	
City State Zip Code Richmond VA 23219		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer VCU Health System Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. D Lemuel Gorden, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address Dept of Path 2019 Clubview Ave		Transaction ID: SA11A1.27290	
City State Zip Code Montgomery AL 36106-1108		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Pathology Associates P.C. Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1585.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
C Travis Green, Dr.

Mailing Address 2922 Quail Oak

City San Antonio State TX Zip Code 78232

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

Name of Employer Path Ref Lab Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 14 / 2007

Transaction ID: SA11A1.27409

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Edina Grujic

Mailing Address Bryn Mawr Hospital Path
130 Bryn Mawr Ave

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Bryn Mawr Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 28 / 2007

Transaction ID: SA11A1.27301

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Litzen Gui

Mailing Address 390 E Longview St

City Fayetteville State AR Zip Code 72703

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

Name of Employer Northwest Arkansas Pathology Assoc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 21 / 2007

Transaction ID: SA11A1.27396

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. J. Phillip Haberman, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 2301 House Ave. Suite 108		Transaction ID: SA11A1.27293	
City State Zip Code Cheyenne WY 82001-3177	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Ann Debra Hanks, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address Laboratory 263 N Pearson Dr Ste 108		Transaction ID: SA11A1.27422	
City State Zip Code Porterville CA 93257-3333	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Premier Pathology Laboratories	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Kay Hilary Hargreaves, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address Department of Pathology 2701 N. Decatur Rd.		Transaction ID: SA11A1.27320	
City State Zip Code Decatur GA 30033	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DeKalb Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
R Michael Harkey, Dr.

Mailing Address 2738 E 51st St Ste 290

City State Zip Code
Tulsa OK 74105

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

Name of Employer Occupation
Tulsa Med Lab Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27456

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
M. Michelle Hebert, Dr.

Mailing Address PO Box 4001
110 Memorial Hospital Dr

City State Zip Code
Huntsville TX 77342-4001

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

Name of Employer Occupation
Huntsville Mem Hosp Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11A1.27362

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
A. Valerie Holst, Dr.

Mailing Address Dept of Pathology
190 E Bannock St

City State Zip Code
Boise ID 83712-6241

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

Name of Employer Occupation
St. Luke's Reg Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27449

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Yvonne Sharon Hook, Dr.
Mailing Address 2106 NW 23rd Ter
City State Zip Code
Gainesville FL 32605-3838
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
North Florida Reg Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007
Transaction ID: SA11A1.27394
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
M Douglas Hughes, Dr.
Mailing Address 6063 Sabal Creek Blvd
City State Zip Code
Port Orange FL 32128
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Halifax Med Ctr Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007
Transaction ID: SA11A1.27346
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
F David Jadwin, Dr.
Mailing Address 1635 Heather Ridge Dr
City State Zip Code
Glendale CA 91207-1035
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Columbia Healthcare Analy-
tics Inc Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007
Transaction ID: SA11A1.27312
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
A Beverly James, Dr.
 Mailing Address Dept of Path
1300 N Vermont Ave
 City State Zip Code
Los Angeles CA 90027-6005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Hollywood Presb Med Ctr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7
Transaction ID: SA11A1.27359
 Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
H Robert Jessen, Dr.
 Mailing Address 3530 Fannin St
 City State Zip Code
Beaumont TX 77701-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Diagnostic Pathology Associates LLP Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7
Transaction ID: SA11A1.27322
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
A Lee Jones, Dr.
 Mailing Address Dept of Path
4900 Broad Rd
 City State Zip Code
Syracuse NY 13215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Community-General Hosp Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 8 / 2 0 0 7
Transaction ID: SA11A1.27315
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. H Robert Knapp, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 2990 Franklin SW		Transaction ID: SA11A1.27415	
City State Zip Code Grandville MI 49418	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Laboratory, PC	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. P. Myla Lai-Goldman, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 128 E Maple Ave		Transaction ID: SA11A1.27370	
City State Zip Code Chapel Burlington NC 27215	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lab Corp of America	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. G.B. Debra Leonard, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Lab Admin Box 79 525 E 68th St		Transaction ID: SA11A1.27393	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Presbyterian Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Wayne Stephen Locke, Dr.

Mailing Address 2202 Autumn Dr

City State Zip Code
Jonesboro AR 72404-8054

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

Name of Employer: Doctors' Anatomic Path Svcs, PA
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27324

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
E John Maxwell, Dr.

Mailing Address 109 Circle Dr

City State Zip Code
West Monroe LA 71291-5303

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

Name of Employer: Bayou Pathology, APMC
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27298

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
W. Philip McGuire, Dr.

Mailing Address 1660 Hogan Avenue

City State Zip Code
Chesterton IN 46304-9378

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

Name of Employer: St. Anthony Mem Hlth Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27447

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. H. Arthur McTighe, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address Cheif, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.27457	
City Baltimore	State MD	Amount of Each Receipt this Period 2000.00	
Zip Code 21218-2895			
FEC ID number of contributing federal political committee. C			
Name of Employer Union Memorial Hospital	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. C Steve Mertens, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 1676		Transaction ID: SA11A1.27417	
City Sebastopol	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 95473-1676			
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Services, Inc	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. J. Michael Mitchell, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 89 Puritan Rd		Transaction ID: SA11A1.27463	
City Newton	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 02468-1705			
FEC ID number of contributing federal political committee. C			
Name of Employer UMass Mem Hlth Care	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
T Ann Moriarty, Dr.

Mailing Address 2560 N Shadeland Ave Ste A

City Indianapolis State IN Zip Code 46219

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

Name of Employer AmeriPath Indiana Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 28 / 2007

Transaction ID: SA11A1.27292

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
H. Margaret Neal, Dr.

Mailing Address 1899 Eider Ct

City Tallahassee State FL Zip Code 32308

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

Name of Employer KWB Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
09 / 28 / 2007

Transaction ID: SA11A1.27368

Amount of Each Receipt this Period
1100.00

C. Full Name (Last, First, Middle Initial)
Y. Sonia Newton, Dr.

Mailing Address Dept of Path One Hospital Dr.

City Lewisburg State PA Zip Code 17837-9318

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

Name of Employer Evangelical Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 07 / 2007

Transaction ID: SA11A1.27331

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
J Lyle Noordhoek, Dr.

Mailing Address 207A E. 7th St.

City Hays State KS Zip Code 67601

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

Name of Employer: Central Plains Laboratories LLC
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27307

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Nicki Norris

Mailing Address 325 Waukegan Road

City Northfield State IL Zip Code 60093-2750

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

Name of Employer: College of American Pathologists
Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27311

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
A Drew Olsen, Dr.

Mailing Address Department of Pathology
255 Lafayette Ave

City Suffern State NY Zip Code 10901

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

Name of Employer: Good Samaritan Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27341

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. A. Robert Orlando, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 9949		Transaction ID: SA11A1.27410	
City State Zip Code Newport Beach CA 92658-1949		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology & Lab Med Grp.I-nc Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. L. James Ownbey, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 3306 40th Street		Transaction ID: SA11A1.27316	
City State Zip Code Lubbock TX 79413-2728		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Covenant Health System Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Yanet Pantaleon		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 400 Health Park Blvd		Transaction ID: SA11A1.27407	
City State Zip Code St Augustine FL 32086		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pantaleon Pathology Associates PA Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dean C. Pappas, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address Department of Pathology 170 Governors Ave		Transaction ID: SA11A1.27373	
City Medford State MA Zip Code 02155	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lawrence Memorial Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. R. Glen Pinkston, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 2019 Clubview St		Transaction ID: SA11A1.27291	
City Montgomery State AL Zip Code 36106-1624	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Pathology Associates P.C.	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. A. Felipe Querimit, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address Clinical Laboratories 25 Pocono Rd		Transaction ID: SA11A1.27442	
City Denville State NJ Zip Code 07834	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Clare's Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Scott Michael Rabkin, Dr.

Mailing Address 522 Alpha Drive

City State Zip Code
Pittsburgh PA 15238

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

Name of Employer: Rabkin Dermatopathology Lab
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27430

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Hughes Patti Richardson, Dr.

Mailing Address 34 Ambassador Circle

City State Zip Code
Rancho Mirage CA 92270

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

Name of Employer: Eisenhower Med Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27328

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Rene Rone

Mailing Address 301 N Frio St

City State Zip Code
San Antonio TX 78207-3034

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

Name of Employer: Metropolitan Methodist Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27385

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Felipe A. Edward Santos, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Department of Pathology 695 N Kellogg Street		Transaction ID: SA11A1.27335	
City State Zip Code Galesburg IL 61401		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Galesburg Cottage Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. C David Schlosnagle, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 510 Old Path Crossing		Transaction ID: SA11A1.27479	
City State Zip Code Roswell GA 30075		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation WellStar Kennestone Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. M. Kris Shekitka, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address Department of Pathology 900 S Caton Ave		Transaction ID: SA11A1.27441	
City State Zip Code Baltimore MD 21229		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation St Agnes Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. E Anna Sienko, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Dept of Path 6565 Fannin B154		Transaction ID: SA11A1.27454	
City Houston State TX Zip Code 77030	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Methodist Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Michael Steve Skoumal, Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1950 E Clark St		Transaction ID: SA11A1.27482	
City Pocatello State ID Zip Code 83201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Western Pathology Associates	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. J. Samuel Smoot		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address Department of Pathology One Elliot Way		Transaction ID: SA11A1.27329	
City Manchester State NH Zip Code 03103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Allen Gregory Threatte, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address Department of Pathology 750 E. Adams St.		Transaction ID: SA11A1.27451
City State Zip Code Syracuse NY 13210	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 550.00
Name of Employer Occupation SUNY Upstate Med Univ Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

Full Name (Last, First, Middle Initial) B. J. Melvin Van Boven, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address Department of Pathology 744 W 9th St		Transaction ID: SA11A1.27402
City State Zip Code Tulsa OK 74127	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Oklahoma State Univ Med Ctr Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) C. Ellen Emily Volk, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address Dept of Path 44102 Dequindre Rd		Transaction ID: SA11A1.27485
City State Zip Code Troy MI 48085	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3000.00
Name of Employer Occupation William Beaumont Hosp Pathologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
C. Larry VonKuster, Dr.

Mailing Address Department of Pathology
715 South Taft

City State Zip Code
Fremont OH 43420

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

Name of Employer Occupation
Fremont Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: SA11A1.27334

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
W. Robert Wahl, Dr.

Mailing Address 658 Grassmere Pk Ste 101

City State Zip Code
Nashville TN 37211

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

Name of Employer Occupation
Associated Pathologists PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27295

Amount of Each Receipt this Period
500.00

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

Mailing Address Sanger Hall S4-011
1101 East Marshall St

City State Zip Code
Richmond VA 23219

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

Name of Employer Occupation
VCU Health System Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11A1.27472

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
E Felix Williamson, Dr.

Mailing Address Dept of Path
708 W Forest Ave

City Jackson State TN Zip Code 38301-3901

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

Name of Employer Jackson-Madison Cty Gen Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27363

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Le Michael Woltman, Dr.

Mailing Address Lab
701 10th St SE

City Cedar Rapids State IA Zip Code 52403-1292

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

Name of Employer Mercy Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: SA11A1.27383

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
E Jan Woods, Dr.

Mailing Address 8490 Upland Dr

City Englewood State CO Zip Code 80112

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

Name of Employer Lab Corp of America Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.27372

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
M. Alfred Yamamoto, Dr.

Mailing Address 8227 Lindante Dr

City State Zip Code
Whittier CA 90603-1011

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

Name of Employer Occupation
Affiliated Pathologists Pathologist
Med Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11A1.27288

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	61320.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.27529 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 37.70
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Suntrust Bank Fees - Amex Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.27528 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 605.24
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Sept.07 Suntrust ACH Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.27530 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 34.80
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Suntrust Bank Fees - Amex Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	677.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.27532 Date of Disbursement 09 / 18 / 2007
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 60.90
City Richmond	State VA Zip Code 23285-5024	
Purpose of Disbursement Suntrust Bank Fees - Amex		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.27533 Date of Disbursement 09 / 21 / 2007
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 50.50
City Richmond	State VA Zip Code 23285-5024	
Purpose of Disbursement Suntrust Sept. Account Analysis Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.27534 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 60.90
City Richmond	State VA Zip Code 23285-5024	
Purpose of Disbursement Suntrust Bank Fees - Amex		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	172.30
TOTAL This Period (last page this line number only)	850.04

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Berry for Congress		Transaction ID: SB23.27511 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro State AR Zip Code 72403	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Burgess for Congress		Transaction ID: SB23.27500 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CASTLE CAMPAIGN FUND		Transaction ID: SB23.27493 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO BOX 133		Amount of Each Disbursement this Period 1000.00
City WILMINGTON State DE Zip Code 19899	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COMMITTEE FOR A DEMOCRATIC MAJORITY		Transaction ID: SB23.27527
Mailing Address 301 4th St. NE Suite 202		Date of Disbursement 09 / 26 / 2007
City Washington	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.27494
Mailing Address P O BOX 2008		Date of Disbursement 09 / 26 / 2007
City MURFREESBORO	State TN	Zip Code 37133
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 06		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARRASSO		Transaction ID: SB23.27495
Mailing Address 406 Virginia Avenue		Date of Disbursement 09 / 26 / 2007
City Alexandria	State VA	Zip Code 22302
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 00		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Mary Landrieu		Transaction ID: SB23.27492 Date of Disbursement 09 / 11 / 2007
Mailing Address 503 Capital CT NE Suite 100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Little Rock Event	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK J. KENNEDY, INC.		Transaction ID: SB23.27496 Date of Disbursement 09 / 26 / 2007
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 1000.00
City Pawtucket State RI Zip Code 02862		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF SAM JOHNSON		Transaction ID: SB23.27505 Date of Disbursement 09 / 27 / 2007
Mailing Address PO BOX 860096		Amount of Each Disbursement this Period 1000.00
City PLANO State TX Zip Code 75086		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF SHERROD BROWN		Transaction ID: SB23.27497 Date of Disbursement
Mailing Address P.O. Box 2884		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District:	

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE		Transaction ID: SB23.27498 Date of Disbursement
Mailing Address PO BOX 1000		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District: 00	

Full Name (Last, First, Middle Initial) C. HEAT PAC		Transaction ID: SB23.27506 Date of Disbursement
Mailing Address 499 South Capitol Street, SW Suite 412		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 17	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 46

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

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

Full Name (Last, First, Middle Initial) A. INSLEE FOR CONGRESS		Transaction ID: SB23.27513 Date of Disbursement
Mailing Address 303 Massachusetts Ave, NW 3rd Floor		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20002		<input type="text" value="1000.00"/>
Purpose of Disbursement	<input type="text"/>	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 1		

Full Name (Last, First, Middle Initial) B. JOE DONNELLY FOR CONGRESS		Transaction ID: SB23.27524 Date of Disbursement
Mailing Address 499 South Capitol Street, SW Suite 404		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Washington	State DC	Amount of Each Disbursement this Period
Zip Code 20003		<input type="text" value="2500.00"/>
Purpose of Disbursement	<input type="text"/>	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 2		

Full Name (Last, First, Middle Initial) C. JOHN D DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.27499 Date of Disbursement
Mailing Address P.O. Box 75214		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Amount of Each Disbursement this Period
Zip Code 20013-5214		<input type="text" value="1000.00"/>
Purpose of Disbursement	<input type="text"/>	Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 16		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Nathan Deal for Congress		Transaction ID: SB23.27501 Date of Disbursement 09 / 26 / 2007
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: SB23.27502 Date of Disbursement 09 / 26 / 2007
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pomeroy For Congress		Transaction ID: SB23.27503 Date of Disbursement 09 / 26 / 2007
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20013	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. STEPHANIE HERSETH FOR SOUTH DAKOTA		Transaction ID: SB23.27515 Date of Disbursement
Mailing Address PO Box 75214		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20013
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 0	

Full Name (Last, First, Middle Initial) B. STEPHANIE HERSETH FOR SOUTH DAKOTA		Transaction ID: SB23.27518 Date of Disbursement
Mailing Address PO Box 75214		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20013
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 0	

Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS		Transaction ID: SB23.27520 Date of Disbursement
Mailing Address 217 3rd Street, SE		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 12	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 46

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VAN HOLLEN FOR CONGRESS

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.27522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

32000.00