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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00274944 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2007 05 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Alfred Campbell, MD Type or Print Name of Treasurer Electronically Filed by Alfred Campbell, MD 06 19 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name College of American Pathologists Political Action Committee <sup>®</sup> D " D 0.5 0 1 2007 0.5 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 67604.65 <sup>°</sup>2007 January 1 (b) Cash on Hand at 75636.26 Begining of Reporting Period ..... 69188.00 223288.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 144824.26 290892.65 6(a) and 6(c) for Column B) ..... 44027.63 190096.02 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 100796.63 100796.63 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

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

College of American Pathologists Political Action Committee

0 1 м м 0 5 м м 0 5 3<sup>D</sup>1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 49940.00 152250.00 (i) Itemized (use Schedule A) ...... 19248.00 71038.00 (ii) Unitemized ..... (iii) TOTAL (add 69188.00 223288.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 69188.00 223288.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 69188.00 223288.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts

69188.00

223288.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	ISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operatino (a) Sha	g Expenditures: — red Federal/Non-Federal —		
	vity (from Schedule H4)	0.00	0.00
(i)	Federal Share	0.00	0.00
` '	Non-Federal Share	0.00	0.00
` '	er Federal Operating enditures	1777.63	3246.02
	al Operating Expenditures	1777.63	2246.02
	I 21(a)(i), (a)(ii) and (b))	1777.03	3246.02
	ees	0.00	1000.00
<ol> <li>Contribut Federal C and Othe</li> </ol>	Candidates/Committeeser Political Committees	42250.00	185750.00
	lent Expenditure edule E)	0.00	0.00
<ol><li>Coordina</li></ol>	ted Expenditures Made by Party		
(use Sch	ees (2 U.S.C. 441a(d)) edule F)	0.00	0.00
6. Loan Rep	payments Made	0.00	0.00
	ade	0.00	0.00
(a) Indiv	of Contributions To: viduals/Persons Other n Political Committees	0.00	100.00
		0.00	0.00
` '	tical Party Committees er Political Committees	0.00	0.00
` '	ch as PACs)	0.00	0.00
` '	al Contribution Refunds	0.00	100.00
(auc	d Lines 28(a), (b), and (c))		
9. Other Dis	sbursements	0.00	0.00
	Election Activity (2 U.S.C 431(20))		
` '	red Federal Election Activity  n Schedule H6)		
,	ederal Share	0.00	0.00
(ii) "	'Levin" Share	0.00	0.00
(b) Fede	eral Election Activity Paid Entirely	0.00	0.00
	Federal Funds  I Federal Election Activity (add		
	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Dis	sbursements (add Lines 21(c), 22,		
23, 24, 2	25, 26, 27, 28(d), 29 and 30(c))	44027.63	190096.02
	deral Disbursements		
•	t Line 21(a)(ii) from Line 30(a)(ii)	44027 62	100006.00
from Line	e 31)	44027.63	190096.02

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	69188.00	223288.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	69188.00	223188.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1777.63	3246.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1777.63	3246.02

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) E. John Accola, Dr.  Mailing Address 700 W Oak Street  City  Kissimmee  FEC ID number of contributing federal political committee.  Name of Employer Osceola Regional Med Ctr  Receipt For:  Primary General  Other (specify)	State FL  C  Occupation Pathologi Aggregate		Date of Receipt  M M M / 22 / 2007  Transaction ID: SA11A1.24435  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Anne Betty Allen, Dr.  Mailing Address 824 N Eola Dr  City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Orlando  FEC ID number of contributing federal political committee.	FL C	32803	Transaction ID: SA11A1.24440  Amount of Each Receipt this Period  250.00
	Name of Employer AmeriPath  Receipt For:  Primary  Other (specify) ▼	Occupation Pathologi Aggregate		
<b>C</b> .	Full Name (Last, First, Middle Initial) H Barbara Amaker, Dr.  Mailing Address Dept of Path 600 Gresham Dr  City Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Sentara Norfolk Gen Hosp	State VA C Occupatior Pathologi	ist	Date of Receipt  M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 535.00	
s	UBTOTAL of Receipts This Page (optional)			1035.00
T	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/54	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17	. –
Δ.	by information conicd from such Departs and St	stamanta mai	reat he cold or wood by any norce		17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)				_
$\rangle$	College of American Pathologists Politic	cal Action (	Committee		
Α.	Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.			Date of Receipt	
	Mailing Address Lab 11136 800 E 28th St			05 16 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.24455	
	Minneapolis	MN	55407-3731	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Abbott Northwestern Hosp	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) 🔻	0 0	230.00		
В.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.			Date of Receipt	
	Mailing Address Department of Patholog 23775 Northwestern Hw			05 17 2007	
	City	State	Zip Code	Transaction ID: SA11A1.24456	
	Southfield	MI	48075	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Professional Lab Manageme-	Occupation Patholog			
	nt Receipt For:		Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) 🔻	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) C Robert Babkowski, Dr.			Date of Receipt	
	Mailing Address Dept of Path & Lab Med 30 Shelburne Rd	l		05 25 2007	
	City	State	Zip Code	Transaction ID: SA11A1.24458	
	Stamford	CT	06902-3628	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Stamford Hospital	Occupation Patholog			
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General			500.00		
	Other (specify)	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)	1250.00			
$\vdash$	·		•		1
т	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>		Ш

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 8 / 54	
	EMIZED RECEIPTS		or each category of the	(crieck only one)		
II LIWIZED NECEIF 13			Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12 ☐	
				13 14	15 16 17	
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of solicities from	iting contributions	
01		name and add	diess of any political committee to	Solicit Continuations from	Such committee.	
	NAME OF COMMITTEE (In Full)	! ^-! (	S			
/	College of American Pathologists Politi	cai Action C	Committee			
_	Full Name (Last, First, Middle Initial)					
A.	E Julio Badin, Dr.			Date of Receipt		
	Mailing Address 401 S Ballenger Hwy			M M / D D		
				05 25		
	City	State	Zip Code	Transaction ID: S/	A11A1.24460	
	Flint	MI	48532-3638	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing	С			300.00	
	federal political committee.				300.00	
	Name of Employer	Occupation	า	+		
	Name of Employer McLaren Regional Medical Center	Pathologi				
	Receipt For:		e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		300.00			
_	Full Name (Last, First, Middle Initial)			<b>.</b>		
В.	Lou Melissa Beal, Dr.			Date of Receipt		
	Mailing Address 665 Winter St SE PO Box 14001			05 10		
	City	State	Zip Code	Transaction ID: S		
	Salem	OR	97301-3959	Amount of Each Re		
			07001 0000	Amount of Laciffie	eceipt triis i eriou	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Pacific Pathology Assoc	Occupation				
	Inc	Pathologi		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)	' '	250.00			
		-		1		
_	Full Name (Last, First, Middle Initial)					
C.	C Joseph Bergeron, Dr.			Date of Receipt		
	Mailing Address 5 Huckleberry Ln			0 5 1 1	2007	
	City	State	Zip Code	Transaction ID: S		
	Acton	MA	01720	Amount of Each Re		
		IVIZ	01720	Amount of Each Ne	eceipi iriis Feriod	
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Harvard Vanguard Med Asso-	Occupation				
	ciates	Pathologi				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.		
	Other (specify)	' '	300.00			
	Curior (openity)	0 0	0 0 0 0 0 0 0	1		
s	UBTOTAL of Receipts This Page (optional)		850.00			
$\vdash$						
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (	Committee	
<b>A.</b>	Full Name (Last, First, Middle Initial) H Susan Bowers, Dr.  Mailing Address Dept of Path 6500 Excelsior Blvd  City Saint Louis Park  FEC ID number of contributing federal political committee.  Name of Employer Methodist Hosp  Receipt For: Primary General Other (specify)	State MN  C  Occupation  Aggregate	Zip Code 55426-4700	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) A. Philip Branton, Dr.  Mailing Address Laboratory Services 3300 Gallows Road  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer Inova Fairfax Hosp  Receipt For: Primary General Other (specify)	State VA  C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11A1.24486  Amount of Each Receipt this Period  1000.00
<b>C</b> .	Full Name (Last, First, Middle Initial) Daniel Thomas Brucker, Dr.  Mailing Address Dept of Pathology 252 McHenry St  City  Burlington  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hosp of Burlingt- on  Receipt For:  Primary General Other (specify)	State WI  C  Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		······	1750.00
т	OTAL This Period (last page this line number or	ılv)		

S(	CHEDULE A (FEC Form 3X)		Jse separate schedule(s)	FOR LINE NUMBER: PAGE 10/54			
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۸n	y information copied from such Reports and Statemer	onte may not	the cold or used by any person				
or	for commercial purposes, other than using the name a	and addres	s of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	College of American Pathologists Political Ad	Action Com	nmittee				
_							
Δ.	Full Name (Last, First, Middle Initial) Victor Casas			Date of Receipt			
	Mailing Address Dept of Path			M M / D D / Y Y Y Y			
	65 James St			05 14 2007			
	City	State	Zip Code	Transaction ID: SA11A1.24510			
	<u>Edison</u> N	NJ	08818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee	· ' '		500.00			
	federal political committee.	<b>J</b>					
	Name of Employer John F. Kennedy Med Ctr	ccupation					
	John F. Kennedy Med Ctr Pat	athologist					
		ggregate Yea	ar-to-Date ▼				
	Primary General		500.00				
	Other (specify) ▼	1 1 1					
	Full Name (Last, First, Middle Initial)			<u> </u>			
3.	T. Parakrama Chandrasoma, Dr.			Date of Receipt			
	Mailing Address Department of Pathology			M M / D D / Y Y Y Y			
	1200 N. State Street	Ptoto.	7in Code	05 14 2007			
	•	State CA	Zip Code 90033	Transaction ID: SA11A1.24511			
		JA	90033	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			250.00			
	LAC + USC Med Ctr	ccupation					
	-	athologist	ar-to-Date ▼	_			
	Primary General	ggregate rea					
	Other (specify) ▼		250.00				
`	Full Name (Last, First, Middle Initial)			Data of Danaint			
٠.	S. Gregory Collins, Dr.  Mailing Address Department of Pathology			Date of Receipt			
	Mailing Address Department of Pathology One Genesys Parkway			05 11 2007			
		State	Zip Code	Transaction ID: SA11A1.24515			
	Grand Blanc M	MI	48439-3699	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee	<u> </u>		250.00			
	federal political committee.	<b>-</b>					
	Name of Employer Genesys Regional Med Ctr	ccupation					
	Fai	athologist					
		ggregate Yea	ar-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
Other (specify) 🔻			0 0 0 0 0 0				
s	SUBTOTAL of Receipts This Page (optional)						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 54			
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)			
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12			
Δ				13 14 15 16 17			
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	College of American Pathologists Politic	al Action (	Committee				
A.	Full Name (Last, First, Middle Initial) E. Steven Collum, Dr.			Date of Receipt			
	Mailing Address Department of Pathology 1235 East Cherokee Street			05 25 7 2007			
	City	State	Zip Code	Transaction ID: SA11A1.24516			
	Springfield	MO	65804-2263	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer St. John's Reg Health Ctr	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1 1	250.00	1			
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) M James Crawford, Dr.			Date of Receipt			
	Mailing Address Dept of Path 1600 SW Archer Rd Rm	M649		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: SA11A1.24523			
	Gainesville	FL	32610-0275	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		2500.00			
	Name of Employer Univ of Florida	Occupation Patholog					
	Receipt For:		e Year-to-Date ▼				
	Primary General		0500.00	1			
	Other (specify) ▼		2500.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) J Elillian Daugherty, Dr.			Date of Receipt			
	Mailing Address Dept of Path 2615 E High St			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.24529			
	Springfield	OH	45505	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		535.00			
	Name of Employer Community Hospital	Occupation Patholog					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 535.00				
s	UBTOTAL of Receipts This Page (optional)			3285.00			
$\vdash$			<u>`</u>	-			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 54		
	· ·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	iress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	College of American Pathologists Politi	cal Action C	Committee			
	Full Name (Last, First, Middle Initial)					
A.	James Vincent DeRisio, Dr.			Date of Receipt		
	Mailing Address 6700 Steger			05 10 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24533		
	Cincinnati	ОН	45237	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		535.00		
	Name of Employer LabOne of Ohio, Inc	Occupation	1			
	Laborie of Orlio, Inc	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	535.00			
	Other (specify) ▼	0 0		1		
_	Full Name (Last, First, Middle Initial)			But of Busin		
В.	A Darcy Duncan, Dr.			Date of Receipt		
	Mailing Address Dept of Path 1414 S Kuhl Ave			05 16 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24539		
	Orlando	FL	32806-2008	Amount of Each Receipt this Period		
	FEC ID number of contributing			1000.00		
	federal political committee.	C		1000.00		
	Name of Employer	Occupation	1			
	Florida Hosp Cáncer Inst	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify) ▼	0 0				
_	Full Name (Last, First, Middle Initial)			Patro ( Parri )		
C.	W. Jordan Eggers, Dr.  Mailing Address 38 Woodland Dr			Date of Receipt		
	Mailing Address 38 Woodland Dr			05 11 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24543		
	Boyce	LA	71409-9611	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.			000.00		
	Name of Employer Rapides Regional Med Ctr	Occupation				
		Pathologi		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		500.00			
		0 0	0 0 0 0 0 0 0	1		
s	UBTOTAL of Receipts This Page (optional)			2035.00		
H	1 (		•			

S	CHEDULE A (FEC Form 3X)		Harana and a shark late (s)	FOR LINE NUMBER: PAGE 13 / 54		
			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any personal roas of any pelitical committee to	on for the purpose of soliciting contributions		
Or		lame and add	iress of any political committee to	Solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	I A - 4' C	Na			
$\angle$	College of American Pathologists Politic	cal Action C	committee			
A.	Full Name (Last, First, Middle Initial) J. Andrew Evanger, Dr.			Date of Receipt		
	Mailing Address Department of Patholog 1650 Cowles Street	у		05 08 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24548		
	Fairbanks	AK	99701	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Fairbanks Memorial Hosp	Occupation Pathologi				
	Receipt For:		Year-to-Date ▼			
	Primary General	7.99.094.0		1		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) G Patricia Fenderson, Dr.			Date of Receipt		
	Mailing Address Dept of Path			M M / D D / Y Y Y Y		
	1401 Pennsylvania Ave			05 25 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24556		
	<u>Ft Worth</u>	TX	76104	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of European	10				
	Name of Employer Harris Methodist Ft Worth	Occupation Pathologi				
	Hospital Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	Teal-to-Date ▼	1		
	Other (specify) ▼		300.00			
		0 0	0 0 0 0 0 0 0	1		
C.	Full Name (Last, First, Middle Initial) Therese Karen Ferrer, Dr.			Date of Receipt		
	Mailing Address 1521 West Harrison			05		
	City	State	Zip Code	Transaction ID: SA11A1.24557		
	Chicago	IL	60607	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	С		230.00		
	Name of Employer Stroger Hospital of Cook	Occupation Pathologi				
	County			_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)		250.00			
	☐ Office (Specify) ♥			1		
١	UBTOTAL of Receipts This Page (optional)			800.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 54
ITEMIZED RECEIPTS			or each category of the	(check only one)
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	information and the product of the second Observation			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
	College of American Pathologists Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Desiree Mary Fiel-Gan, Dr.			Date of Receipt
	Mailing Address PO Box 5037 80 Seymour St			05 30 YYYYY 2007
	City	State	Zip Code	Transaction ID: SA11A1.24559
	Hartford	CT	06102-5037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Hartford Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , ,	535.00	1
	Other (specify)		1 1 1 1 1 1 1	J
В.	Full Name (Last, First, Middle Initial) E. Cynthia Flynn, Dr.			Date of Receipt
	Mailing Address Department of Patholog 4755 Ogletown-Stanton			05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24562
	Newark	DE	19718-6001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		550.00
	Name of Employer Christiana Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		550.00	1
	Other (specify)			1
_	Full Name (Last, First, Middle Initial) J. Steve Galatzan, Dr.			Date of Receipt
Ο.	Mailing Address Doctors Regional Lab			M M / D D / Y Y Y Y
	3315 S Alameda			05 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.24567
	Corpus Christi	TX	78411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Corpus Christi Med Center	Occupation		
	Receipt For:		e Year-to-Date ▼	$\dashv$
	Primary General	33 3		1
	Other (specify) ▼		500.00	
				1585.00
S	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 15/54	
	EMIZED RECEIPTS		or each category of the	(check only one)	🗖	
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	College of American Pathologists Politi	cal Action (	Committee			
	3					
	Full Name (Last, First, Middle Initial)					
A.	A. Stephen Geller, Dr.			Date of Receipt		
	Mailing Address Dept of Pathology & La 8700 Beverly Blvd	b Med		0 5 0 4	2007	
	City	State	Zip Code	Transaction ID: SA		
	Los Angeles	CA	90048-0750	Amount of Each Rec		
	FEC ID number of contributing		000.00	7 tillodrit of Edolf Floo	<del></del>	
	federal political committee.	C			250.00	
	Name of Employer Cedars-Sinai Med Ctr	Occupation				
		Patholog		_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		250.00			
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_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address	ЭУ		M M / D D	/ Y 'Y 'Y 'Y	
	2401 W Belvedere Ave		7: 0 1	05 03	2007	
	City	State	Zip Code	Transaction ID: SA11A1.24578		
	Baltimore	MD	21215-5271	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Tederal political committee.					
	Name of Employer Sinai Hosp of Baltimore	Occupation				
		Patholog				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	, ,	250.00			
	Other (specify)		1 1 1 1 1 1 1 1			
	Full Name (Last, First, Middle Initial)					
C.	D. Jeffrey Goldstein, Dr.			Date of Receipt		
	Mailing Address Department of Patholog	ду  —		M M / D D	/ Y Y Y Y Y	
	800 Prudential Drive	01-1-	7'- 0-4-	05 11	2007	
	City	State	Zip Code	Transaction ID: SA		
	Jacksonville	FL	32207	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer	Occupation				
		Patholog				
	Receipt For:	Aggregate	e Year-to-Date ▼	.		
Primary General			250.00			
	Other (specify)			1		
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١	UBTOTAL of Receipts This Page (optional)				750.00	
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	OTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 54
ITEMIZED RECEIPTS			or each category of the	(check only one)
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				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politica	al Action (	Committee	
Α.				Date of Receipt
	Mailing Address 315 Erin Dr			05 10 2007
	City	State	Zip Code	Transaction ID: SA11A1.24581
	Knoxville	TN	37919-6202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Knoxville Dermatopathology Laboratorie	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) A Lauren Hammock, Dr.			Date of Receipt
	Mailing Address 455 St Michaels Dr	05 25 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Transaction ID: SA11A1.24585		
	Santa Fe	NM	87505-7601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	1	7
	St. Vincent Hosp	Patholog	ist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			
C.	S Azra Haque, Dr.			Date of Receipt
	Mailing Address Dept of Path 2233 N Division St			05 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24587
	Chicago	<u> </u>	60622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Mary of Nazareth Hosp Ctr	Occupation	1	
	Receipt For:			
	Primary General	1 1	050.00	1
	Other (specify)		250.00	
Г	L			1050.00
S	UBTOTAL of Receipts This Page (optional)		······	- 1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Political	al Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) T Clarke Harding, Dr.  Mailing Address Dept of Path 2111 E Dakota Ave  City Fresno  FEC ID number of contributing federal political committee.  Name of Employer Pathology Associates  Receipt For: Primary General	State CA C Occupation Patholog Aggregate		Date of Receipt    M M
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) M. Kathleen Harms, Dr.  Mailing Address Ontario Pathology Group 351 SW 9th St  City Ontario  FEC ID number of contributing federal political committee.  Name of Employer Holy Rosary Med Ctr	State OR C Occupation Patholog		Date of Receipt    M M
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Э.	Full Name (Last, First, Middle Initial) V. William Harrer, Dr.  Mailing Address 129 The Mews  City  Haddonfield  FEC ID number of contributing federal political committee.  Name of Employer Our Lady of Lourdes Med	State NJ C Occupation Patholog		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Ctr Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2500.00	
s	UBTOTAL of Receipts This Page (optional)		······	3000.00
T	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 18/54		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	y information copied from such Reports and Sta	tomente may	y not be sold or used by any perso			
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\rangle$	College of American Pathologists Politic	cal Action C	Committee			
Α.	Full Name (Last, First, Middle Initial) Edward Kent Harshbarger, Dr.			Date of Receipt		
	Mailing Address 361 W Third St			05 10 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24597		
	Dayton	ОН	45402	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		535.00		
	Name of Employer Montgomery County Coroner- 's Office	Occupation Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		535.00	1		
	Other (specify)		333.00			
— В.	Full Name (Last, First, Middle Initial) E. James Haswell, Dr.			Date of Receipt		
	Mailing Address Dept of Pathology	M M / D D / Y Y Y Y				
	130 Division Street	05 10 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24598		
	Derby	CT	06418	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer	Occupation	1	-		
	Griffin Hosp'	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General		1000.00	1		
	Other (specify) ▼		1000.00			
_	Full Name (Last, First, Middle Initial) D Lawrence Henry, Dr.			Date of Receipt		
٥.	Mailing Address Dept of Path			M M / D D / Y Y Y Y		
	200 Portland			05 14 2007		
	City	State	Zip Code	Transaction ID: SA11A1.24601		
	Columbia	MO	65205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Boyce & Bynum Pathology	Occupation		7		
	Labs PC	Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		250.00	1		
_						
				1785.00		
Ls	UBTOTAL of Receipts This Page (optional)		······			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/54
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and Stat	tements may	not he sold or used by any ners	<del>                                     </del>
or	for commercial purposes, other than using the na	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	al Action C	Committee	
A.	Full Name (Last, First, Middle Initial) S David Hewitt, Dr.			Date of Receipt
	Mailing Address Dept of Path 126 S Floral			05 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.24603
	Visalia	CA	93291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Visalia Pathology Group	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) G. Robert Huber, Dr.			Date of Receipt
	Mailing Address Laboratory 707 S Mills St			05 02 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.24611
	Madison	WI	53715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Mary's Hospital	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) S. Mehraboon Irani, Dr.			Date of Receipt
	Mailing Address 1100 Central Ave S.E.			05 25 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24615
	Albuquerque	NM	87106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Drochytorian Hoen		Occupation Pathologi	st	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	2000.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)			OR LINE NUMBER: PAGE 20 / 54
	EMIZED RECEIPTS			or each category of the	I `_	heck only one)
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dres:	s of any political committee to	solic	it contributions from such committee.
	NAME OF COMMITTEE (In Full)		_			
$\angle$	College of American Pathologists Politic	cal Action (	Con	nmittee		
A.	Full Name (Last, First, Middle Initial)  R. Duren Johnson					Date of Receipt
	Mailing Address 2643 Great Falls Hwy.					05 18 2007
	City	State		Zip Code		Transaction ID: SA11A1.24623
	Lancaster	SC		29720		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C				1000.00
	Name of Employer Springs Memorial Hosp	Occupation Patholog				
	Receipt For:	Aggregate	e Yea	ar-to-Date ▼		
	Primary General			1000.00	1	
	Other (specify)			1000.00	1	
<u> </u>	Full Name (Last, First, Middle Initial) L. Jon Keller, Dr.					Date of Receipt
	Mailing Address 92 Highland St					05 04 YYYY 2007
	City	State		Zip Code		Transaction ID: SA11A1.24631
	Milton	MA		02186	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C				250.00
	Name of Employer Milton Hosp	Occupation Patholog				
	Receipt For:	,		ar-to-Date ▼		
	Primary General		-	050.00	ıL	
	Other (specify) ▼		0	250.00	1	
<u> </u>	Full Name (Last, First, Middle Initial) Thaddeus Khachaturian					Date of Receipt
Ο.	Mailing Address 6532 E Redfield Road					M M / D D / Y Y Y Y
	211			7. 0.	_	05 18 2007
	City	State AZ		Zip Code		Transaction ID: SA11A1.24632
	Scottsdale	AZ	-	85254	-	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C				535.00
	Name of Employer St. Luke's Med Ctr	Occupation Patholog				
	Receipt For:	Aggregate	e Yea	ar-to-Date ▼		
	Primary General	, , ,		535.00	1	
	Other (specify)			333.00	1	
s	UBTOTAL of Receipts This Page (optional)				<u> </u>	1785.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21 / 54		
ITEMIZED RECEIPTS			or each category of the	(check only one)	l 🗖		
••			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17		
Δη	v information conied from such Reports and St	atemente may	y not be cold or used by any perso				
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from s	uch committee.				
$\setminus$	NAME OF COMMITTEE (In Full)						
	College of American Pathologists Politi	cal Action (	Committee				
Α.	Full Name (Last, First, Middle Initial) Pamela Sony Kilgore, Dr.			Date of Receipt			
	Mailing Address Dept of Path 6780 Mayfield Rd			0 5 2 5	2007		
	City	State	Zip Code	Transaction ID: SA	11A1.24634		
	Mayfield Heights	OH	44124	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			300.00		
	Name of Employer Hillcrest Hosp	Occupation Pathologi					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		300.00	1			
	Other (specify)	0 0	300.00				
В.	Full Name (Last, First, Middle Initial) H Richard Knierim, Dr.			Date of Receipt			
	Mailing Address 1229 Madison St Ste 50	0 5 1 4	2007				
	ity State		Zip Code	Transaction ID: SA	Transaction ID: SA11A1.24637		
	Seattle	WA	98104	Amount of Each Rec	eipt this Period		
	FEC ID number of contributing federal political committee.	C			1000.00		
	Name of Employer CellNetix Pathology PLLC	Occupation Pathologic					
	Receipt For:		Year-to-Date ▼				
	Primary General		1000.00	1			
	Other (specify) ▼	0 0	1000.00				
C.	Full Name (Last, First, Middle Initial) A. Thomas Kocoshis, Dr.			Date of Receipt			
	Mailing Address Ball Memorial Hosp 2401 University Ave			05 08	2007		
	City	State	Zip Code	Transaction ID: SA	11A1.24639		
	Muncie	IN	47303	Amount of Each Red	eipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer PA Labs LLC	Occupation Pathologic					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify)	0 0	250.00				
s	UBTOTAL of Receipts This Page (optional)		1550.00				
T (	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 54			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
<u></u>			Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
Any informat	ion copied from such Reports and Starcial purposes, other than using the i	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	F COMMITTEE (In Full)						
1	of American Pathologists Politi	cal Action (	Committee				
Full Name	e (Last, First, Middle Initial) ichoke			Date of Receipt			
Mailing A	ddress Dept of Path 390 E Longview St	Chaha	7:- Cada	05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City <u>Fayette</u>	<i>i</i> ille	State AR	Zip Code 72703-4618	Transaction ID: SA11A1.24644  Amount of Each Receipt this Period			
FEC ID n	umber of contributing litical committee.	C		535.00			
Name of NWA Pa	Employer th Assoc	Occupation					
Receipt F	or:		e Year-to-Date ▼				
	nary		535.00				
_	e (Last, First, Middle Initial) an Krauss, Dr.			Date of Receipt			
	ddress 3005 Vassar Dr	05 / 08 / 2007					
City		State	Zip Code	Transaction ID: SA11A1.24646			
Augusta		GA	30909	Amount of Each Receipt this Period			
federal po	umber of contributing slitical committee.	C		250.00			
Name of Unaffiliate	Employer ed	Occupation Patholog					
Receipt F	or:		e Year-to-Date ▼				
	nary General	-	250.00	1			
Oth	er (specify) ▼	0 0	8 8 8 8 8 8				
	e (Last, First, Middle Initial) Kurtzman, Dr.			Date of Receipt			
Mailing A	ddress Main Lab 2021 N 12th St			05 10 7 2007			
City		State	Zip Code	Transaction ID: SA11A1.24652			
Grand J		CO	81501-2999	Amount of Each Receipt this Period			
federal po	umber of contributing slitical committee.	C		250.00			
Name of Commun		Occupation Patholog	ist				
Receipt F		Aggregate	e Year-to-Date ▼				
	nary General er (specify) <del>▼</del>		250.00				
SUBTOTAL	SUBTOTAL of Receipts This Page (optional)						
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 54
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) L Dennis Laffay, Dr.			Date of Receipt
	Mailing Address 18856 North Valley			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24656
	Fairview Park	ОН	44126	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		750.00
	Name of Employer Hillcrest Hosp	Occupation Pathologic		
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	1 1 1 1 1 1 1	1
	Other (specify)		750.00	
В.	Full Name (Last, First, Middle Initial) A Ruth Macke, Dr.			Date of Receipt
	Mailing Address Dept of Pathology St. Luke's Hospital			05 10 2007
	City	State	Zip Code	Transaction ID: SA11A1.24679
	Cedar Rapids	IA	52402-5036	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer St Luke's Hosp	Occupation		
		Pathologi		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	500.00	
	Care (openiy) •	0 0	1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Luisa Marlene Magrini-Greyson, Dr.			Date of Receipt
	Mailing Address Path Lab			M M / D D / Y Y Y Y
	1000 N Lee Ave			05 18 2007
	City	State	Zip Code	Transaction ID: SA11A1.24683
	Oklahoma City	OK	73102-1080	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		250.00
	Name of Employer St. Anthony Hosp	Occupation Pathologic		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	Ayyreyale	i cai-lu-dale 🔻	1
	Other (specify)		250.00	
			1 1 1 1 1 1 1	1
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_	UBTOTAL of Receipts This Page (optional)			1500.00
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SCHEDULE A (FEC Form 3X)			Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 24 / 54
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u>\</u>	NAME OF COMMITTEE (In Full)	arric aria ade	reso or any pontion committee to	Soliot contributions from such committee.
$  \rangle$	College of American Pathologists Politic	al Action C	`ammittaa	
	College of Afficican Fathologists Folitic	ai Action C	Johnniee	
_	Full Name (Last, First, Middle Initial)			
A.	A. Deborah Maisel, Dr.			Date of Receipt
	Mailing Address Dept of Path 809 University Blvd E			05 10 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24685
	Tuscaloosa	AL	35401	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	+
	DCH Reg Med Ctr	Pathologi		
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Lee Abby Maizel, Dr.			Date of Receipt
	Mailing Address Path and Lab Med			M ' M / D ' D / Y ' Y ' Y ' Y
	825 Chalkstone Ave			05 30 2007
	City	State	Zip Code	Transaction ID: SA11A1.24687
	Providence	RI	02908-4728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	rederal political committee.			
	Name of Employer Brown Univ	Occupation		
		Pathologi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
	care (epoony) \	0 0	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
C.	Felix Martinez			Date of Receipt
	Mailing Address 13103 E Mansfield Ave			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.24690
	Spokane Valley	WA	99216	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		250.00
	federal political committee.	C		250.00
	Name of Employer InCyte Path PS	Occupation	1	7
		Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		200.00	1
٩	JBTOTAL of Receipts This Page (optional)			1000.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) S Christine Marzich, Dr. Mailing Address 1044 Belmont Ave  City Youngstown  FEC ID number of contributing federal political committee.  Name of Employer St Elizabeth HIth Ctr  Receipt For:	State OH C Occupation Patholog Aggregate		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary ☐ General Other (specify) ▼	0 0	280.00	
3.	Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.  Mailing Address Department of Pathology 2900 N, Lake Shore  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer St Joseph Hosp  Receipt For: Primary General	State IL  C C C Cocupation Patholog		Date of Receipt    M M
	Other (specify)	0 0	250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Wayne Larry Massie, Dr.  Mailing Address 1501 San Pedro, SE  City Albuqerque  FEC ID number of contributing federal political committee.	State NM	Zip Code 87018	Date of Receipt    M M
	Name of Employer New Mexico VA Health Care Sys Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Patholog Aggregate		
s	UBTOTAL of Receipts This Page (optional)			1030.00
T	OTAL This Period (last page this line number on	lv)	-	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 26/54		
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or	ly information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from	such committee.				
	NAME OF COMMITTEE (In Full)						
$\rangle$	College of American Pathologists Politi	cal Action (	Committee				
Α.	Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.			Date of Receipt			
	Mailing Address Dept of Path 3200 Providence Dr			05 18	2007		
	City	State	Zip Code	Transaction ID: SA	\11A1.24709		
	Anchorage	AK	99508-4615	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			1000.00		
	Name of Employer Providence Alaska Med Ctr	Occupation Patholog					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		1000.00	1			
	Other (specify) ▼	0 0	1000.00	J			
В.	Full Name (Last, First, Middle Initial) J Don Merryman, Dr.			Date of Receipt			
	Mailing Address 500 E Market St	0 5 1 4	2007				
	City	State	Zip Code	Transaction ID: SA	Transaction ID: SA11A1.24713		
	lowa City	IA	52245	Amount of Each Re			
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Mercy Hosp	Occupation Patholog					
	Receipt For:		Year-to-Date ▼	=			
	Primary General	199.194.1		1			
	Other (specify) ▼	0 0	500.00				
C.	Full Name (Last, First, Middle Initial) D. John Milam, Dr.			Date of Receipt			
	Mailing Address Dept of Path and Lab M 6431 Fannin St	1ed		0 5 0 8	2007		
	City	State	Zip Code	Transaction ID: SA	\11A1.24715		
	Houston	TX	77030	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
Unaffiliated F			n ist				
			e Year-to-Date ▼				
	Primary General	-	500.00	1			
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 27 / 54
	•		Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) R. James Miller, Dr.			Date of Receipt
	Mailing Address 2916 S Brentwood Blvd			05 08 2007
	City	State	Zip Code	Transaction ID: SA11A1.24716
	Brentwood	MO	63144	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Name of Employer Pathology Services	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogato	Tour to Bate V	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) A Jeffrey Mossler, Dr.			Date of Receipt
	Mailing Address Dept of Path			M M / D D / Y Y Y Y
	2650 N Shadeland Ave			05 30 2007
	City	State	Zip Code	Transaction ID: SA11A1.24724
	Indianapolis	<u>IN</u>	46219	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer AmeriPath Indiana	Occupation		
		Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Sami Nadia Nashid. Dr.			Date of Receipt
٠.	Mailing Address Path Dept			M M / D D / Y Y Y Y
	112 Mansfield Ave			05 08 2007
	City	State	Zip Code	Transaction ID: SA11A1.24736
	Willimantic	CT	06226	Amount of Each Receipt this Period
	FEC ID number of contributing	C		535.00
	federal political committee.			
	Name of Employer Windham Community Memorial	Occupation Pathologi		
	Hosp Receipt For:	<u> </u>	Year-to-Date <b>V</b>	
	Primary General	Aggregate	Toul to Date ¥	1
	Other (specify)		535.00	
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 28 / 54
•			Use separate schedule(s) or each category of the	(check only one)
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Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologists Politica	al Action C	Committee	
_	Full Name (Last, First, Middle Initial)			
A.	Suhail Nasim			Date of Receipt
	Mailing Address 600 Gresham Dr			M M / D D / Y Y Y Y
	Cit.	Ctata	Zin Oada	05 16 2007
	City	State VA	Zip Code	Transaction ID: SA11A1.24738
	Norfolk	VA	23507-1999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Sentara Norfolk Gen Hosp	Occupation		
	Receipt For:	Pathologi	Year-to-Date ▼	_
	Primary General	Aggregate	Teal-10-Date ▼	,
	Other (specify)		535.00	
В.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.			Date of Receipt
٥.	Mailing Address 5287 Poola St			M M / D D / Y Y Y Y
				05 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.24739
	Honolulu	HI	96821	Amount of Each Receipt this Period
	FEC ID number of contributing	C		200.00
	federal political committee.			200.00
	Name of Employer	Occupation	1	
	Cytopath Inc	Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1500.00	1
	Other (specify)		1300.00	]
_	Full Name (Last, First, Middle Initial)			
C.	O. Robert Newbury, Dr.			Date of Receipt
	Mailing Address Department of Pathology 3020 Childrens Way MC			05 10 2007
	City	State	Zip Code	Transaction ID: SA11A1.24742
	San Diego	CA	92123-4282	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Children's Hosp-San Diego	Occupation		
		Pathologi		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
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s	UBTOTAL of Receipts This Page (optional)			985.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
	Full Name (Last, First, Middle Initial) E. Lucien Nochomovitz, Dr.			Date of Receipt
	Mailing Address Path 300 Community Dr			05 10 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.24744
	Manhasset	NY	11030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer North Shore Univ Hosp	Occupation Pathologia	st	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Irene Lauren O'Brien, Dr.			Date of Receipt
	Mailing Address Path Clin Lab 100 W California Blvd			05 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.24745
	Pasadena	CA	91105-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Huntington Memorial Hospi- tal	Occupation Pathologic		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) S Eugene Olsowka, Dr.			Date of Receipt
Mailing Address Lab Svcs 1000 Houghton Ave				05 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.24749
	Saginaw  FFC ID number of contributions	MI	48602-5303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Covenant HealthCare System  Occupation Pathologist			300.00	
		Pathologi	st	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		300.00	
SI	JBTOTAL of Receipts This Page (optional)			1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the n	itements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (	Committee	
3	Full Name (Last, First, Middle Initial) W Thomas Panke, Dr.  Mailing Address Department of Patholog 375 Dixmyth Ave  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Good Samaritan Hosp  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) L. Britton Pilcher, Dr.	State OH C Occupation Patholog		Date of Receipt  M M J J D D J J J J J J J J J J J J J J
- - 1	Mailing Address Laboratory 1601 Watson Blvd  City  Warner Robins  FEC ID number of contributing federal political committee.  Name of Employer Houston Med Ctr  Receipt For: Primary General Other (specify)	State GA  C  Occupation Patholog Aggregate		Transaction ID: SA11A1.24759  Amount of Each Receipt this Period  250.00
C. :	Full Name (Last, First, Middle Initial) A. Robert Quirey, Dr.  Mailing Address 2560 N Shadeland Ave  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer AmeriPath Indiana  Receipt For:  Primary General  Other (specify)	State IN C Occupation Patholog		Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11A1.24766  Amount of Each Receipt this Period  250.00
SU	JBTOTAL of Receipts This Page (optional)		······•	1000.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 31 / 54
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) A. Edwin Raines, Dr.			Date of Receipt
	Mailing Address 1211 Union Avenue			05 30 YYYY 2007
	City	State	Zip Code	Transaction ID: SA11A1.24767
	Memphis	TN	38104	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Duckworth Pathology Group	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) M David Reardon, Dr.			Date of Receipt
	Mailing Address Lab			M M / D D / Y Y Y Y
	1620 Med Ln Ste 100			05 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.24769
	Ft Myers	<u>FL</u>	33907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Canalassas	10		_
	Name of Employer AmeriPath Florida Inc	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	Teal-lo-Date ▼	1
	Other (specify)		250.00	
	caner (epocary) 🔻	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mazhar Rishi			Date of Receipt
	Mailing Address 701 N Clayton St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24773
	Wilmington	DE	19805	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer St. Francis Hosp	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	
	Primary General	55 - 5-40		1
	Other (specify) ▼	1	250.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  College of American Pathologists Politic	cal Action (	Committee	
<b>A.</b>	Full Name (Last, First, Middle Initial) S David Risner, Dr.  Mailing Address Dept of Path 600 Mary St  City  Evansville  FEC ID number of contributing federal political committee.  Name of Employer Deaconess Hosp  Receipt For: Primary General Other (specify)	State IN C Occupation Patholog Aggregate		Date of Receipt  M M M / 25 / 2007  Transaction ID: SA11A1.24775  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) R John Rogers, Dr.  Mailing Address Dept of Path 4401 S Western Ave  City  Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer Ameripath Oklahoma  Receipt For:  Primary General Other (specify)	State OK C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11A1.24780  Amount of Each Receipt this Period  250.00
<b>3.</b>	Full Name (Last, First, Middle Initial) L Gerald Schall, Dr.  Mailing Address 1st FIr Lab 900 Hyde St  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer St. Francis Memorial Hosp  Receipt For: Primary General Other (specify)	State CA C Occupation Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 33 / 54
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) E Hoyle Setzer, Dr.			Date of Receipt
	Mailing Address 2900 12th Ave N, Ste 26	60W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24806
	Billings	MT	59101-7504	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Pathology Consultants	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼	1	300.00	
				d .
В.	Full Name (Last, First, Middle Initial) Suash Sharma			Date of Receipt
	Mailing Address Dept of Pathology, BAE	2575		M M / D D / Y Y Y Y
	1120 15th St			05 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.24808
	Augusta	GA	30912	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			
	Name of Employer	Occupation	ı	
	Med College of Georgia	Pathologi	ist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		000.00	J
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Carol Susan Sharp, Dr.  Mailing Address Dept of Path			Date of Receipt
	2210 Troy Rd			05 30 2007
	City	State	Zip Code	Transaction ID: SA11A1.24810
	Niskayuna	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer Bellevue Woman's Hosp	Occupation Pathologi		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
				222.22
s	UBTOTAL of Receipts This Page (optional)			900.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 54
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	by information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) College of American Pathologists Political			
Α.	Full Name (Last, First, Middle Initial) C Mark Sheiko, Dr.			Date of Receipt
	Mailing Address Path Dept 2800 10th Ave N			05 16 2007
	•	State MT	Zip Code	Transaction ID: SA11A1.24812
	EEC ID number of contributing	C	59101-0703	Amount of Each Receipt this Period  300.00
	Rillings Clin	ccupatior athologi		
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	ggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) W Ross Simpson, Dr.  Mailing Address Dept of Path			Date of Receipt
	6500 Excelsior Blvd	Otata Otata	7:- O-d-	05 14 2007
	•	State MN	Zip Code 55426-4700	Transaction ID: SA11A1.24814  Amount of Each Receipt this Period
	FEC ID assert of contribution	C	30 120 17 00	535.00
	Methodiet Hoen	ccupatior athologi		
	Receipt For:  Primary  General  Other (specify) ▼	aggregate	Year-to-Date ▼ 535.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Kent Smith			Date of Receipt
	Mailing Address 8404 Mile Tree Dr			05 25 2007
	•	State AR	Zip Code 72903-4319	Transaction ID: SA11A1.24818  Amount of Each Receipt this Period
	EEC ID asserbase of contribution	C	72303 4010	250.00
	Laboratory Modicino Accos	ccupatior athologi		
		ggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1085.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 54
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Full Name (Last, First, Middle Initial)			
A. Andrew Richard Smith, Dr.			Date of Receipt
Mailing Address Dept of Path			05 16 2007
211 Park St City	State	Zip Code	Transaction ID: SA11A1.24820
Attleboro	MA	02703-3137	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		535.00
Name of Employer	Occupation	 n	$\dashv$
Sturdy Mem Hosp	Patholog		
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Primary General		535.00	
Other (specify)			
Full Name (Last, First, Middle Initial)			
O. V. Speights, Dr.			Date of Receipt
Mailing Address Department of Pathology 2401 S. 31st Street	05 29 Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11A1.24825
<u>Temple</u>	TX	76508-6508	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	<u> </u>		300.00
Name of Employer Scott and White Memorial	Occupation		7
Hosp	Patholog		
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Primary General Other (specify) ▼		500.00	
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Full Name (Last, First, Middle Initial)			Data of Basel is
J Joseph Sreenan, Dr.  Mailing Address Dept of Path			Date of Receipt
Mailing Address Dept of Path 750 W High St Ste 400			05 14 2007
City	State	Zip Code	Transaction ID: SA11A1.24829
<u>Lima</u>	OH	45801-2967	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
recerai politicai committee.	federal political committee.		
Name of Employer St Rita's Med Ctr	Occupation		
Receipt For:	Patholog	ist e Year-to-Date ▼	$\dashv$
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	NAME OF COMMITTEE (In Full)			
17	College of American Pathologists Politic	al Action C	Committee	
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Cyril James Steinmetz, Dr.			Date of Receipt
	Mailing Address PO Box 1270			M M / D D / Y Y Y Y
	011	01-1-	7'- O-d-	05 03 2007
	City	State	Zip Code	Transaction ID: SA11A1.24832
	Scranton	PA	18501-1270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	rederal political committee.			
	Name of Employer Moses Taylor Hosp	Occupation		
		Pathologi		
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	Primary General Other (specify) ▼		535.00	
	Cirior (openity)	1 1		1
_	Full Name (Last, First, Middle Initial)			
В.	S. Charles Stevens, Dr.			Date of Receipt
	Mailing Address 1122 Austin Hwy			M M / D D / Y Y Y Y
	City	State	Zip Code	05 18 2007
	San Antonio	TX	78209-4844	Transaction ID: SA11A1.24834
		1/	70209-4044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
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	Name of Employer South Texas Dermatopathol-	Occupation		
	ogy Lab	Pathologi	Year-to-Date ▼	_
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	Other (specify)		500.00	
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_	Full Name (Last, First, Middle Initial)			
C.	K. Brian Stewart, Dr.			Date of Receipt
	Mailing Address 1348 NE Cushing Drive			05 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.24835
	Bend	OR	97701-3876	Amount of Each Receipt this Period
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	Name of Employer	Occupation		_
	Name of Employer Central Oregon Path Cnslt	Occupation Pathologi		
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	Primary General	23 392.00		1
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				1525.00
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A.	E Stephen Sturdivant, Dr.			Date of Receipt
	Mailing Address Dept of Path	- 444		05 11 2007
	500 S University Ave Ste	State	Zip Code	Transaction ID: SA11A1.24838
	Little Rock	AR	72205-5329	Amount of Each Receipt this Period
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В.	Raman V Sukumar, Dr.			Date of Receipt
	Mailing Address 1253 College Park Dr			05 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.24840
	Dover	DE	19904-8713	Amount of Each Receipt this Period
	FEC ID number of contributing			525.00
	federal political committee.	C		535.00
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	Doctors Path Svcs	Pathologi		
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	Other (specify) ▼		535.00	
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C.	Full Name (Last, First, Middle Initial) A. James Terzian, Dr.			Date of Receipt
	Mailing Address 2512 Oak Hollow Road			M M / D D / Y Y Y Y
				05 11 2007
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	Vestal	NY	13850-2949	Amount of Each Receipt this Period
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	Name of Employer	Occupation		7
	Lourdes Hospital	Pathologi		_
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	Primary General Other (specify) ▼		250.00	
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Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commental purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)	11	EMIZED RECEIPTS			
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College of American Pathologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. William Theirino, Dr.  Malling Address Dept of Path 374 Stockholm St.  City State Zip Code Brooklyn NY 11237  FEC ID number of contributing federal political committee.  Name of Employer Wykckoff Heighins Hosp Primary General Other (specify) ▼	Ar or	for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. L. William Thelmo, Dr.  Mailing Address Dept of Path 374 Stockholm St City State Zip Code Brooklyn NY 11237  FEC ID number of contributing federal political committee.  Primary General Obter (specify) ▼ State Zip Code Transaction ID: SA11A1.24850  Amount of Each Receipt this Period  Full Name (Last, First, Middle Initial)  B. S. Thomas Traveek  Mailing Address 9215 Silver Pine Cove  City State Zip Code Transaction ID: SA11A1.24855  Austin TX 78733  FEC ID number of contributing federal political committee.  C. State Zip Code Transaction ID: SA11A1.24855  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. State Zip Code Transaction ID: SA11A1.24855  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. State Zip Code Transaction ID: SA11A1.24855  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. E Maureen Trotter, Dr.  Mailing Address 1818 Pine St Ste 123  City State Zip Code Transaction ID: SA11A1.24855  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. E Maureen Trotter, Dr.  Mailing Address 1818 Pine St Ste 123  City State Zip Code Transaction ID: SA11A1.2485  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. E Maureen Trotter, Dr.  Mailing Address 1818 Pine St Ste 123  City State Zip Code Transaction ID: SA11A1.2485  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. E Maureen Trotter, Dr.  Mailing Address 1818 Pine St Ste 123  City State Zip Code Transaction ID: SA11A1.2485  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C. E Maureen Trotter, Dr.  Mailing Address 1818 Pine St Ste 123  City State Zip Code Transaction ID: SA11A1.2485  Amount of Each Receipt this Period		•			
A. L. William Therino, Dr.  Mailing Address Dept of Path 374 Stockholm St City State Zip Code Brooklyn NY 11237  FEC ID number of contributing federal political committee.  Name of Engloyer Wyckoff Heights Hosp Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. S. Thomas Traweek Mailing Address 9215 Silver Pine Cove  City State Zip Code Austin Tx 78/33  FEC ID number of contributing federal political committee.  C Date of Receipt  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  State Zip Code Austin Tx 78/33  FEC ID number of contributing federal political committee.  C Docupation Pathologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼  State Zip Code Amount of Each Receipt this Period  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  State Zip Code Amount of Each Receipt this Period  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  State Zip Code Amount of Each Receipt this Period  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  Date of Receipt  Name of Engloyer North Austin Med Ctr Primary General Other (specify) ▼  Date of Receipt  Name of Engloyer North Austin Med Ctr Name of Engloyer City State Zip Code Tx 79601  Transaction ID: SA11A1.24857  Amount of Each Receipt his Period  Amount of Each Receipt his Period  Date of Receipt  Name of Engloyer Name of Engloyer City State Zip Code Amount of Each Receipt his Period  Amount of Each Receipt his Period  Date of Receipt  Name of Engloyer Name of Engloyer City State Zip Code Type Name of Engloyer City State Zip Code Type Name of Contributing Receipt For: Primary General Other (specify) ▼ Name of Engloyer City State Zip Code Type Name of Contributing Receipt For: Primary General Other (specify) ▼ Name of Engloyer Name		College of American Pathologists Politic	cal Action (	Committee	
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B. S. Thomas Traveek  Mailing Address 9215 Silver Pine Cove  City State Zip Code  Austin TX 78733  FEC ID number of contributing federal political committee.  Name of Employer North Austin Med Ctr  Primary General Other (specify) ▼  City State Zip Code  TX 78733  Amount of Each Receipt this Period  C 300.00  Date of Receipt  Transaction ID: SA11A1.24855  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C 1 300.00  Date of Receipt  Transaction ID: SA11A1.24857  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.24857  Transaction ID: SA11A1.24857  Amount of Each Receipt  Transaction ID: SA11A1.24857  Amount of Each Receipt this Period  C 250.00				535 00	1
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ates Receipt For: Primary Other (specify)   Aggregate Year-to-Date   250.00		Name of Employer Clinical Pathology Associ-	1		7
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or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) Lea Andrea Volk, Dr.			Date of Receipt
	Mailing Address 4225 E Fowler Ave			05
	City	State	Zip Code	Transaction ID: SA11A1.24868
	Tampa	FL	33617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Quest Diagnostics Inc	Occupation Pathologi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		535.00	
— В.	Full Name (Last, First, Middle Initial) H Gail Walker, Dr.			Date of Receipt
	Mailing Address 1354 Drakie Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24870
	Lilburn	GA	30047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Emory Eastside Med Ctr	Occupation Pathologi		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Michael Francis Walsh, Dr.			Date of Receipt
	Mailing Address Dept of Path 3170 W Central Ave			05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.24872
	Toledo	OH	43606-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Consultants in Laboratory Medicine			
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00	]
	UBTOTAL of Receipts This Page (optional)			2285.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 54						
	·		Use separate schedule(s) or each category of the	(check only one)						
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
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or		name and add	aress of any political committee to	Solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	College of American Pathologists Polit	cal Action C	Jommittee							
Α.	Full Name (Last, First, Middle Initial) L. Frank White, Dr.			Date of Receipt						
	Mailing Address 1211 Union Ave Ste 30	0		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.24878						
	Memphis	TN	38104	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Duckworth Pathology Group	Occupation Pathologic								
	Receipt For:		Year-to-Date ▼							
	Primary General	00 0		1						
	Other (specify) ▼		500.00							
В.	Full Name (Last, First, Middle Initial) John Andrew Wilson, Dr.			Date of Receipt						
٥.	Mailing Address 820 Park Tow PMB 688	₹		M M / D D / Y Y Y Y						
		,		05 03 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24880						
	Salinas	CA	93901	Amount of Each Receipt this Period						
	FEC ID number of contributing	C		535.00						
	federal political committee.	<u> </u>								
	Name of Employer	Occupation	1							
	Salinas Pathology Services	Pathologi	ist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		535.00	1						
	Other (specify)			J						
<u> </u>	Full Name (Last, First, Middle Initial) Henry Steven Wilson, Dr.			Date of Receipt						
<b>U</b> .	Mailing Address 835 Hospital Rd			M M / D D / Y Y Y Y						
	PO Box 788			05 11 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24882						
	Indiana	PA	15701	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		250.00						
	federal political committee.									
	Name of Employer Indiana Reg Medical Ctr	Occupation Pathologic								
	Receipt For:		Year-to-Date ▼							
	Primary General		050.00	1						
	Other (specify)		250.00							
_										
				1285.00						
S	UBTOTAL of Receipts This Page (optional)			1205.00						

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Roper Hosp

Primary

Receipt For:

Department of Pathology

SC

C

Aggregate Year-to-Date ▼

500.00

316 S. Calhoun St.

General

A. F. George Worsham, Dr.

Mailing Address

Charleston

City

FOR LINE NUMBER: PAGE 41/54 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. College of American Pathologists Political Action Committee Date of Receipt 0 5 16 2007 State Zip Code Transaction ID: SA11A1.24886 29401 Amount of Each Receipt this Period 500.00 Occupation Pathologist

		500.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	49940.00

	Use seperate schedule(s)			= NUMBER: PAGE 42 / 54 ly one)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	21b 27	22 28a	$\square$	23 28b	24 28c	H	25 29	_	26 30b
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College of American Pathologists Political	Action Committee										
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SCHEDULE B (FEC Form 3X) $\Box$							NE NUMBER: PAGE 43 / 54					
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	ity Richmond	State VA	Zip Code 23285-5024			Amo	ount o	of Each	Disburse	ment	-	-
A	Purpose of Disbursement Amex Chrgs									_	65.2	25
_	Candidate Name  Office Sought: House Disburse	ement For:			ategory/ Type							
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۸.	Full Name (Last, First, Middle Initial) Sun Trust Bank					_		ion ID:	SB21B.	249	44	
	Mailing Address PO Box 85024					0 <sup>M</sup> 5	М 5	/ D 1	8 / 5	ž	0 ŏ 7	7 <sup>Y</sup>
		State VA	Zip Code 23285-5024			Amount of Each Disbursement this Period						
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	Mailing Address PO Box 85024					o <sup>M</sup> 5		1	8 /	2	0 ŏ 7	
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S	UBTOTAL of Disbursements This Page (optional) .				▶						174.3	34
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nan	,	, ,		
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	College of American Pathologists Politica	Action Committee			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.24947	
۹.	Sun Trust Bank			Date of Disbursement	
	Mailing Address PO Box 85024			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Richmond	State         Zip Code           VA         23285-5024		Amount of Each Disbursement this Period	1
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	Candidate Name		Category/ Type		
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TOTAL This Period (last page this line number only)	<b>•</b>	1777.63

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or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of any politica							ns			
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Mailing Address 15 E Street NW				0 <sup>M</sup> 5		21 /	ŽOŎ	7			
City Washington	State Zip Code DC 20001			Amou	nt of Each	Disburse	ement this	Period			
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Candidate Name Bart Gordon for Congress		1 -			Category/ Type						
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	Other (specify)										
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Full Name (Last, First, Middle Initial)				action ID		4901					
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Mailing Address 236 Massachusetts Ave Suite 508	•			0.5	2	21	žoŏ	7			
City Washington	State Zip Code DC 20002			Amou	nt of Each	Disburse	ement this	Period			
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Mailing Address P.O. Box 15703				0 <sup>M</sup> 5	M / D 2	21	žoŏ	7 <sup>Y</sup>			
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A. Burgess for Congress			Date of Disbursement  M 5 M / D 2 1 / Y 2 0 0 7  Amount of Each Disbursement this Period							
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	State Zip Code FX 76202									
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College of American Fathologists Follical	Action Committee										
Full Name (Last, First, Middle Initial)				Tr	ansac	tion ID:	SB23.2	490	8		
FRIENDS OF DAVE WELDON				D		Disburse					
Mailing Address P.O. Box 16021					) 5 M	<sup>/</sup> 2	1 /	ž	0 ŏ 7	Y	
City	State Zip Code			Α	mount	of Each	Disburse	emen	t this F	erio	t
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Full Name (Last, First, Middle Initial)				Tı	ansac	tion ID:	SB23.2	2490	9		
Friends of Mary Landrieu				D	ate of I	Disburse	ement				
Mailing Address 503 Capital CT NE Suite 100					) 5 M	<sup>′</sup> <sup>D</sup> 2	1 /	<sup>Y</sup> 2	0 ŏ 7	Y	
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