FEC FORM 3X	AN	EPORT ( ND DISB Other Than	URSEN	IENTS	tee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING		xample:If typin ver the lines	g, type			
College of America	n Pathologists I	Political Action C	ommittee					
ADDRESS (number and	street)	350 I Street, NW	,					
Check if differ		Suite 590						
than previously reported. (ACC	/ I.V	Vashington					20005	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋			STATE	ZIPCODE	<b>A</b>
C00274944			3. IS THIS REPOR		NEW (N) <b>OR</b>	AM (A)	IENDED	
(Choose One)	· · · · · · ·		Feb 20 (M Mar 20 (M	3)	May 20 (M5) Jun 20 (M6)	Sep	20 (M9) De (No Yea	v 20 (M11) pn-Election ar Only) c 20 (M12) pn-Election ar Only)
July 15 Quarterly October Quarterly January 3	Report(Q3)	(c) 12-Day <b>PRE</b> -El Report		Primary (12 Convention		General (	12G) Ru	n 31 (YE) noff (12R)
Report(N Year Only	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report	(d) 30-Day <b>Post</b> -E Report		General (30	G)	Runoff (3	0R) Sp in the State of	ecial (30S)
5. Covering Period	06	01 2	007	through	06	30	2007	
I certify that I have exam Type or Print Name of T		rt and to the best Alfred Campbell,		e and belief it i	s true, correct	and complete.		
Signature of Treasurer	Electronically	y Filed by Alfre	ed Campbell, ME	)	D	oate 07	18 20	07
NOTE : Submission of f	alse, erroneous	s, or incomplete i	nformation may	subject the per	son signing thi	s Report to the	penalties of 2 U.S.C	437g.
Office Use Only							FEC FORM ( (Rev. 02/2003)	3X

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name College of American Pathologists Political Action Committee MM D D Y W м м D D 06 01 2007 06 30 2007 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date 6. (a) Cash on Hand 67604.65 2007 January 1 (b) Cash on Hand at 100516.63 Begining of Reporting Period ..... 27110.00 250118.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 127626.63 317722.65 6(a) and 6(c) for Column B) ..... 64590.31 254686.33 Total Disbursements (from Line 31) ..... 7. Cash on Hand at Close of 8. **Reporting Period** 63036.32 63036.32 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS	Page 3
Write or Type Committee Name College of American Pathologists P	olitical Action Committee	
Report Covering the Period: From:	M M         D D         Y         Y W         Y </th <th><math display="block">\begin{array}{c c} M &amp; M \\ 0 &amp; 3 \\ \end{array} \begin{array}{c} D &amp; D \\ 3 &amp; 0 \\ \end{array} \begin{array}{c} Y &amp; Y &amp; Y \\ 2 &amp; 0 &amp; 0 \\ \end{array} \begin{array}{c} Y \\ 2 &amp; 0 &amp; 0 \\ \end{array} </math></th>	$\begin{array}{c c} M & M \\ 0 & 3 \\ \end{array} \begin{array}{c} D & D \\ 3 & 0 \\ \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} $
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ol>		
Than Political Committees (i) Itemized (use Schedule A)	19380.00	171350.00
(ii) Unitemized	7730.00	78768.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	▶ 27110.00	250118.00
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	▶ 27110.00	250118.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
<ol> <li>Refunds of Contributions Made to Federal candidates and Other Political Committees</li> </ol>	0.00	0.00
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> </ol>	0.00	0.00
18. Transfers from Non-Federal and Levin Fu	nds	
(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))	27110.00	250118.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27110.00	250118.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal     Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1090.31	4336.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1090.31	4336.33
. Transfers to Affiliated/Other Party Committees	0.00	1000.00
. Contributions to Federal Candidates/Committees and Other Political Committees	63500.00	249250.00
Independent Expenditure (use Schedule E)	0.00	0.00
<ul> <li>Coordinated Expenditures Made by Part Committees (2 U.S.C. 441a(d))</li> </ul>	ty 0.00	0.00
(use Schedule F)		0.00
<ul> <li>Loans Made</li> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other</li> </ul> </li> </ul>		0.00
Than Political Committees		100.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	🕨 0.00	100.00
Other Disbursements	0.00	0.00
<ul> <li>Federal Election Activity (2 U.S.C 431(2 (a) Shared Federal Election Activity (from Schedule H6)</li> </ul>	20))	
(i) Federal Share	0,00	0.0
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entire With Federal Funds	ely 0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		0.0
Total Disbursements (add Lines 21(c), 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	04500.04	254686.3
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(		054600.0
from Line 31)	64590.31	254686.3

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		of Disbursements	Page 5
III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	27110.00	250118.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	27110.00	250018.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1090.31	4336.33
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1090.31	4336.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 6/33           (check only one)         11c         12           X         11a         11b         11c         12						
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	13     14     15     16     17       on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (	Committee							
A.	Full Name (Last, First, Middle Initial) Omar Nabil Ali, Dr. Mailing Address Dept, of Pathology			Date of Receipt						
	Mailing Address Dept. of Pathology 4201 Medical Center Dr.			06 01 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24976						
	McHenry FEC ID number of contributing federal political committee.		60050	Amount of Each Receipt this Period						
	Name of Employer Centegra-Memorial Medical Center	Occupation Patholog								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]						
в.	Full Name (Last, First, Middle Initial) S Inpamani Arulanantham, Dr. Mailing Address Dept of Path			Date of Receipt						
	43830 N 10th St W			06 29 2007						
	City	State CA	Zip Code	Transaction ID: SA11A1.25030						
	Lancaster FEC ID number of contributing federal political committee.	C	93534	Amount of Each Receipt this Period						
	Name of Employer Lancaster Cmnty Hosp	Occupation Patholog								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]						
с.	Full Name (Last, First, Middle Initial) A. Margaret Batt, Dr.			Date of Receipt						
	Mailing Address 9303 Park West Bouleva	ırd		M         M         /         D         D         /         Y						
	City Knoxville	State TN	Zip Code	Transaction ID: SA11A1.25064						
	FEC ID number of contributing federal political committee.	C	37923	Amount of Each Receipt this Period						
	Name of Employer Pathology Laboratories We- st	Occupation Patholog								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]						
s	UBTOTAL of Receipts This Page (optional)			750.00						
т	OTAL This Period (last page this line number on	ly)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/33 (check only one)										
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X     11a     11b     11c     12										
Ar   or	y information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.												
	NAME OF COMMITTEE (In Full)													
$\geq$	College of American Pathologists Politic	al Action C	Committee											
A.	Full Name (Last, First, Middle Initial) L Benjamin Blend, Dr.			Date of Receipt										
	Mailing Address 925 Highland Blvd Ste 1	240												
	City	State	Zip Code	Transaction ID: SA11A1.24970										
	Bozeman	MT	59715-6999	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Bozeman Deaconess Hosp	Occupation Pathologi		_										
	Receipt For:	, °	Year-to-Date V	_										
	Primary General		250.00	1										
	Other (specify)	0 0												
В.	Full Name (Last, First, Middle Initial) J. Donna Boden, Dr.			Date of Receipt										
	Mailing Address 1812 Bent Tree Court			06 15 Y Y Y Y 06 15 2007										
	City	State	Zip Code	Transaction ID: SA11A1.25014										
	Bowling Green	KY	42103-0900	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Greenview Reg Hosp	Occupation Pathologi												
	Receipt For:	· · ·	Year-to-Date 🔻											
	Other (specify) ▼		500.00	1										
		0 0	0 0 0 0 0 0 0	1										
с.	Full Name (Last, First, Middle Initial) M Robert Bradley, Dr.			Date of Receipt										
	Mailing Address 1211 Union Ave Ste 300			0 6 0 7 2 0 0 7										
	City	State	Zip Code	Transaction ID: SA11A1.24999										
	Memphis	TN	38104-6655	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Duckworth Pathology Group		n ist	-										
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)		250.00	1										
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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	on for the purpose of soliciting contributions solicit contributions from such committee.												
	NAME OF COMMITTEE (In Full)													
$\geq$	College of American Pathologists Politic	cal Action (	Committee											
Α.	Full Name (Last, First, Middle Initial) Michelle Heather Brown, Dr.			Date of Receipt										
	Mailing Address 1552 Palisades Ln			0 6 / 1 5 / Y Y Y Y 2 0 0 7										
	City	State	Zip Code	Transaction ID: SA11A1.25060										
	Hoffman Estates	IL	60192-4400	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Northwest Community Hosp	Occupation Patholog		-										
	Receipt For:	- · ·	e Year-to-Date 🔻											
	Primary General		250.00	1										
	Other (specify)	0 0		1										
в.	Full Name (Last, First, Middle Initial) Steven Bradley Butler, Dr.			Date of Receipt										
	Mailing Address Dept of Path 1968 Peachtree Rd NW			0 6 1 5 Y Y Y Y 0 6 1 5 0 0 7										
	City	State	Zip Code	Transaction ID: SA11A1.25074										
	Atlanta	GA	30309-1285	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Piedmont Hosp	Occupation Patholog												
	Receipt For:	· ·	e Year-to-Date 🔻											
	Other (specify)		500.00	1										
			0 0 0 0 0 0 0	1										
<u>с.</u>	Full Name (Last, First, Middle Initial) L. Lee Cafferty, Dr.			Date of Receipt										
	Mailing Address Dept of Path 301 SW Becker Ave			M M / D D / Y Y Y Y 06 15 2007										
	City	State	Zip Code	Transaction ID: SA11A1.25095										
	Willmar	MN	56201-3395	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		750.00										
	Name of Employer Rice Memorial Hosp	Occupation Patholog												
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Other (specify)		750.00	1										
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Any information copied from such Reports and Statements may not be odd or used by any person for the program of such commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.       Image:				or each category of the	(check only one)								
ar for commercial purposes, other than using the name and address of any pulitical committee to solicit contributions from such committee.          NAME OF COMMITTEE (in Full)         College of American Pathologists Political Action Committee         A. A. Desiner Cation, Dr.         Mailing Address         Biologist         City         Biocktin         MAKE OF Construction         Mailing Address         City         Biocktin         City         Biocktin         PEC ID number of contributing federal political committee.         City         Name of Employer         Potenting         Brootkin         Receipt For:         Pathologist         Receipt For: </th <th></th> <th></th> <th></th> <th>Detailed Summary Page</th> <th></th>				Detailed Summary Page									
NAME OF COMMITTEE (in Full)         College of American Pathologists Political Action Committee         Full Name (Last, First, Middle Initial)         A. Deellee Cation, Dr.         Mailing Address       Chief of Pathology         680 Centre Street       0         City       State       2p Code         Brockton       MA       02302.3395         FEC ID number of contributing       C       1000.00         Brockton Hogo       Occupation       1000.00         Brockton Hogo       Deate of Receipt       1000.00         Brockton Hogo       Tx 76201       Transaction ID: SAT141.25084         Amount of Each Receipt Hise       20.0.7       Transaction ID: SAT141.25084         Amount of Each Receipt Hise       Occupation       76201         Receipt For:       Occupation       Aggregate Year-to-Date V       Transaction ID: SAT141.25084         Amount d													
College of American Pathologists Political Action Committee         A. Leaster Carison, Dr.         Mailing Address       Chief of Pathology 680 Centre Street         City       State       Zip Code         Brockon Theore       C         Brockon Theore       C         Brockon Theore       C         Brockon Theore       Concupation         Brockon Theore       Concupation         Brockon Theore       Concupation         Pathologist       Aggregate Year-to-Date ▼         Pothology       General         Other (specify) ▼       Concupation         Brockon Theore       Pathologist         Receipt For:       General         Other (specify) ▼       Concupation         Mailing Address       Pathologist         Mailing Address       Pathologist         Receipt For:       Operation         City       State       Zip Code         Mailing Address       Pathologist         Receipt For:       Operation       C         Pathologist       Aggregate Year-to-Date ▼         Pothors       Operation       State         Pathologist       Aggregate Year-to-Date ▼         Recopt For:       Aggregate Year-to-Date ▼	$\sum_{i=1}^{n}$												
A.       A. Desire Cateson, Dr.       Date of Receipt         Maling Address       Chi of Pathology       State       Zip Code         Brockton       MA       02302-2395       Transaction US SA11A1.24971         Transaction los SA11A1.24971       Anount of Each Receipt this Period       1000.00         FEC ID number of contributing federal political committee.       Occupation Pathology 1000.00       Date of Receipt         Bruil Name (Last, First, Middle Initial)       B.       K. Shano Casey, Dr.       Date of Receipt         Maling Address       Pathology Department 3000 interstate 1-35 N       Date of Receipt       Transaction ID: SA11A1.25084         Meling Address       Pathologist       Date of Receipt       Transaction ID: SA11A1.25084         Maling Address       Pathologist       Date of Receipt       Transaction ID: SA11A1.25084         Manout of Each Receipt this Period       Transaction ID: SA11A1.25084       Transaction ID: SA11A1.25084         Maling Address       Pathologist       Aggregate Year-to-Date Y       Transaction ID: SA11A1.25084         Name of Employer       Occupation       Transaction ID: SA11A1.25084       Transaction ID: SA11A1.25084         Name of Employee Pathologist       Aggregate Year-to-Date Y       Date of Receipt       S65.00         Chier (specify) Y       State       Zip Code <th><math>\geq</math></th> <th></th> <th>cal Action C</th> <th>Committee</th> <th></th>	$\geq$		cal Action C	Committee									
680 Centre Street       0.6       22       2.0.7         City       State       Zip Code       Transaction ID: SA11A1.24971         Brockton       MA       02302-2395       Amount of Each Receipt this Period         FEC. ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Brockton Hosp       Pathologist       Aggregate Year-to-Date ▼       1000.00         Broit Name (Last, First, Middle Initial)       State       Zip Code         Date of Receipt       06       15       2.0.7         Maling Address       Pathology Each Tor.       Date of Receipt       06         Maling Address       Pathology Each Tor.       Date of Receipt       06         Maling Address       Pathology Each Tor.       Date of Receipt       06         FeD Name of Contributing federal political committee.       C       Transaction ID: SA11A1.25084         Mame of Employer Prestylenian Hosp of Dent- Other (specify) ▼       Occupation Pathologist       Transaction ID: SA11A1.25084         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt       06       2.0.7         C       Aggregate Year-to-Date ▼       Transaction ID: SA11A1.25084       Amount of Each Receipt Ibi Period         Full Name (Last, First, Middie Initial)       C	Α.	A. Desiree Carlson, Dr.			Date of Receipt								
City       State       Zip Code       Transaction ID: SA11A1.24971         Brockton       MA       02302-3395       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       1000.00         Name of Employer Brocken Hosp       Pathologist       Aggregate Year-to-Date ▼       0         Primary       General       0       0.00       0         B. K. Sharan Casey, Dr.       Maling Address       Pathology Department 3000 Interstate 1-35 N       Date of Receipt         Maling Address       Pathology Department 3000 Interstate 1-35 N       Date of Receipt       Transaction ID: SA11A1.25084         Primary       General       Occupation Pathologist       Date of Receipt       Transaction ID: SA11A1.25084         Maling Address       Pathology Department 3000 Interstate 1-35 N       State       Zip Code       Date of Receipt         Primary       General       Occupation       Tx       72201       Transaction ID: SA11A1.25159         Adgregate Year-to-Date       ▼       State       Zip Code       Amount of Each Receipt this Period         City       State       Zip Code       Transaction ID: SA11A1.25159       Amount of Each Receipt this Period         Maling Address       4885 Hunters Way       State       Zip Code <t< th=""><th></th><th></th><th></th><th></th><th colspan="9"></th></t<>													
FEC ID number of contributing federal political committee.       C       1000.00         Name of Employer Brockion Hesp       Occupation Pathologist       1000.00         Receipt For: Other (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt         Mailing Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Mailing Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Mailing Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Mailing Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Mailing Address       General       C       Aggregate Year-to-Date ♥         Petion       TX       76201       Transaction ID: SA11A1.25084         Amount of Econ Pumber of contributing federal political committee.       Occupation Pathologist       Aggregate Year-to-Date ♥         Pathologist       Aggregate Year-to-Date ♥       Date of Receipt         Church Can, Dr.       Mailing Address       4855 Hunters Way       Date of Receipt         City       State       Zip Code       Transaction ID: SA11A1.25159         Ameunt of Each Receipt this Period       EC I Dumber of contributing federal political committee.       C         Mailing Address       4885 Hunters Way       Occupation Patho				Zip Code	Transaction ID: SA11A1.24971								
rederal political committee.       C       1000.00         Name of Employer Brockion Hosp       Occupation Pathologist       Aggregate Year-to-Date ▼         Primary       General       1000.00         B.       K.Shano Casey, Or.       Date of Receipt         Maling Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Maling Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         FEC ID number of contributing federal political committee.       C       Transaction ID: SA11A1.25084         Amount of Each Receipt this Period       Secoupation       365.00         Primary       General       Occupation         Primary       General       Occupation         Pathologist       Aggregate Year-to-Date ▼       Transaction ID: SA11A1.25084         Amount of Each Receipt this Period       Secoupation       Secoupation         Pathologist       Aggregate Year-to-Date ▼       Secoupation         Primary       General       Occupation       Transaction ID: SA11A1.25159         Amaur of Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Secoupation         City       State       Zip Code       Transaction ID: SA11A1.25159         Amaur of Each Receipt Moreur       Pathologist       Amount		Brockton	MA	02302-3395	Amount of Each Receipt this Period								
Brockton Hosp'       Pathologist         Aggregate Year-to-Date ▼       Aggregate Year-to-Date ▼         B.       K. Sharon Casey, Dr.         Mailing Address       Pathology Department 3000 Interstate I-35 N       Date of Receipt         Denton       TX       76201         FEC. ID number of contributing federal political committee.       C       Occupation Pathologist         Name of Employer Prestyptical Indep of Dent- on Sing Address       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       4885 Hunters Way       Occupation Pathologist       Aggregate Year-to-Date ▼         C       A Mark Cohan, Dr.       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address       4885 Hunters Way       Transaction ID: SA11A1.25159         Cliv       State       Zip Code       Transaction ID: SA11A1.25159         Mailing Address       4885 Hunters Way       Transaction ID: SA11A1.25159         Cliv       State       Zip Code       Transaction ID: SA11A1.25159         Manout of Each Receipt Ins Period       250.00       250.00       Transaction ID: SA11A1.25159         Manout of Each Receipt This Page (optional)       Aggregate Year-to-Date ▼       1615.00       1615.00			C		1000.00								
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$\overline{\nabla}$	NAME OF COMMITTEE (In Full)												
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Α.	Full Name (Last, First, Middle Initial) S. Noreen D'Souza			Date of Receipt									
	Mailing Address 544 N New Ballas Rd			0 6 / D D / Y Y Y Y 0 6 1 5 2 0 0 7									
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	<u>St Louis</u>	MO	63141	Amount of Each Receipt this Period									
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В.	Full Name (Last, First, Middle Initial) D. Russell Deidiker, Dr.			Date of Receipt									
	Mailing Address Dept of Path 1212 Weber Rd.			0 6 2 1 2 0 0 7									
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	Farmington	MO	63640	Amount of Each Receipt this Period									
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<u></u>	Full Name (Last, First, Middle Initial) L. Tamara Densmore, Dr.			Date of Receipt									
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	Venice	FL	34285	Amount of Each Receipt this Period									
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$\rangle$	College of American Pathologists Politic	al Action (	Committee								
Α.	Full Name (Last, First, Middle Initial) R. James DeVillier, Dr.			Date of Receipt							
	Mailing Address 296 Denada Path			0 6 2 1 Y Y Y Y Y 0 6 2 1							
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	Roxboro	NC	27574	Amount of Each Receipt this Period							
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в.	Full Name (Last, First, Middle Initial) Ann Beverly Dickson, Dr.			Date of Receipt							
	Mailing Address Department of Pathology 8200 Walnut Hill Lane	у		0 6 / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.25082							
	Dallas	TX	75231	Amount of Each Receipt this Period							
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<u></u>	Full Name (Last, First, Middle Initial) H. Mark DuPuis, Dr.			Date of Receipt							
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic								
A.	Full Name (Last, First, Middle Initial) E. Lynn Ezell, Dr. Mailing Address Dept of Path	Date of Receipt							
	1968 Peachtree Rd NW City	State	Zip Code	0 6         0 1         2 0 0 7           Transaction ID:         SA11A1.25070					
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в.	Full Name (Last, First, Middle Initial) J. Carol Fehmian, Dr. Mailing Address 178 Redwood Court			Date of Receipt					
	City Ramsev	State NJ	Zip Code 07446-1183	Transaction ID: SA11A1.25016					
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<u>с.</u>	Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.			Date of Receipt					
	Mailing Address 96 Museum Way			M M / D D / Y Y Y Y Y 06 28 2007					
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Α.	Full Name (Last, First, Middle Initial) Marie Pamela Guerriere-Kovach, Dr.					Date of Receipt									
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в.	Full Name (Last, First, Middle Initial) K. Gregory Haake, Dr.					Date o	of Rec	eipt							
	Mailing Address 1000 E Primrose Ste 300														
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A.	Full Name (Last, First, Middle Initial) W Dean Joelson, Dr.			Date of Receipt											
	Mailing Address Path Dept 1968 Peachtree Rd			0 6 / 1 5 / Y Y Y Y 2 0 0 7											
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в.	Full Name (Last, First, Middle Initial) C. John Moad, Dr.			Date of Receipt											
	Mailing Address 7835 Paragon Rd	0 6 0 1 Y Y Y Y 0 6 0 1 2 0 0 7													
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	Dayton	OH	45459-4021	Amount of Each Receipt this Period											
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с.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.			Date of Receipt											
	Mailing Address 5287 Poola Street			M M / D D / Y Y Y Y 06 29 2007											
	City	State	Zip Code	Transaction ID: SA11A1.24990											
	Honolulu	HI	96821	Amount of Each Receipt this Period											
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	Mailing Address Dept of Path 900 W Clairemont Ave			0 6 / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7										
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	Eau Claire	WI	54701-5105		Amount of Each Receipt this Period									
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В.	Full Name (Last, First, Middle Initial) O Vladimir Osipov, Dr.					Date of	f Rec	ceipt						
	Mailing Address Department of Pathology 9200 W Wisconsin Ave	/		M M / D D / Y Y Y Y 06 29 2007										
	City	State	Zip Code	1	<b>Fransa</b>	ctio	n ID:	SA1	1A1	.250	)39			
	Milwaukee	WI	53226		-	Amour	nt of I	Each	Rece	eipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C		250.00								0		
	Name of Employer Med College of Wisconsin	Occupation Pathologi												
	Receipt For:	Aggregate	Year-to-Date V											
	Primary     General       Other (specify) ▼	0 0	250.0	0										
<u></u> с.	Full Name (Last, First, Middle Initial) K Subhashchandra Patel, Dr.					Date of	f Rec	ceipt						
	Mailing Address 707 Mt View Dr					м м 06	_	D	<sup>D</sup> 7	Y		0 ° 0		
	City	State	Zip Code			<b>Fransa</b>								
	Lewiston	NY	14092		-	Amour	nt of I	Each	Rece	eipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C									3	00.0	0	
	Name of Employer Niagara Health System, Gr- eater Niagara	Occupation Pathologi												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Other (specify) ▼	300.0	0											
s	JBTOTAL of Receipts This Page (optional)			•							10	50.0	0	
т	OTAL This Period (last page this line number on	ly)		•										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 33 (check only one)
IT	EMIZED RECEIPTS		or each category of the	$\overline{X}$ 11a $\overline{11b}$ 11c $\overline{12}$
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\sum$	NAME OF COMMITTEE (In Full)			
$\geq$	College of American Pathologists Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) W. Charles Pfister			Date of Receipt
	Mailing Address Dept of Path PO Box 747			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11A1.25139
	Tifton	GA	31794-3699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tift Reg Med Ctr	Occupation Patholog		
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify)		500.00	
		0 0		-
в.	Full Name (Last, First, Middle Initial) C. Gary Ponto, Dr.			Date of Receipt
	Mailing Address 344 S Patterson Ave Ste	0 6 0 7 Y Y Y Y 0 6 0 7 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.25101
	Santa Barbara	CA	93111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Santa Barbara Pathology Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		500.00	
	Other (specify)	0.0		1
<u>с.</u>	Full Name (Last, First, Middle Initial) M Leeann Rock, Dr.			Date of Receipt
	Mailing Address 5812 Western View PI			0 6 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.25008
	Mt Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Frederick Mem Hosp	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		500.00	
		<u>al al 8</u>	<u> </u>	
s	UBTOTAL of Receipts This Page (optional)			1500.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	ZED RECEIPTS or each category of the Detailed Summary Page							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	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.					
$\left[ \right]$	NAME OF COMMITTEE (In Full)								
$\bigvee$	College of American Pathologists Politic	al Action (	Committee						
Α.	Full Name (Last, First, Middle Initial) G. William Roth, Dr.			Date of Receipt					
	Mailing Address 446 S. Tamiami Tr			06 07 2007					
	2nd Floor City	State	Zip Code	Transaction ID: SA11A1.25131					
	Venice	FL	34285	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Suncoast Pathology	Occupatio							
	Receipt For:	Patholog Aggregate	e Year-to-Date V	_					
	Primary General	7.99.09aa		1					
	Other (specify)	0 0	1000.00						
В.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address Path Dept			M M / D D / Y Y Y Y					
	1968 Peachtree Rd City	State	Zip Code	0 6 1 5 2 0 0 7 Transaction ID: SA11A1.25078					
	Atlanta	GA	30309	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Piedmont Hosp	Occupation	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	]					
<u></u>	Full Name (Last, First, Middle Initial) A. Joe Salinas, Dr.			Date of Receipt					
•	Mailing Address Department of Pathology 763 Johnsonburg Rd	/		M M / D D / Y Y Y Y 06 29 2007					
	City	State	Zip Code	Transaction ID: SA11A1.25003					
	<u>St Marys</u>	PA	15857-3498	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Elk Reg Hith Ctr	Occupation Patholog							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]					
s	UBTOTAL of Receipts This Page (optional)			1750.00					
Т	OTAL This Period (last page this line number or	nly)							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/33								
			or each category of the	(check only one)								
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
$\rangle$	College of American Pathologists Politic	al Action (	Committee									
Α.	Full Name (Last, First, Middle Initial) E. Dayan Sandler			Date of Receipt								
	Mailing Address Main Lab 800 Prudential Dr			M M / D D / Y Y Y Y 06 21 2007								
	City	State	Zip Code	Transaction ID: SA11A1.25024								
	Jacksonville	FL	32207	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		300.00								
	Name of Employer Jacksonville Pathology Co- nsultants PA	Occupation Patholog		-								
	Receipt For:	· · ·	e Year-to-Date 🔻	_								
	Primary General		300.00	1								
	Other (specify)	0 0	300.00									
в.	Full Name (Last, First, Middle Initial) F. Aaron Sassoon, Dr.			Date of Receipt								
	Mailing Address Dept of Pathology 1100 W Stewart Dr			0 6 / 2 9 / Y Y Y Y 2 0 0 7								
	City	State	Zip Code	Transaction ID: SA11A1.25119								
	Orange	CA	92868	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer St Joseph Hosp	Occupation Patholog										
	Receipt For:	· · ·	e Year-to-Date 🔻									
	Primary General Other (specify) ▼	0 0	250.00	]								
 C.	Full Name (Last, First, Middle Initial) Edward Paul Steele, Dr.			Date of Receipt								
	Mailing Address Pathology & Lab Med M 3333 Burnet Ave	LC 1010		M M / D D / Y Y Y Y 0 6 07 2007								
	City	State	Zip Code	Transaction ID: SA11A1.24982								
	Cincinnati	OH	45229	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Cincinnati Children's Hosp	Occupation Patholog										
	Med Ctr Receipt For:	· ·	e Year-to-Date V	-								
	Primary General		050.00	1								
	Other (specify)	0 0	250.00									
s	UBTOTAL of Receipts This Page (optional)			800.00								
Т	OTAL This Period (last page this line number or	nly)										

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 19 / 33         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)										
$\geq$	College of American Pathologists Politic	al Action (	Committee								
Α.	Full Name (Last, First, Middle Initial) Blake Jeffrey Stricker, Dr.			Date of Receipt							
	Mailing Address 1107 Memorial Dr Ste 20	01		0 6 2 1 Y Y Y Y 0 6 2 1 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.25109							
	Dalton	GA	30720	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Skin Cancer and Cosmetic Derma Ctr	Occupation Patholog									
	Receipt For:	, v	e Year-to-Date V	_							
	Primary     General       Other (specify) ▼	0 0	250.00	]							
в.	Full Name (Last, First, Middle Initial) G Warren Tucker, Dr.			Date of Receipt							
	Mailing Address Dept of Path 1128 Lango Ave			06 / 29 / Y Y Y Y 007 / 29 / 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24985							
	Charleston	SC	29407	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Coastal Pathology Laborat- ories	Occupation Patholog									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	1							
	Full Name (Last, First, Middle Initial)	0.0									
C.	Kanaka Durga Vege			Date of Receipt							
	Mailing Address Lab 855 Mankato Ave			0 6 0 1 Y Y Y Y 0 6 0 1 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.24984							
	Winona	MN	55987-0600	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		300.00							
	Name of Employer Cmnty Mem Hosp	Occupation Patholog									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	]							
s	UBTOTAL of Receipts This Page (optional)			1050.00							
T	OTAL This Period (last page this line number or	ıly)	······								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20/33								
	EMIZED RECEIPTS		or each category of the	(check only one)								
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
$\rangle$	College of American Pathologists Politic	al Action (	Committee									
Α.	Full Name (Last, First, Middle Initial) Franklin Bruce Walker, Dr.			Date of Receipt								
	Mailing Address Dept of Path 1968 Peachtree Rd NW			0 6 / 0 1 / Y Y Y Y 0 7								
	City	State	Zip Code	Transaction ID: SA11A1.25072								
	Atlanta	GA	30309-1285	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer Piedmont Hosp	Occupation Patholog										
	Receipt For:	- · ·	e Year-to-Date V	_								
	Primary General		500.00	1								
	Other (specify)	0 0	500.00									
в.	Full Name (Last, First, Middle Initial) Ervin Richard Whisnant, Dr.			Date of Receipt								
	Mailing Address Second Floor											
	446 Tamiami Trl S	State	Zip Code									
	Venice	FL	34285-2625	Transaction ID: SA11A1.25133 Amount of Each Receipt this Period								
	FEC ID number of contributing		04200 2020									
	federal political committee.	C		1000.00								
	Name of Employer Suncoast Pathology	Occupation										
		Patholog	ISt e Year-to-Date ▼	_								
	Receipt For: Primary General	Aggregate	e rear-lo-Dale V	1								
	Other (specify)	0 0	1000.00									
с.	Full Name (Last, First, Middle Initial) Randall Mark Wolz, Dr.			Date of Receipt								
	Mailing Address Dept of Pathology P O Box 644			M M / D D / Y Y Y Y 06 15 2007								
	City	State	Zip Code	Transaction ID: SA11A1.24975								
	Carson City	NV	89702	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		365.00								
	Name of Employer Carson Tahoe Pathology	Occupation Patholog										
	Receipt For:		e Year-to-Date V	1								
	Primary General Other (specify) ▼		365.00	]								
s	UBTOTAL of Receipts This Page (optional)		••••••	1865.00								
Т	OTAL This Period (last page this line number or	וy)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 21 / 33           (check only one)         11a           X         11a           13         14           15         16           17							
	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so								
NAME OF COMMITTEE (In Full) College of American Pathologists Politi									
Full Name (Last, First, Middle Initial)         W. Richard Zuehl, Dr.         Mailing Address       2721 33rd St		Date of Receipt							
City Two Rivers	State Zip Code WI 54241-1509	Transaction ID: SA11A1.24964 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	300.00							
Name of Employer Aurora Med Ctr-Manitowoc <u>County</u> Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 300.00								

SUBTOTAL of Receipts This Page (optional)	►	300.00
TOTAL This Period (last page this line number only)	►	19380.00

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			NUMBER: PAGE 22/33							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check on X 21b	ly one)	23	24	25	26			
		, ,		27	28a	28b	28c	29	30b			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								IS			
$\overline{}$	NAME OF COMMITTEE (In Full)		0011									
$\langle$	College of American Pathologists Political	Action Committee										
Α.	Full Name (Last, First, Middle Initial)						SB21B.	25212				
Α.	Sun Trust Bank				M M	Disburse	D / Y	Y Y	Y			
	Mailing Address PO Box 85024				06	0	4	2007	7			
		State Zip Code VA 23285-5024			Amoun	t of Each	Disburse	ment this	Period			
	Purpose of Disbursement		_					38.	43			
	Bank Service Charges											
	Candidate Name			ategory/ Type								
	Office Sought: House Disburse	ement For: Primary General										
	President	Other (specify)										
	State: District:											
в.	Full Name (Last, First, Middle Initial) Sun Trust Bank				SB21B.	25213						
					M M	Disburse	D / Y	2007	Y			
	Mailing Address PO Box 85024				0 6     0 6     2 0 0 7       Amount of Each Disbursement this Period							
		State Zip Code VA 23285-5024			Amoun	t of Each	Disburse	ment this	Period			
	Purpose of Disbursement						969.	33				
	Bank Service Charges Candidate Name			ategory/ Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			-							
	Full Name (Last, First, Middle Initial)				Tranca	otion ID:	CR01R	25214				
C.	Sun Trust Bank				Transaction ID: SB21B.25214 Date of Disbursement							
	Mailing Address PO Box 85024			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 6 \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ 1 \end{array} \right) \\ \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \\ Y \\ $								
		State Zip Code VA 23285-5024			Amoun	t of Each	Disburse	ment this I	Period			
	Purpose of Disbursement Bank Service Charges			•				9.	57			
	Candidate Name		ategory/ Type									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		<u></u>	-							
								1017				
s	UBTOTAL of Disbursements This Page (optional) .			►				1017.	33			
	OTAL This Period (last page this line number only)			►								
FE(	Schedule B (Form 3X) Rev. 02/2003											

S	CHEDULE B (FEC Form 3X)						LINE NUMBER: PAGE 23 / 33 ck only one)							
IT	EMIZED DISBURSEMENTS		category of the Summary Page		Х	21b 27	22 28a	$\square$	23 28b	24 28c		25 29	26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												5	
	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	College of American Pathologists Political	Action Co	ommittee											
Α.	Full Name (Last, First, Middle Initial) Sun Trust Bank								on ID: sburse	SB21B ement	.2521	16		
	Mailing Address PO Box 85024						0 <sup>M</sup> 6	M	<sup>D</sup> 1	<b>9</b> /	Ý Ž	0 ð 7	Y	
	,	State VA	Zip Code 23285-5024				Amount of Each Disbursement this Period							
	Purpose of Disbursement Bank Service Charges				•		L.					18.1	3	
	Candidate Name Office Sought: House Disburse	ment For:			atego Type	-								
	Senate President	Primary Other (spe	General											
	State: District:													
В.	Full Name (Last, First, Middle Initial) Sun Trust Bank						Date		sburse		-		X	
	Mailing Address PO Box 85024						0 <sup>™</sup> 6		1	9 / ·	Ź	0 ð 7	Ť	
	City S Richmond	Zip Code 23285-5024				Amou	int of	Each	Disburse	ement	this P			
	Purpose of Disbursement Bank Service Charges						L.,					50.0		
	Candidate Name				atego Type	-								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General											
	State: District:	_												
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank						Date	of Di	sburse					
	Mailing Address PO Box 85024						0 6	M	۵2	5	Ý Ž	0 ð 7	Y	
	Richmond	State VA	Zip Code 23285-5024				Amou	int of	Each	Disburse	ement			
	Purpose of Disbursement Bank Service Charges						L.					4.3	50	
	Candidate Name				atego Type									
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General											
											v	72.9	8	
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					E NUMBER: PAGE 24 / 33						
IT	EMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page			1b 🗌	22 28a	X 23		24 28c		25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name NAME OF COMMITTEE (In Full) College of American Pathologists Political	and address	s of any political										5
Α.	Full Name (Last, First, Middle Initial)         ABERCROMBIE FOR CONGRESS         Mailing Address       1357 KAPIOLANI BLVD S	SUITE 100	5				Transaction ID: SB23.25174 Date of Disbursement						
	,	State HI	Zip Code 96814		• •		Amou	nt of E	ach [	Disburse		this P 000.0	
	<b>3</b> X	ment For: Primary Other (spec	2008 General ify) ▼		ategor <u>;</u> Type	//							
В.	Full Name (Last, First, Middle Initial)         Butterfield for Congress         Mailing Address       301 4th Street, NE Suite 202						Date	action of Disb	urser			0 <sup>°</sup> 0 7	Y
	Washington       Purpose of Disbursement       Candidate Name       Office Sought:     House       X     Senate       X     President	State DC ment For: Primary Other (spec	Zip Code 20002 2008 General ify) ▼		ategor Type	//	Amou	nt of E	ach [	Disburse		this P	
C.	State: NC       District: 01         Full Name (Last, First, Middle Initial)         COLLINS FOR SENATOR         Mailing Address       1203 Portner Road						Date	action of Disb				, 0 ở 7	Y
	Alexandria Purpose of Disbursement Candidate Name Office Sought: House Disburse	State VA ment For: Primary Other (spec	Zip Code 22314 2008 General		ategor Type	//	Amou	nt of E	ach [	Disburse	-	this P	
	State: ME       District: 00         JBTOTAL of Disbursements This Page (optional) .         DTAL This Period (last page this line number only)					► ►					45	600.0	0
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(	schedule(s) FOR LINE NUMB (check only one)										
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, ,	21b 27		22 28	2	X	23 28b	24		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												S
<u>,</u>	NAME OF COMMITTEE (In Full)												
$\langle \rangle$	College of American Pathologists Political	Action Committee											
Α.	Full Name (Last, First, Middle Initial) Committee For The Preservation of Capital									: SB23	.2518	30	
	·					N	Λ	м		ement	Y	ž o ŏ 7	, Y
	Mailing Address P.O. Box 22614					0	6		2	2.6	4	2001	<b>^</b>
	,	State Zip Code VA 22304				An	nou	nt o	f Each	Disbur	semei	nt this I	Period
	Purpose of Disbursement	22004		0								5000.	00
	Candidate Name			) ot									
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	Office Sought: X House Disburse Senate	ment For: 2007 Primary X Genera											
	President	Other (specify)											
	State: VA District: 00												
в.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN (	COMMITTEE								: SB23 ement	.2518	31	
	Mailing Address 8665 WILSHIRE BLVD #	220				Ő	6	М	2	2 <sup>D</sup> /	Y	žoŏz	<b>7</b> Y
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		State Zip Code CA 90211				An	nou	nt o	r Each	ı Disbur			
	Purpose of Disbursement			Ű								1000.	00
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	5 <u>X</u>	ment For: 2008 Primary Genera Other (specify) ▼			<u>.</u>								
	State: CA District: 29												
C.	Full Name (Last, First, Middle Initial) Cubin for Congress						te o		sburs	: SB23 ement			Y
	Mailing Address P.O. Box 4657					Ő	6		2	28 <sup>D</sup> /	2	žoòz	7
		State Zip Code WY 82604				An	nou	nt o	f Each	ı Disbur	semei	nt this I	Period
	Purpose of Disbursement		Г	U		1 L						1000.	00
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	5	ment For: 2008 Primary Genera Other (specify) ▼											
s	UBTOTAL of Disbursements This Page (optional) .								•	•	7	7000.	00
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S					LINE NUMBER: PAGE 26/33										
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	( <sup>(</sup>	check o 21b		one) 22	X	23		24		25		26
			, ,		27		28a		28b		28c		29		30b
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name													IS	
	NAME OF COMMITTEE (In Full)			 											
$\backslash$	College of American Pathologists Political	Action Co	mmittee												
Α.	Full Name (Last, First, Middle Initial)						Trans		-			520	7		
	Democratic Congressional Campaign Com	mittee					Date o	of Di м			ent	Y	Y	Y	
	Mailing Address 430 South Capital Street,	SE					06		L	1 <sup>D</sup>		2	0 ò 7	7	
		State DC	Zip Code 20003				Amou	nt o	f Each	n Dis	burse	-	-		d
	Purpose of Disbursement						L.					10	000.	00	
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee          NAME OF COMMITTEE (in Full)       College of American PAthologists Political Action Committee         Full Name (Last, First, Middle Initial)       Transaction ID: SB23.25187         Date of Disbursement       0 6 1 0 1 2 0 0 7         City       State         VAME OF COMMITTEE       Transaction ID: SB23.25187         Date of Disbursement       0 6 1 0 1 2 0 0 7         City       State         Purpose of Disbursement       Category         City       Senate         President       Disbursement For:         President       Other (specify) ▼         B       Linder for Congress         Maling Address       P. O. Box 4026         City       State:         Diffice Sought:       X House         State:       Disbursement         Cardidate Name       Category/         Office Sought:       X House         State:       Disbursement         City       Sate:         Maling Address       32.0 First St.         State:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID: SB23.25175         City       Distresert I	IT	EMIZED DISBURSEMENTS	for each	category of the			21b [	22			4		26				
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В.	State: NJ     District: 06       Full Name (Last, First, Middle Initial)       Pomeroy For Congress       Mailing Address     P.O. Box 75214	Primary X General Other (specify) ▼		Date of Disbur	
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NAME OF COMMITTEE (In Full) College of American Pathologists Politica	l Action Committee		
Full Name (Last, First, Middle Initial) <b>A.</b> Price for Congress			Transaction ID: SB23.25178
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IT	EMIZED DISBURSEMENT		category of the Summary Page		21b 27	22 28a	X 2 2	3 8b	24 28c	$\square$	25 29		26 30b
	y Information copied from such Reports an for commercial purposes, other than using												
	NAME OF COMMITTEE (In Full) College of American Pathologists F	Political Action Co	ommittee										
Α.	Full Name (Last, First, Middle Initial)         WOOLSEY FOR CONGRESS         Mailing Address       PO Box 750176					Date	of Disk	Durseme	ent		5 0 0 7	(	
	City Petaluma Purpose of Disbursement	State CA	Zip Code 94975			Amo	unt of E	Each Dis	sburser	-	t this Pe		t
	Candidate Name			Cateç Typ									
	Office Sought: X House Senate President State: CA District: 06	Disbursement For: X Primary Other (spe	2008 General ecify) <b>V</b>										

SUBTOTAL of Disbursements This Page (optional)	►	1000.00
TOTAL This Period (last page this line number only)	•	63500.00
FEC Schedule B (Form 3X) Rev. 02/2003		