

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 1350 I Street, NW Suite 590 Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alfred Campbell, MD

Signature of Treasurer Electronically Filed by Alfred Campbell, MD Date 07 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">67604.65</td></tr></table>	67604.65
Y	Y	Y	Y									
2	0	0	7									
67604.65												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">100516.63</td></tr></table>	100516.63										
100516.63												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">27110.00</td></tr></table>	27110.00	<table border="1" style="width: 100%;"><tr><td align="center">250118.00</td></tr></table>	250118.00								
27110.00												
250118.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">127626.63</td></tr></table>	127626.63	<table border="1" style="width: 100%;"><tr><td align="center">317722.65</td></tr></table>	317722.65								
127626.63												
317722.65												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">64590.31</td></tr></table>	64590.31	<table border="1" style="width: 100%;"><tr><td align="center">254686.33</td></tr></table>	254686.33								
64590.31												
254686.33												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">63036.32</td></tr></table>	63036.32	<table border="1" style="width: 100%;"><tr><td align="center">63036.32</td></tr></table>	63036.32								
63036.32												
63036.32												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19380.00	171350.00
(i) Itemized (use Schedule A)	7730.00	78768.00
(ii) Unitemized	27110.00	250118.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27110.00	250118.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27110.00	250118.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27110.00	250118.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1090.31	4336.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1090.31	4336.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	249250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	64590.31	254686.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	64590.31	254686.33

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Omar Nabil Ali, Dr.

Mailing Address Dept. of Pathology
4201 Medical Center Dr.

City State Zip Code
McHenry IL 60050

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

Name of Employer Occupation
Centegra-Memorial Medical Pathologist
Center

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.24976

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S Inpamani Arulanantham, Dr.

Mailing Address Dept of Path
43830 N 10th St W

City State Zip Code
Lancaster CA 93534

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

Name of Employer Occupation
Lancaster Cmnty Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.25030

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
A. Margaret Batt, Dr.

Mailing Address 9303 Park West Boulevard

City State Zip Code
Knoxville TN 37923

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

Name of Employer Occupation
Pathology Laboratories We- Pathologist
st

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.25064

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
L Benjamin Blend, Dr.

Mailing Address 925 Highland Blvd Ste 1240

City State Zip Code
Bozeman MT 59715-6999

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

Name of Employer Occupation
Bozeman Deaconess Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: SA11A1.24970

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. Donna Boden, Dr.

Mailing Address 1812 Bent Tree Court

City State Zip Code
Bowling Green KY 42103-0900

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

Name of Employer Occupation
Greenview Reg Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: SA11A1.25014

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
M Robert Bradley, Dr.

Mailing Address 1211 Union Ave Ste 300

City State Zip Code
Memphis TN 38104-6655

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

Name of Employer Occupation
Duckworth Pathology Group Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2007

Transaction ID: SA11A1.24999

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michelle Heather Brown, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 1552 Palisades Ln		Transaction ID: SA11A1.25060	
City State Zip Code Hoffman Estates IL 60192-4400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Community Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Steven Bradley Butler, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address Dept of Path 1968 Peachtree Rd NW		Transaction ID: SA11A1.25074	
City State Zip Code Atlanta GA 30309-1285	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. L. Lee Cafferty, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address Dept of Path 301 SW Becker Ave		Transaction ID: SA11A1.25095	
City State Zip Code Willmar MN 56201-3395	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rice Memorial Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. A. Desiree Carlson, Dr.		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address Chief of Pathology 680 Centre Street		Transaction ID: SA11A1.24971
City Brockton	State MA	
Zip Code 02302-3395		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Brockton Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. K. Sharon Casey, Dr.		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address Pathology Department 3000 Interstate I-35 N		Transaction ID: SA11A1.25084
City Denton	State TX	
Zip Code 76201		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Hosp of Denton	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. A. Mark Cohan, Dr.		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 4885 Hunters Way		Transaction ID: SA11A1.25159
City Boca Raton	State FL	
Zip Code 33434		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer West Boca Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. S. Noreen D'Souza		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 544 N New Ballas Rd		Transaction ID: SA11A1.25012	
City State Zip Code St Louis MO 63141	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Genetic Diagnostic Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. D. Russell Deidiker, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2007	
Mailing Address Dept of Path 1212 Weber Rd.		Transaction ID: SA11A1.25048	
City State Zip Code Farmington MO 63640	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mineral Area Reg Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. L. Tamara Densmore, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007	
Mailing Address 446 S. Tamiami Trail Second Floor		Transaction ID: SA11A1.25130	
City State Zip Code Venice FL 34285	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Suncoast Pathology	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

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

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

A. Full Name (Last, First, Middle Initial)
R. James DeVillier, Dr.

Mailing Address 296 Denada Path

City State Zip Code
Roxboro NC 27574

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

Name of Employer Unaffiliated Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.25171

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Ann Beverly Dickson, Dr.

Mailing Address Department of Pathology
8200 Walnut Hill Lane

City State Zip Code
Dallas TX 75231

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.25082

Amount of Each Receipt this Period
535.00

C. Full Name (Last, First, Middle Initial)
H. Mark DuPuis, Dr.

Mailing Address Dept of Path
1968 Peachtree Rd NW

City State Zip Code
Atlanta GA 30309-1285

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

Name of Employer Piedmont Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.25068

Amount of Each Receipt this Period
500.00

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

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

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

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

<p>A. Full Name (Last, First, Middle Initial) E. Lynn Ezell, Dr.</p> <p>Mailing Address Dept of Path 1968 Peachtree Rd NW</p> <p>City Atlanta State GA Zip Code 30309-1285</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Piedmont Hosp Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11A1.25070</p> <p>Amount of Each Receipt this Period 500.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) J. Carol Fehmian, Dr.</p> <p>Mailing Address 178 Redwood Court</p> <p>City Ramsey State NJ Zip Code 07446-1183</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hackensack Univ Med Ctr Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11A1.25016</p> <p>Amount of Each Receipt this Period 300.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.</p> <p>Mailing Address 96 Museum Way</p> <p>City San Francisco State CA Zip Code 94114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Doctors Med Ctr Occupation Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11A1.24997</p> <p>Amount of Each Receipt this Period 500.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	0	7												

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Marie Pamela Guerriere-Kovach, Dr.

Mailing Address 5208 Mahoning Ste 208

City State Zip Code
Austintown OH 44515

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

Name of Employer Board Certified Dermatopathology
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.24968

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
K. Gregory Haake, Dr.

Mailing Address 1000 E Primrose Ste 300

City State Zip Code
Springfield MO 65807-5178

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

Name of Employer Pathology Services of Springfield
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: SA11A1.25066

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M Joseph Harmon, Dr.

Mailing Address Dept of Path
316 Calhoun St

City State Zip Code
Charleston SC 29401

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

Name of Employer Roper Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.25099

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. W Dean Joelson, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007
Mailing Address Path Dept 1968 Peachtree Rd		Transaction ID: SA11A1.25076
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Piedmont Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. C. John Moad, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 7835 Paragon Rd		Transaction ID: SA11A1.24996
City Dayton	State OH	Zip Code 45459-4021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Derm-Path Lab of Central States	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 5287 Poola Street		Transaction ID: SA11A1.24990
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. I Donnan O'Carroll, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address Dept of Path 900 W Clairemont Ave		Transaction ID: SA11A1.25123	
City Eau Claire State WI Zip Code 54701-5105		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joseph's Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. O Vladimir Osipov, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address Department of Pathology 9200 W Wisconsin Ave		Transaction ID: SA11A1.25039	
City Milwaukee State WI Zip Code 53226		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Med College of Wisconsin Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. K Subhashchandra Patel, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 707 Mt View Dr		Transaction ID: SA11A1.25056	
City Lewiston State NY Zip Code 14092		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Niagara Health System, Greater Niagara Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. W. Charles Pfister		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address Dept of Path PO Box 747		Transaction ID: SA11A1.25139
City Tifton	State GA	Zip Code 31794-3699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tift Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. C. Gary Ponto, Dr.		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007
Mailing Address 344 S Patterson Ave Ste 207		Transaction ID: SA11A1.25101
City Santa Barbara	State CA	Zip Code 93111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Santa Barbara Pathology Lab	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. M Leeann Rock, Dr.		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 5812 Western View Pl		Transaction ID: SA11A1.25008
City Mt Airy	State MD	Zip Code 21771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Frederick Mem Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

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

Full Name (Last, First, Middle Initial) A. G. William Roth, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007	
Mailing Address 446 S. Tamiami Tr 2nd Floor		Transaction ID: SA11A1.25131	
City State Zip Code Venice FL 34285	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Suncoast Pathology	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Irina Rufforny		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address Path Dept 1968 Peachtree Rd		Transaction ID: SA11A1.25078	
City State Zip Code Atlanta GA 30309	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Piedmont Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. A. Joe Salinas, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address Department of Pathology 763 Johnsonburg Rd		Transaction ID: SA11A1.25003	
City State Zip Code St Marys PA 15857-3498	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Elk Reg Hlth Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. E. Dayan Sandler		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address Main Lab 800 Prudential Dr		Transaction ID: SA11A1.25024	
City Jacksonville State FL Zip Code 32207		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jacksonville Pathology Consultants PA Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. F. Aaron Sassoon, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address Dept of Pathology 1100 W Stewart Dr		Transaction ID: SA11A1.25119	
City Orange State CA Zip Code 92868		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St Joseph Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Edward Paul Steele, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address Pathology & Lab Med MLC 1010 3333 Burnet Ave		Transaction ID: SA11A1.24982	
City Cincinnati State OH Zip Code 45229		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cincinnati Children's Hosp Med Ctr Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Blake Jeffrey Stricker, Dr.

Mailing Address 1107 Memorial Dr Ste 201

City State Zip Code
Dalton GA 30720

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

Name of Employer: Skin Cancer and Cosmetic Derma Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: SA11A1.25109

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
G Warren Tucker, Dr.

Mailing Address Dept of Path
1128 Lango Ave

City State Zip Code
Charleston SC 29407

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

Name of Employer: Coastal Pathology Laboratories
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: SA11A1.24985

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kanaka Durga Vege

Mailing Address Lab
855 Mankato Ave

City State Zip Code
Winona MN 55987-0600

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

Name of Employer: Cmnty Mem Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2007

Transaction ID: SA11A1.24984

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Franklin Bruce Walker, Dr.

Mailing Address Dept of Path
1968 Peachtree Rd NW

City Atlanta State GA Zip Code 30309-1285

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

Name of Employer Piedmont Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.25072

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ervin Richard Whisnant, Dr.

Mailing Address Second Floor
446 Tamiami Trl S

City Venice State FL Zip Code 34285-2625

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

Name of Employer Suncoast Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.25133

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Randall Mark Wolz, Dr.

Mailing Address Dept of Pathology
P O Box 644

City Carson City State NV Zip Code 89702

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

Name of Employer Carson Tahoe Pathology Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.24975

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 33	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
W. Richard Zuehl, Dr.

Mailing Address 2721 33rd St

City State Zip Code
Two Rivers WI 54241-1509

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

Name of Employer Occupation
Aurora Med Ctr-Manitowoc County Pathologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	0	7

Transaction ID: SA11A1.24964

Amount of Each Receipt this Period

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.25212
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 38.43	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.25213
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 06 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 969.33	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.25214
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 11 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 9.57	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1017.33
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.25216
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 18.13	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.25217
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 50.50	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.25218
Mailing Address PO Box 85024		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Charges	Amount of Each Disbursement this Period 4.35	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	72.98
TOTAL This Period (last page this line number only)	1090.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 33

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

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

Full Name (Last, First, Middle Initial) A. ABERCROMBIE FOR CONGRESS		Transaction ID: SB23.25174
Mailing Address 1357 KAPIOLANI BLVD SUITE 1005		Date of Disbursement MM / DD / YYYY 06 / 13 / 2007
City HONOLULU	State HI	Zip Code 96814
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District: 01	

Full Name (Last, First, Middle Initial) B. Butterfield for Congress		Transaction ID: SB23.25201
Mailing Address 301 4th Street, NE Suite 202		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007
City Washington	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 01	

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Transaction ID: SB23.25197
Mailing Address 1203 Portner Road		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District: 00	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Committee For The Preservation of Capitalism (CPC-PAC)		Transaction ID: SB23.25180
Mailing Address P.O. Box 22614		Date of Disbursement 06 / 26 / 2007
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 00		

Full Name (Last, First, Middle Initial) B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE		Transaction ID: SB23.25181
Mailing Address 8665 WILSHIRE BLVD #220		Date of Disbursement 06 / 28 / 2007
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 29		

Full Name (Last, First, Middle Initial) C. Cubin for Congress		Transaction ID: SB23.25203
Mailing Address P.O. Box 4657		Date of Disbursement 06 / 28 / 2007
City Casper	State WY	Zip Code 82604
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District:		

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 33

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

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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: SB23.25207 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 430 South Capital Street, SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

Full Name (Last, First, Middle Initial) B. FRIENDS FOR JIM MCDERMOTT		Transaction ID: SB23.25182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 21786		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98111	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 7	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.25196 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO BOX 3197		Amount of Each Disbursement this Period 1000.00
City LITTLE ROCK State AR Zip Code 72203	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 33

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE PITTS		Transaction ID: SB23.25183 Date of Disbursement
Mailing Address PO BOX 775		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City UNIONVILLE	State PA	Zip Code 19375
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 16		

Full Name (Last, First, Middle Initial) B. FRIENDS OF LOIS CAPP		Transaction ID: SB23.25184 Date of Disbursement
Mailing Address PO Box 23940		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Santa Barbara	State CA	Zip Code 93121
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 23		

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROY BLUNT		Transaction ID: SB23.25185 Date of Disbursement
Mailing Address PO Box 50100		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Springfield	State MO	Zip Code 65805
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 07		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 33

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

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

Full Name (Last, First, Middle Initial) A. GINGREY FOR CONGRESS		Transaction ID: SB23.25188 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box U		Amount of Each Disbursement this Period 2500.00
City Marietta	State GA	
Zip Code 30060		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 11		

Full Name (Last, First, Middle Initial) B. HERSETH FOR CONGRESS		Transaction ID: SB23.25208 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 00		

Full Name (Last, First, Middle Initial) C. Hoosiers Supporting Buyer for Congress		Transaction ID: SB23.25186 Date of Disbursement 06 / 28 / 2007
Mailing Address 200 N. main Street		Amount of Each Disbursement this Period 1000.00
City Monticello	State IN	
Zip Code 47960		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

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

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

Full Name (Last, First, Middle Initial) A. JOHN D DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.25187 Date of Disbursement																				
Mailing Address P.O. Box 75214		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	7													
City WASHINGTON	State DC	Zip Code 20013-5214																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MI District: 16	Category/Type																					

Full Name (Last, First, Middle Initial) B. Linder for Congress		Transaction ID: SB23.25205 Date of Disbursement																				
Mailing Address P. O. Box 4026		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	8		2	0	0	7													
City Duluth	State GA	Zip Code 30096																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: GA District: 07	Category/Type																					

Full Name (Last, First, Middle Initial) C. NRCC		Transaction ID: SB23.25175 Date of Disbursement																				
Mailing Address 320 First St. SE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	7													
City Washington	State DC	Zip Code 20003																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>10000.00</td></tr></table>	10000.00																			
10000.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/Type																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>16000.00</td></tr></table>	16000.00
16000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 33

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

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

Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Transaction ID: SB23.25173 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH	State NJ	
Zip Code 07740		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 06		

Full Name (Last, First, Middle Initial) B. Pomeroy For Congress		Transaction ID: SB23.25191 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20013		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) C. Price for Congress		Transaction ID: SB23.25176 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell	State GA	
Zip Code 30077		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 6		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 33

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

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

Full Name (Last, First, Middle Initial)		Transaction ID: SB23.25178																					
A. Price for Congress		Date of Disbursement																					
Mailing Address P.O. Box 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	7	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Roswell	GA	30077	3000.00																				
Purpose of Disbursement		Category/Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House	2008																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 6																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB23.25189																					
B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)		Date of Disbursement																					
Mailing Address 104 East Hume Ave.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	7	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
ALEXANDRIA	VA	22301	1000.00																				
Purpose of Disbursement		Category/Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	2007																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: SB23.25177																					
C. REED COMMITTEE		Date of Disbursement																					
Mailing Address PO BOX 8628		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	1		2	0	7	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
CRANSTON	RI	02920	1000.00																				
Purpose of Disbursement		Category/Type																					
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	2008																						
<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State: RI	District: 00																						

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

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

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

Full Name (Last, First, Middle Initial) A. ROGERS FOR CONGRESS		Transaction ID: SB23.25192 Date of Disbursement
Mailing Address Post Office Box 581 Post Office Box 581		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Brighton	State MI	Zip Code 48116
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 08	

Full Name (Last, First, Middle Initial) B. The NC Fund		Transaction ID: SB23.25193 Date of Disbursement
Mailing Address 116 South Royal Street		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 05	

Full Name (Last, First, Middle Initial) C. TIM JOHNSON FOR SOUTH DAKOTA INC		Transaction ID: SB23.25194 Date of Disbursement
Mailing Address PO BOX 1859		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

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

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

Full Name (Last, First, Middle Initial) A. WOOLSEY FOR CONGRESS		Transaction ID: SB23.25195	
Mailing Address PO Box 750176		Date of Disbursement 06 / 28 / 2007	
City Petaluma	State CA	Zip Code 94975	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 06		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	63500.00