

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2007 through 04 30 2007

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

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 05 17 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

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		67604.65
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	22558.24									
(c) Total Receipts (from Line 19)	94262.00	154100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116820.24	221704.65								
7. Total Disbursements (from Line 31)	41183.98	146068.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	75636.26	75636.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

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	62855.00	102310.00
(i) Itemized (use Schedule A)	31407.00	51790.00
(ii) Unitemized	94262.00	154100.00
(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)	94262.00	154100.00
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))	94262.00	154100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	94262.00	154100.00

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.....	1183.98	1468.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1183.98	1468.39
22. Transfers to Affiliated/Other Party Committees.....	1000.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	143500.00
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))..	41183.98	146068.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	41183.98	146068.39

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)	94262.00	154100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94262.00	154000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1183.98	1468.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1183.98	1468.39

**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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
T. Richard Anderson, Dr.

Mailing Address 1221 Pine Grove Ave

City State Zip Code
Port Huron MI 48061-5011

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

Name of Employer Occupation
Blue Water Pathology PC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.23830

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
L Ruth Anker, Dr.

Mailing Address 5100 W Broad St

City State Zip Code
Columbus OH 43228-1607

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

Name of Employer Occupation
Doctors Hospital 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 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.23834

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
B Michael Anreder, Dr.

Mailing Address Laboratory
208 Thompson Ave

City State Zip Code
El Dorado AR 71730

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

Name of Employer Occupation
Med Ctr of South Arkansas Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.23835

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 7 / 64
	<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)
Paul Gary Anzalone, Dr.

Mailing Address 208 Thompson Ave

City State Zip Code
El Dorado AR 71730-5756

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

Name of Employer Associated Pathologists Lab 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
04 / 27 / 2007

Transaction ID: SA11A1.23837

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R. William Armstrong, Dr.

Mailing Address Pathology Laboratories
2720 Sunset Blvd

City State Zip Code
West Columbia SC 29169-4810

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

Name of Employer Lexington Med Ctr 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
04 / 19 / 2007

Transaction ID: SA11A1.23839

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
F. Paul Atkinson, Dr.

Mailing Address Department of Pathology
1000 Johnson Ferry Road

City State Zip Code
Atlanta GA 30042

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

Name of Employer Northside Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2007

Transaction ID: SA11A1.23842

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 8 / 64
	<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. R Marshall Austin		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2007	
Mailing Address Dept of Path 300 Halket St		Transaction ID: SA11A1.23846	
City State Zip Code Pittsburgh PA 15213-3108		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Magee Women's 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. N. Balasubramanian		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2007	
Mailing Address 1101 Nott St Laboratory		Transaction ID: SA11A1.23849	
City State Zip Code Schenectady NY 12308		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer unaffiliated Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. G. Ronald Bardawil, Dr.		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address Department of Pathology 275 Sandwich Street		Transaction ID: SA11A1.23851	
City State Zip Code Plymouth MA 02360		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jordan Hosp 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) ▶	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 / 64
	<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) H Fawzia Batti, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 801 S Milwaukee Ave		Transaction ID: SA11A1.23856	
City State Zip Code Libertyville IL 60048-3204		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Condell Med Ctr Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) N. Stephen Bauer, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address Laboratory 6501 Coyle Ave.		Transaction ID: SA11A1.23857	
City State Zip Code Carmichael CA 95608		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mercy San Juan Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) D Melora Berardo, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 600 N Union Ave		Transaction ID: SA11A1.23866	
City State Zip Code New Braunfels TX 78130		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation McKenna Memorial Hosp 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) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 64
	(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. O. Cathy Blight, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.23867	
City State Zip Code Flint MI 48503	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hurley Med Ctr	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. W. Greg Brown, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address Dept of Path 2400 East 17th St		Transaction ID: SA11A1.23879	
City State Zip Code Columbus IN 47201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Columbus Regional 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. E Michael Bush, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address Dept of Path Maple St		Transaction ID: SA11A1.23887	
City State Zip Code Norwalk CT 06850	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Norwalk Hosp	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) ▶	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 11 / 64
	<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)
M. Fred Busse, Dr.

Mailing Address 530 N. Lafayette Blvd.

City State Zip Code
South Bend IN 46601-1098

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

Name of Employer Occupation
South Bend Medical Foundation 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 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.23888

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
A. Robert Calhoun, Dr.

Mailing Address Department of Pathology
211 Church Street

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
Saratoga Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.23889

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
B. Brett Cantrell, Dr.

Mailing Address Pathology Department
1800 Barrs St.

City State Zip Code
Jacksonville FL 32204

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

Name of Employer Occupation
St. Vincent's Med Ctr 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 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.23890

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 64
	(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)
C. Paul Chang

Mailing Address Dept of Pathology
800 S Washington Ave

City State Zip Code
Saginaw MI 48601-2524

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

Name of Employer St Mary's of Michigan Medical Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2007

Transaction ID: SA11A1.23901

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
A. Atwell Coleman

Mailing Address Department of Pathology
Taylor @ Marion St

City State Zip Code
Columbia SC 29220

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

Name of Employer Baptist Med Ctr
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.23912

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David Douglas Congdon, Dr.

Mailing Address 11308 Fawn Valley Trail

City State Zip Code
Fenton MI 48430

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

Name of Employer Hurley Med Ctr
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
04 / 18 / 2007

Transaction ID: SA11A1.23915

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 64
	<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. Nicholas Patrick Costello, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address Dept of Pathology 400 N State of Franklin Rd		Transaction ID: SA11A1.23918	
City State Zip Code Johnson City TN 37604		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Johnson City Med Ctr 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. F. William Cox, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Department of Pathology 1024 Central Park Drive		Transaction ID: SA11A1.23921	
City State Zip Code Steamboat Springs CO 80487		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Yampa Valley Medical Ctr 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. Patricio Wilhelmina Cruz-Vetrano, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address Dept of Pathology 807 Turnpike Ave Ste #210		Transaction ID: SA11A1.23924	
City State Zip Code Clearfield PA 16830		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Clearfield Hosp 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) ▶	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 14 / 64
	<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)
A. James Dennis, Dr.

Mailing Address Department of Pathology
911 South Bypass Road

City State Zip Code
Pikeville KY 41501

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

Name of Employer Occupation
Pikeville Medical Center Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.23927

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
V. Richard Dieterle, Dr.

Mailing Address Dept of Pathology
205 N East Ave

City State Zip Code
Jackson MI 49201

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

Name of Employer Occupation
W.A. Foote Mem Hosp Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.23929

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
P. Harold Dunn, Dr.

Mailing Address 13710 St Francis Blvd

City State Zip Code
Midlothian VA 23114

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

Name of Employer Occupation
St Francis Medical Center Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.23934

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 15 / 64
	<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)
M John Eckel, Dr.

Mailing Address Dept of Path
2233 State Rte 86

City State Zip Code
Saranac Lake NY 12983-0471

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

Name of Employer Occupation
Adirondack Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.23941

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gilbert Paul Ellerbeck, Dr.

Mailing Address 350 N Grandview Ave

City State Zip Code
Dubuque IA 52001-6388

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

Name of Employer Occupation
United Clinical Laboratories Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.23944

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
B James Elston, Dr.

Mailing Address 9420 Greg Ct

City State Zip Code
River Ridge LA 70123-2520

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

Name of Employer Occupation
East Jefferson Genl Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2007

Transaction ID: SA11A1.23946

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional)	▶	1235.00
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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Alberto Fernando Esclopis, Dr.

Mailing Address PO Box 1088

City State Zip Code
Crystal River FL 34423

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

Name of Employer Occupation
Seven Rivers Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.23948

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
A. Richard Essman, Dr.

Mailing Address 4275 Birch Street, NE

City State Zip Code
St Petersburg FL 33703

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.23950

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward Ewing

Mailing Address Lab
405 W Grand Ave

City State Zip Code
Dayton OH 45459

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

Name of Employer Occupation
Grandview Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.23953

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 64
	<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)
Georg Edgar Fischer, Dr.

Mailing Address Dept of Pathology
One University of New Mexico

City State Zip Code
Albuquerque NM 87131

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

Name of Employer Occupation
Univ of New Mexico HSC Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.23961

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J Frank Foss

Mailing Address 304 Belle Ave

City State Zip Code
Mankato MN 56001

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

Name of Employer Occupation
LCM Pathologists PC Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.23967

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
H. Keith Fulling, Dr.

Mailing Address Department of Lab Medicine
615 South New Ballas Road

City State Zip Code
St Louis MO 63141-8277

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

Name of Employer Occupation
St. Johns Mercy Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2007

Transaction ID: SA11A1.23971

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 18 / 64
	<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 Jack Garon, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address Dept of Path 1500 S Calif Ave		Transaction ID: SA11A1.23975	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60608-1797			
FEC ID number of contributing federal political committee. C			
Name of Employer Mt Sinai 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		

Full Name (Last, First, Middle Initial) B. M.G.F. Gilliland		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address East Carolina Univ 600 Moye Blvd		Transaction ID: SA11A1.23982	
City Greenville	State NC	Amount of Each Receipt this Period 535.00	
Zip Code 27834			
FEC ID number of contributing federal political committee. C			
Name of Employer Brody School of Medicine	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		

Full Name (Last, First, Middle Initial) C. Anne Cathryn Goldberg, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address Department of Pathology 801 S Washington		Transaction ID: SA11A1.23984	
City Naperville	State IL	Amount of Each Receipt this Period 400.00	
Zip Code 60540			
FEC ID number of contributing federal political committee. C			
Name of Employer Edward Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1185.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 64
	<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)
A Robert Goldschmidt, Dr.

Mailing Address 2650 Ridge Ave

City State Zip Code
Evanston IL 60201-1718

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

Name of Employer Occupation
Evanston Northwestern Hlt-hcare Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.23986

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
A. Manuel Gomez, Dr.

Mailing Address 202 Maplewood Avenue
PO Box 497

City State Zip Code
Ronceverte WV 24970-0497

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

Name of Employer Occupation
Greenbrier Valley Med Ctr Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.23987

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M Allen Gown, Dr.

Mailing Address 551 N 34th St Ste 100

City State Zip Code
Seattle WA 98103-8675

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

Name of Employer Occupation
PhenoPath Labs Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.23991

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 20 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
C. Ana Gutierrez, Dr.

Mailing Address 50 Casa de Amigos

City State Zip Code
Brownsville TX 78521-2742

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

Name of Employer Occupation
Colombia Valley Med Ctr 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
04 / 27 / 2007

Transaction ID: SA11A1.23997

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
D Brent Hall, Dr.

Mailing Address 336 Deerfield Rd

City State Zip Code
Boone NC 28607-5008

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

Name of Employer Occupation
Pathology Associates of Boone, PC 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
04 / 17 / 2007

Transaction ID: SA11A1.24000

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
E. Thomas Hanes, Dr.

Mailing Address Main Lab
3441 Dickerson Pike

City State Zip Code
Nashville TN 37207

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

Name of Employer Occupation
Skyline Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.24006

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1935.00**

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 21 / 64
	<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)
J. Daniel Hanson, Dr.

Mailing Address 1946 N. 13th Street
Suite 301

City Toledo State OH Zip Code 43624

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

Name of Employer Pathology Laboratories Inc 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 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24007

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
R. John Harbour, Dr.

Mailing Address 416 Wellfield Rd

City Manakin-Sabot State VA Zip Code 23103

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

Name of Employer Bon Secours St. Mary's Ho-sp 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
0 4 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.24008

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
P Randy Hausted, Dr.

Mailing Address Dept of Path
10 Woodland Rd

City St Helena State CA Zip Code 94574

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

Name of Employer St. Helena Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24014

Amount of Each Receipt this Period
250.00

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 22 / 64
	<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. M. Grant Hayashi, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 1350 Stardust St		Transaction ID: SA11A1.24016	
City State Zip Code Reno NV 89503	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nevada Histology Inc	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. R. John Hilsenbeck, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address Department of Pathology 1924 Alcoa Hwy		Transaction ID: SA11A1.24023	
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. G. Michael Hitchcock, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Pathology Diagnostic Services 3333 Silas Creek Parkway		Transaction ID: SA11A1.24024	
City State Zip Code Winston-Salem NC 27103-7103	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Forsyth Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
C. Bruce Horten, Dr.

Mailing Address 521 W 57th St 6th Fl

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Genzyme/Impath Inc Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24029

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J. Robert Hubbard, Dr.

Mailing Address Dept. of Laboratory Service
1805 Medical Center Drive

City State Zip Code
San Bernardino CA 92411

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

Name of Employer Occupation
San Bernardino Community 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 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24036

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
S. Herman Hurwitz, Dr.

Mailing Address 1004 Annapolis Lane

City State Zip Code
Cherry Hill NJ 08003-8003

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

Name of Employer Occupation
Quest Diagnostics Inc 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 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24039

Amount of Each Receipt this Period
250.00

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 24 / 64
	<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)
F. John Jansen, Dr.

Mailing Address 290 Big Run Road

City Lexington State KY Zip Code 40503

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

Name of Employer Pathology & Cytology Labs Inc
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.24043

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
M David Johnson, Dr.

Mailing Address 2300 W Edward St

City Decatur State IL Zip Code 62526

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

Name of Employer Decatur Memorial 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
04 / 17 / 2007

Transaction ID: SA11A1.24049

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
P. Michael Johnson, Dr.

Mailing Address Dept of Pathology
503 E Thomason Cir

City Opelika State AL Zip Code 36801

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

Name of Employer Lee Pathology Lab, PA
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
04 / 04 / 2007

Transaction ID: SA11A1.24052

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 64
	<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. Dewitt Richard Johnson, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address Main Lab 300 W 27Th St		Transaction ID: SA11A1.24054	
City Lumberton	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28358-3075			
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern 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) B. P. Roby Joyce, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 1092 Madeline St		Transaction ID: SA11A1.24058	
City New Braunfels	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 78132			
FEC ID number of contributing federal political committee. C			
Name of Employer Village Oaks Pathology	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. Dennis Kasimian		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 15107 Vanowen St		Transaction ID: SA11A1.24063	
City Van Nuys	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91405-4542			
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Presbyterian Hosp	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) ▶	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 26 / 64
	<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)
Elwin Marc Keen, Dr.

Mailing Address Director of Clinical Laboratory
One Atkinson Drive

City State Zip Code
Ludington MI 49431-9431

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

Name of Employer Occupation
Memorial Med Ctr of W Michigan 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 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24065

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Frederick William Kern, Dr.

Mailing Address Hlth Sci Ctr
Path Dept, BMSB 451

City State Zip Code
Oklahoma City OK 73104

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

Name of Employer Occupation
Univ of Oklahoma Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.24073

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R Thomas Kluzak, Dr.

Mailing Address 3219 Keywest Ct

City State Zip Code
Wichita KS 67204-2364

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

Name of Employer Occupation
Via Christi Reg Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.24085

Amount of Each Receipt this Period
250.00

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 27 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
C Nancy Kojs, Dr.

Mailing Address 1577 E Holly St

City State Zip Code
Boise ID 83712

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

Name of Employer St. Alphonsus Regional Med Ctr 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
04 / 17 / 2007

Transaction ID: SA11A1.24088

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
H Suzanne Kreisberg, Dr.

Mailing Address 4770 Regent Blvd

City State Zip Code
Irving TX 75063

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

Name of Employer Quest Diagnostics Incorporated 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
04 / 11 / 2007

Transaction ID: SA11A1.24092

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M.Y. Ronald Lam, Dr.

Mailing Address Department of Pathology
200 Berteau Ave

City State Zip Code
Elmhurst IL 60126

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

Name of Employer Elmhurst Memorial Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.24099

Amount of Each Receipt this Period
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 28 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. D.K. Clarke Lambe, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address Department of Pathology 250 E. Dunlap Avenue		Transaction ID: SA11A1.24100
City Phoenix State AZ Zip Code 85020-2825	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer John C Lincoln Hosp-North Mountain	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. L. Rosanna Lapham, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 101 East Wood Street		Transaction ID: SA11A1.24101
City Spartanburg State SC Zip Code 29303	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Spartanburg Pathology Associates, PA	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. H. Won Lee, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address Laboratory 3700 Kolbe Road		Transaction ID: SA11A1.24105
City Lorain State OH Zip Code 44053-1697	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Health Partners West Campus	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 29 / 64
	<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) D Jonathan Levine, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address Dept of Pathology 28 Crescent St		Transaction ID: SA11A1.24110	
City Middletown State CT Zip Code 06457-3650		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Middlesex Hosp Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) F. Edward Loeb, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address Laboratory 1200 Pleasant		Transaction ID: SA11A1.24112	
City Des Moines State IA Zip Code 50309		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Methodist 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	

C. Full Name (Last, First, Middle Initial) S Larry Mapow, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address Dept of Path 1505 W Sherman Ave		Transaction ID: SA11A1.24121	
City Vineland State NJ Zip Code 08360-6912		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer South Jersey Healthcare RMC 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) ▶	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:	PAGE 30 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. G. Guillermo Martinez-Torres, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2007	
Mailing Address Department of Pathology 2025 E Newport Ave		Transaction ID: SA11A1.24129	
City Milwaukee	State WI	Zip Code 53211	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia St. Marys 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. R Thomas Mattison, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2007	
Mailing Address 3802 22nd Pl		Transaction ID: SA11A1.24133	
City Lubbock	State TX	Zip Code 79410-1118	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mattison Pathology		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. B. Robert McBride, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2007	
Mailing Address Dept of Path 814 LaPorte Ave		Transaction ID: SA11A1.24136	
City Valparaiso	State IN	Zip Code 46383-5860	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Porter Hosp		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)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
E. Richard McLendon, Dr.

Mailing Address 1211 Union Ave

City State Zip Code
Memphis TN 38104-6600

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
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24138

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
E Henry McNeely, Dr.

Mailing Address 3316 White Oak Ct.

City State Zip Code
Sacramento CA 95864

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24140

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
R. Dina Mody, Dr.

Mailing Address Laboratory Medicine
6565 Fannin

City State Zip Code
Houston TX 77030-2707

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

Name of Employer Occupation
The Methodist Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24148

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 32 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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)
Deepak Mohan

Mailing Address Medical Lab Director
500 W Hospital Rd

City French Camp State CA Zip Code 95231

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

Name of Employer San Joaquin General Hospital 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
04 / 18 / 2007

Transaction ID: SA11A1.24150

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
E. Julia Mooney, Dr.

Mailing Address 2145 Court Street

City Redding State CA Zip Code 96001

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

Name of Employer Northern Diagnostic Pathology 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
04 / 12 / 2007

Transaction ID: SA11A1.24154

Amount of Each Receipt this Period
535.00

C. Full Name (Last, First, Middle Initial)
Flint Stephen Morris, Dr.

Mailing Address Department of Pathology
1395 South Pinellas Avenue

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer Helen Ellis Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2007

Transaction ID: SA11A1.24159

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1320.00**

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 33 / 64
	(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)
W. Dwight Morrow, Dr.

Mailing Address Department of Pathology
801 S Washington

City Naperville State IL Zip Code 60566-7060

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

Name of Employer Edward Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.24162

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
A. David Mulkey, Dr.

Mailing Address 4230 Burham Avenue

City Las Vegas State NV Zip Code 89119

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

Name of Employer Quest Diagnostics Inc 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
04 / 18 / 2007

Transaction ID: SA11A1.24163

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
K. Rejeana Mullins, Dr.

Mailing Address 27 Pebblebrook Court

City Bloomington State IL Zip Code 61704-6300

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

Name of Employer OSF St. Joseph Med Ctr Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.24164

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 64
	<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. Edward Jonathan Musicant, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address Path Lab 1650 Creekside Dr		Transaction ID: SA11A1.24167
City Folsom State CA Zip Code 95630	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Hosp of Folsom Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 5287 Poola St		Transaction ID: SA11A1.24169
City Honolulu State HI Zip Code 96821	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cytopath Inc Occupation Pathologist	Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 5287 Poola St		Transaction ID: SA11A1.24170
City Honolulu State HI Zip Code 96821	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cytopath Inc Occupation Pathologist	Aggregate Year-to-Date ▼ 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 64
	<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)
K. Larry O'Bryant, Dr.

Mailing Address 407 14th Ave SE

City Puyallup State WA Zip Code 98372

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

Name of Employer Good Samaritan Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.24177

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
A. Stephen Ovanessoff, Dr.

Mailing Address 1255 W Washington St

City Tempe State AZ Zip Code 85281

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

Name of Employer Clin-Path Associates, P.C. 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 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24186

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
N. Ronald Padgett, Dr.

Mailing Address PO Box 1089
419 E Prudhomme St

City Opelousas State LA Zip Code 70571

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

Name of Employer Pecot & Padgett APMC Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24187

Amount of Each Receipt this Period
 750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 64
	<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)
W. Charles Panchari, Dr.

Mailing Address 2641 Eden Place

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Whittier Hosp Medical Ctr. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24190

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
D. Suzanne Parisian, Dr.

Mailing Address 7117 N 3rd St

City State Zip Code
Phoenix AZ 85020-4902

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

Name of Employer Occupation
Medical Device Assistance Inc Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.24193

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
M. Joon Park, Dr.

Mailing Address Department of Pathology
269 Portland Way S

City State Zip Code
Galion OH 44833

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

Name of Employer Occupation
Galion Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24194

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 37 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
T. Jack Pearson, Dr.

Mailing Address 4678 Columbia Pike

City State Zip Code
Thompsons Station TN 37179

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

Name of Employer Occupation
PCA Southeast Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.24199

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
E. Robert Petras, Dr.

Mailing Address 7730 First Pl Ste A

City State Zip Code
Oakwood Village OH 44146

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

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24201

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Cheng John Pui, Dr.

Mailing Address Dept of Path 32669 W Warren Ste 10

City State Zip Code
Garden City MI 48135

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

Name of Employer Occupation
Hilbrich Dermatopathology Laboratory Pathologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.24211

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 38 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
R. Rafael Ramirez-Weiser, Dr.

Mailing Address G.P.O Box 36-6258

City San Juan State PR Zip Code 00936

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 ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24212

Amount of Each Receipt this Period
 535.00

B. Full Name (Last, First, Middle Initial)
Arundhati Rao

Mailing Address Department of Pathology
2401 S 31st Street

City Temple State TX Zip Code 76508

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

Name of Employer Scott and White Memorial Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24213

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
P Richard Regan, Dr.

Mailing Address Dept of Path
800 W Central Rd

City Arlington Heights State IL Zip Code 60005

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

Name of Employer Northwest Community 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
 0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24216

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1285.00
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 39 / 64
	<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)
Blair Reuben, Dr.

Mailing Address 20349 N 93rd PI

City State Zip Code
Scottsdale AZ 85255-6618

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

Name of Employer: John C Lincoln Hosp-North Mountain
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2007

Transaction ID: SA11A1.24219

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M Waheeb Rizkalla, Dr.

Mailing Address Lab Main
1086 Franklin St

City State Zip Code
Johnstown PA 15905-4398

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

Name of Employer: Conemaugh Valley Mem Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2007

Transaction ID: SA11A1.24229

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. Stanley Robboy, Dr.

Mailing Address Department of Pathology
DUMC-3712

City State Zip Code
Durham NC 27710-0001

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

Name of Employer: Duke Univ Med Ctr
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2007

Transaction ID: SA11A1.24230

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 40 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
E. James Roberts, Dr.

Mailing Address 565 Memorial Circle

City State Zip Code
Ormond Beach FL 32174

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

Name of Employer Occupation
Volusia Pathology Group Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2007

Transaction ID: SA11A1.24231

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. David Roycroft, Dr.

Mailing Address 9388 Charity Hwy

City State Zip Code
Ferrum VA 24088

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

Name of Employer Occupation
unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.24235

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
G Wilson Russell, Dr.

Mailing Address Dept of Path
3333 Silas Creek Pkwy

City State Zip Code
Winston Salem NC 27103-7103

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

Name of Employer Occupation
Forsyth Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2007

Transaction ID: SA11A1.24241

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional)	▶	1035.00
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 41 / 64
	<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. M. Linda Sandhaus, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address Department of Pathology 11100 Euclid Ave		Transaction ID: SA11A1.24247	
City Cleveland State OH Zip Code 44106		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ Hosp of Cleveland 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. E. Ruben Santos, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 600 East First Street		Transaction ID: SA11A1.24248	
City Spring Valley State IL Zip Code 61362		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Margaret 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. J. James Schnabel, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address Department of Pathology 3300 NW Expressway		Transaction ID: SA11A1.24254	
City Oklahoma City State OK Zip Code 73112		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Integris Baptist Med Ctr 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) ▶	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: (check only one)	PAGE 42 / 64
	<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)
B. John Schweitzer, Dr.

Mailing Address Department of Pathology
PO Box 70568

City Johnson City State TN Zip Code 37614-0568

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

Name of Employer East Tennessee State Univ Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.24255

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Edward Louis Seibert, Dr.

Mailing Address 108 Buckhaven Court

City Hendersonville State TN Zip Code 37075

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

Name of Employer Sumner Regional Med Ctr 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
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.24256

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lawrence Wm. Selby, Dr.

Mailing Address Dept of Path
68 Hospital Rd

City Sylva State NC Zip Code 28779-2722

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

Name of Employer Mountain Pathology Services 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 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24258

Amount of Each Receipt this Period
500.00

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 43 / 64
	<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)
Catherine Marcia Shattuck, Dr.

Mailing Address 416 Connable Ave

City Petoskey State MI Zip Code 49770

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

Name of Employer Northern Pathology Associates Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.24271

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Kenneth Peter Shireman, Dr.

Mailing Address 1500 E Sherman Blvd

City Muskegon State MI Zip Code 49444-1849

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

Name of Employer Mercy General Health Partners 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
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24275

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Taylor Carl Smedberg, Dr.

Mailing Address 1855 W Hibiscus Blvd

City Melbourne State FL Zip Code 32901-2622

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

Name of Employer Space Coast Pathologists, PA 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
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24283

Amount of Each Receipt this Period
 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 64
	<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)
W. David Smith, Dr.

Mailing Address 3 Santa Clara Court

City State Zip Code
San Rafael CA 94903-3729

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

Name of Employer Kaiser Foundation 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
04 / 17 / 2007

Transaction ID: SA11A1.24284

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
Joy Snell

Mailing Address 5108 W Gore Ste 1

City State Zip Code
Lawton OK 73505

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

Name of Employer Advanced Pathology 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
04 / 05 / 2007

Transaction ID: SA11A1.24290

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A Joseph Sonnier, Dr.

Mailing Address 4920 S Loop 289 Ste 101

City State Zip Code
Lubbock TX 79414

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

Name of Employer AmeriPath Lubbock 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
04 / 11 / 2007

Transaction ID: SA11A1.24293

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 64
	<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 Susan Spires, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address Prof Plz Ste 101 2620 Wilhite Dr		Transaction ID: SA11A1.24296	
City Lexington	State KY	Amount of Each Receipt this Period 250.00	
Zip Code 40502-3385			
FEC ID number of contributing federal political committee. C			
Name of Employer Ameripath KY	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. Michael Stargel, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address Pathology Department 5665 Peachtree-Dunwoody Rd NE		Transaction ID: SA11A1.24297	
City Atlanta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30342			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. D Charles Sturgis, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address Dept of Path 2650 Ridge Ave		Transaction ID: SA11A1.24305	
City Evanston	State IL	Amount of Each Receipt this Period 255.00	
Zip Code 60201-1718			
FEC ID number of contributing federal political committee. C			
Name of Employer Evanston Northwestern Hlt-hcare	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional) ▶	755.00
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 46 / 64
	<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)
Nedjema Sustento-Reodica

Mailing Address 1 Franklin Town Blvd
Apt 1717

City Philadelphia State PA Zip Code 19103

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

Name of Employer Mt Sinai Hosp Med Ctr 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
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.24306

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ali Tamsen

Mailing Address 240 Meeting House Lane
Suite 3

City Southampton State NY Zip Code 11968

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

Name of Employer Southampton Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24315

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
W. George Thomas, Dr.

Mailing Address 1401 Johnston Willis Dr

City Richmond State VA Zip Code 23235-4789

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

Name of Employer Johnston-Willis Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.24318

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 47 / 64
	<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)
Justin Eric Thompson, Dr.

Mailing Address PO Box 799

City State Zip Code
Muskogee OK 74402-0799

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

Name of Employer Occupation
Muskogee Clinical Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.24322

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
J. Deborah Trammell, Dr.

Mailing Address Department of Pathology
2000 Palmyra Road

City State Zip Code
Albany GA 31703

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

Name of Employer Occupation
Palmyra Medical Centers Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.24327

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Oscar Trujillo

Mailing Address PO Box 1146

City State Zip Code
Mayaguez PR 00681

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

Name of Employer Occupation
Pathology Lab Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.24330

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1285.00
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 48 / 64
	<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)
Jean Eva Vachal, Dr.

Mailing Address Pathology Dept
401 E Spruce St

City State Zip Code
Garden City KS 67846-5672

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

Name of Employer Occupation
St. Catherine Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.24336

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R. Francisco Velazquez, Dr.

Mailing Address Hlth System Diagnostic Svcs
5323 Harry Hines Blvd

City State Zip Code
Dallas TX 75390-9072

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

Name of Employer Occupation
Univ of Texas Southwestern Med Ctr 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 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24341

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Steven Mitchell Wachtel, Dr.

Mailing Address Path Dept School of Med
3601 Fourth St

City State Zip Code
Lubbock TX 79430

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

Name of Employer Occupation
Texas Tech Univ HSC Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.24346

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 64
	<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. L. Bruce Webber, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 6046 Knight Arnold Rd, Ste 101		Transaction ID: SA11A1.24357	
City State Zip Code Memphis TN 38115	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Trumbull Laboratories, LLC	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. Aaron Lamont Wettstein, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 1775 Thompson Rd		Transaction ID: SA11A1.24362	
City State Zip Code Coos Bay OR 97420	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bay Area Hosp	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. L. Wain White, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 706 Green Valley Rd Ste 104		Transaction ID: SA11A1.24365	
City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Pathology Assoc PA	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) ▶	850.00
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 50 / 64
	<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 David Wiese, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address Dept of Pathology 401 S Ballenger Hwy		Transaction ID: SA11A1.24366
City Flint	State MI	Zip Code 48532-3685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer McLaren Regional Medical Center	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. B. Gary Witkin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address Dept of Pathology 4755 Ogletown-Stanton Rd		Transaction ID: SA11A1.24372
City Newark	State DE	Zip Code 19718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Christiana 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. A Bryan Wolf, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address Pathology & Laboratory Medicine 34th & Civic Ctr Blvd		Transaction ID: SA11A1.24373
City Philadelphia	State PA	Zip Code 19104-4399
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Hosp of Philadelphia	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 51 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. D. Ronald Workman, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address Department of Pathology 2200 River Plaza Drive		Transaction ID: SA11A1.24374
City Sacramento State CA Zip Code 95833	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sutter Health Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Claire Margaret Young, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address Central Texas Path Assoc 1301 Wonder World Drive		Transaction ID: SA11A1.24377
City San Marcos State TX Zip Code 78666	Amount of Each Receipt this Period 535.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Central Texas Med Ctr Occupation Pathologist	Aggregate Year-to-Date ▼ 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Moises Zepeda, Dr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address Department of Pathology 900 S Atlantic Blvd		Transaction ID: SA11A1.24380
City Monterey Park State CA Zip Code 91754-4780	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Monterey Park Hosp Occupation Pathologist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1435.00
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 52 / 64
	<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. S. Robert Zirl, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2007	
Mailing Address Dept of Pathology 605 Holderrieth		Transaction ID: SA11A1.24381	
City State Zip Code Tomball TX 77375	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Tejas Pathology Associates Pathologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. S. Robert Zirl, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2007	
Mailing Address Dept of Pathology 605 Holderrieth		Transaction ID: SA11A1.24382	
City State Zip Code Tomball TX 77375	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Tejas Pathology Associates Pathologist	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. R. Philip Zollars, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2007	
Mailing Address 1255 W Washington Street		Transaction ID: SA11A1.24383	
City State Zip Code Tempe AZ 85281-1210	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Clin-Path Associates, P.C. Pathologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	62855.00

**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.24414 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 34.80
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.24416 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 29.00
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.24417 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 544.62
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Electronic/Ach Debit Moneris Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	608.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.24418 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Amex Service Chrg	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="27.55"/>

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.24419 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Amex Service Chrg	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="44.95"/>

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.24420 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Amex Service Chrg	<input type="text" value=""/>	
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:		
		Amount of Each Disbursement this Period <input type="text" value="31.47"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="103.97"/>
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)

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<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.24421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 68.15
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.24422 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 61.92
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.24423 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 50.50
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Sun Trust Account Analysis Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	180.57
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.24424 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 24.65
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.24425 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 68.15
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.24426 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 102.52
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	195.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<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.24427 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 92.80
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.24428 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 2.90
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Amex Service Chrg Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

95.70

TOTAL This Period (last page this line number only) ▶

1183.98

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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. The Reed Committee

Mailing Address P.O. Box 8628

City Cranston, State RI Zip Code 02920-8628

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: RI District:

Transaction ID: SB22.24430

Date of Disbursement

04 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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 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. Buchanan for Congress		Transaction ID: SB23.24412 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2875 Towerview Road, Suite 1000		Amount of Each Disbursement this Period 2500.00
City Herndon State VA Zip Code 20171		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.24391 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P O BOX 2008		Amount of Each Disbursement this Period 3500.00
City MURFREESBORO State TN Zip Code 37133		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee		Transaction ID: SB23.24392 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P. O. Box 1444		Amount of Each Disbursement this Period 1500.00
City Ennis State TX Zip Code 75120		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dave Camp for Congress		Transaction ID: SB23.24393 Date of Disbursement 04 / 27 / 2007	
Mailing Address P.O. Box 423		Amount of Each Disbursement this Period 5000.00	
City Midland State MI Zip Code 48640	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	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) B. Friends of Jane Harman		Transaction ID: SB23.24403 Date of Disbursement 04 / 27 / 2007	
Mailing Address P.O. Box 96		Amount of Each Disbursement this Period 1000.00	
City Torrance State CA Zip Code 90507	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	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 Weiner		Transaction ID: SB23.24406 Date of Disbursement 04 / 27 / 2007	
Mailing Address 1 Ascan Avenue #31		Amount of Each Disbursement this Period 1000.00	
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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)

<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

A. Hoyer for Congress Full Name (Last, First, Middle Initial) Mailing Address 7905 Malcolm Road Suite 102 City Clinton State MD Zip Code 20735 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.24394 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 Category/Type
--	--	--

B. Hoyer for Congress Full Name (Last, First, Middle Initial) Mailing Address 7905 Malcolm Road Suite 102 City Clinton State MD Zip Code 20735 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.24395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 Category/Type
--	--	--

C. MIKE THOMPSON FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.24396 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 5000.00 Category/Type
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Price for Congress		Transaction ID: SB23.24397 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1500.00	
City Roswell State GA Zip Code 30077	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	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) B. Price for Congress		Transaction ID: SB23.24398 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Sullivan for Congress		Transaction ID: SB23.24408 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address P.O. Box 651374		Amount of Each Disbursement this Period 1000.00	
City Potomac Falls State VA Zip Code 20165	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. TAMMY BALDWIN FOR CONGRESS		Transaction ID: SB23.24399 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P O BOX 696		Amount of Each Disbursement this Period 1000.00
City MADISON State WI Zip Code 53701	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. The Freedom Project		Transaction ID: SB23.24400 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 509 7TH Street, NW 3rd Floor		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20004	Category/ Type	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. The MikeR Fund		Transaction ID: SB23.24410 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 2485		Amount of Each Disbursement this Period 5000.00
City Springfield, State VA Zip Code 22152	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Pryce Project

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.24388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

39000.00