| FEC FORM 3X | A | EPORT (ND DISE Other Than | URSEN | IENTS | ee | | Office Use Only | |
|--|---|--|------------------------|---------------------------------|----------------------------|---------------------------|---------------------------|--|
| 1. NAME OF COMMITTEE (in f | | E FEC MAILING TYPE OR PRIN | | Example:If typing | ı, type | | | |
| College of America | n Pathologists | | | | | | | |
| ADDRESS (number and | street) | 350 I Street, NW | , | | | | | |
| Check if differ | | Suite 590 | | | | | | |
| than previous reported. (AC | У ТУ | Vashington | | | | | 20005 | |
| 2. FEC IDENTIFICA | FION NUMBER | R ₩ | CITY 🛋 | | S | STATE | ZIPCODE | |
| C00274944 | | | 3. IS THIS REPOR | | NEW (N) OR | AM (A) | ENDED | |
| 4. TYPE OF REPO (Choose One) (a) Quarterly Rep | | (b) Monthly Report Due On: | Feb 20 (M Mar 20 (M | | May 20 (M5) Jun 20 (M6) | | | Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) |
| July 15 Quarterly October Quarterly January | r Report(Q3) | (c) 12-Day PRE -El Report | ection | 4) Primary (12F Convention (| | General (1 Special (1) | 2G) I I | Jan 31 (YE) Runoff (12R) |
| July 31 N Report(N Year Onl | lid-Year lon-election | (d) 30-Day Post -E Report | Election | General (300 | à) | Runoff (30 | IR) In the State of | Special (30S) |
| 5. Covering Period | 11 | 28 2 | 006 | through | 12 | 31 | 2006 | |
| 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 | Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 01 31 2007 | | | | | | 007 | |
| NOTE : Submission of | false, erroneous | s, or incomplete i | nformation may | subject the pers | on signing this | s Report to the | penalties of 2 U.S. | C 437g. |
| Office Use Only | | | | | | | FEC FORN (Rev. 02/2003 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/2003) OF RECEIPTS AND D

FEC Form 3X (Rev. 02/2003)

| F | Report Covering the Period: From: | ^D D 28 2006 | To: 12 0 0 6 |
|----------|--|------------------------------|-----------------------------------|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| S. | (a) Cash on Hand January 1 ^Y 2006 ^Y ^Y | | 46180.02 |
| | (b) Cash on Hand at Begining of Reporting Period | 40223.89 | |
| | (c) Total Receipts (from Line 19) | 48219.00 | 387006.80 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 88442.89 | 433186.82 |
| . | Total Disbursements (from Line 31) | 20838.24 | 365582.17 |
| 3. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 67604.65 | 67604.65 |
|). | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

| nage# 27940114656 | DETAILED SUMMARY PAGE OF RECEIPTS | |
|--|--------------------------------------|-----------------------------------|
| FEC Form 3X (Rev. 02/2003) | | Page 3 |
| Write or Type Committee Name College of American Pathologists | Political Action Committee | |
| | M M D D Y Y W Y | M M D D Y Y Y Y |
| Report Covering the Period: From: | 1 1 D D 2 2 0 0 6 To | 12 31 2006 |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees (i) Itemized (use Schedule A) | 33825.00 | 258615.00 |
| (ii) Unitemized | 14394.00 | 127391.80 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | ▶ 48219.00 | 386006.80 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 48219.00 | 386006.80 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 1000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin F | unds | |
| (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 |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 48219.00 | 387006.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | | 387006.80 |

DETAILED SUMMARY PAGE

| FEC Form 3X (Rev. 02/2003) | | COLUMN A | COLUMN B |
|----------------------------|---|-------------------|-----------------------|
| | II. DISBURSEMENTS | Total This Period | Calendar Year-to-Date |
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (ii) Non-Federal Share(b) Other Federal Operating | | |
| | Expenditures | 338.24 | 6132.17 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) > | 338.24 | 6132.17 |
| | Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| 3. | Committees Contributions to Federal Candidates/Committees | 0.00 | |
| | and Other Political Committees | 20500.00 | 359450.00 |
| | (use Schedule E) | 0.00 | 0.00 |
| | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | Loan Repayments Made | 0.00 | 0.00 |
| | | 0.00 | |
| 8. | Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| | (a) Individuals/Persons Other Than Political Committees | 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 Contribution Refunds | 0.00 | 0.00 |
| | (add Lines 28(a), (b), and (c)) 🕨 | | |
| 9. | Other Disbursements | 0.00 | 0.00 |
| 0. | 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 | 0.00 | 0.00 |
| | Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 1. | Total Disbursements (add Lines 21(c), 22, | 20020.04 | 365582.17 |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 20838.24 | 303382.17 |
| 2. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 20838.24 | 365582.17 |

DETAILED SUMMARY PAGE

| | FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 5 |
|--|---|------------------|-----------|
| III. Net Contributions/Operating Expenditures | | | |
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 48219.00 | 386006.80 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 48219.00 | 386006.80 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 338.24 | 6132.17 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 338.24 | 6132.17 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 33 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 | | | | |
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| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| \geq | College of American Pathologists Politic | al Action (| Committee | | | | |
| Α. | Full Name (Last, First, Middle Initial) H Rao Andavolu, Dr. | | | Date of Receipt | | | |
| | Mailing Address Department of Pathology 253 Witherspoon Street | | | 12 06 Y Y Y Y 12 06 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23202 | | | |
| | Princeton | NJ | 08540 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| | Name of Employer Univ Med Ctr at Princeton | Occupation Patholog | | | | | |
| | Receipt For: | , v | e Year-to-Date V | _ | | | |
| | Primary General Other (specify) ▼ | 0 0 | 750.00 |] | | | |
| В. | Full Name (Last, First, Middle Initial) A. Carl Barnes, Dr. | | | Date of Receipt | | | |
| | Mailing Address PO Box 1179 | | | M M / D D / Y | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23021 | | | |
| | Florence | AL | 35631-1179 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | С | | 100.00 | | | |
| | Name of Employer Eliza Coffee Memorial Hos- pital | Occupation Patholog | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 450.00 |] | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) L. Bryan Bartlett, Dr. | | | Date of Receipt | | | |
| | Mailing Address 1424 Plantation Dr N | | | M M / D D / Y Y Y Y 12 08 2006 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23249 | | | |
| | Colleyville | TX | 76034 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 2500.00 | | | |
| | Name of Employer Baylor-All Saints Medical CenterOccup PathoReceipt For:Aggreen | | | | | | |
| | | | e Year-to-Date 🔻 | | | | |
| | Primary General Other (specify) ▼ | | 2500.00 |] | | | |
| s | UBTOTAL of Receipts This Page (optional) | | ······ | 2850.00 | | | |
| | OTAL This Period (last page this line number or | | | | | | |

| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta | tomonto mo | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7/33 (check only one) 11a X 11a 11b 13 14 15 16 17 16 17 | | |
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| or | for commercial purposes, other than using the n | ame and add | dress of any political committee to | solicit contributions from such committee. | | |
| Ν | NAME OF COMMITTEE (In Full) | | | | | |
| \mathbb{Z} | College of American Pathologists Politic | cal Action (| Committee | _ | | |
| A. | Full Name (Last, First, Middle Initial) Harrison Henry Bell, Dr. | Date of Receipt | | | | |
| | Mailing Address 6885 Caravan Court | | | 1 1 2 9 2 0 0 6 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23182 | | |
| | Columbia | MD | 21044 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | |
| | Name of Employer Howard County General Hosp | Occupation | n | 7 | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Primary General | | 250.00 | 1 | | |
| | Other (specify) | 0 0 | | 1 | | |
| в. | Full Name (Last, First, Middle Initial) E. Marian Bensema, Dr. | | | Date of Receipt | | |
| | Mailing Address Department of Patholog 1740 Nicholasville Rd. | у | | M M / D D / Y Y Y Y 12 15 2006 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23176 | | |
| | Lexington | KY | 40503 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer Central Baptist Hosp | Occupation Patholog | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Primary General Other (specify) ▼ | 0 0 | 1250.00 |] | | |
| <u></u> | Full Name (Last, First, Middle Initial) W David Bernard, Dr. | | | Date of Receipt | | |
| | Mailing Address Dept of Path Mail Stop 205 | | | M M / D D / Y Y Y Y 12 20 2006 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23232 | | |
| | Houston | TX | 77030-7030 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 500.00 | | |
| | Name of Employer The Methodist Hospital | Occupation Patholog | |] | | |
| | Receipt For: | | e Year-to-Date 🔻 | | | |
| | Primary General | | 500.00 | 1 | | |
| | Other (specify) | 0 0 | | 1 | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 1000.00 | | |
| Т | OTAL This Period (last page this line number or | חוy) | | | | |

| SCHEDULE A (FEC Form 3X) | | | | FOR LI | NE NU | JMBEI | R: | PAC | GE 8 | 3 / 33 | |
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| ITEMIZED RECEIPTS | | | Use separate schedule(s) or each category of the | (check only one) | | | | | | | |
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| | | | | 13 | | 14 | | 15 | | 16 | 17 |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | College of American Pathologists Politic | al Action C | Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Paul Biddinger | | Date | of Re | ceipt | | | | | | |
| | Mailing Address Anat Path 1120 15th St BAE 2580 | | | 12 | | 1 | D / 8 | Y | 2 | 0 [°] 0 (| |
| | City | State | Zip Code | | | n ID: | | | | | |
| | Augusta | GA | 30912 | Amc | unt of | Each | Rece | ipt th | this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | 2 | 50.0 | 0 |
| | Name of Employer Med College of Georgia | Occupation Pathologi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | | | | | | | | |
| — B | Full Name (Last, First, Middle Initial) J. Richard Boatsman, Dr. | | | Date | of Re | | | | | | |
| υ. | Mailing Address Department of Pathology Box 129 | / | | | M / | D | ^D /2 | Y | Y 2 | 0 [°] 0 (| |
| | City | State | Zip Code | Transaction ID: SA11A1.23213 | | | | | | | |
| | Lawton | OK | 73502 | Amo | unt of | Each | Rece | ipt th | is Pe | eriod | |
| | FEC ID number of contributing federal political committee. | C | | | | 1 | | | 5 | 00.0 | 0 |
| | Name of Employer Comanche County Mem Hosp | Occupation Pathologi | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 | | | | | | | | |
| <u></u> с. | Full Name (Last, First, Middle Initial) L. David Booker, Dr. | | | Date | of Re | ceipt | | | | | |
| | Mailing Address Department of Pathology 2260 Wrightsboro Rd. | / | | M | | D 0 | ^D /7 | Y | | 0 [°] 0 (| |
| | City | State | Zip Code | | | n ID: | | | | | |
| | Augusta | GA | 30904 | Amo | unt of | Each | Rece | ipt th | is Pe | eriod | |
| | | | | | | | | | 2 | 50.0 | 0 |
| | | | |] | | | | | | | |
| | | | Year-to-Date V | | | | | | | | |
| Primary General Other (specify) ▼ | | | 350.00 | | | | | | | | |
| s | JBTOTAL of Receipts This Page (optional) | | •••••• | | | | • | | 100 | 00.0 | 0 |
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| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | | FOR LINE NUMBER: PAGE 9/33 (check only one) | | | | | | |
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| IT | EMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 | | | | | | |
| A | winformation conied from such Departs and Ot | tomorto | | 13 14 15 16 17 | | | | | | |
| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the r | name and add | dress of any political committee to | solicit contributions from such committee. | | | | | | |
| \sum | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| \geq | College of American Pathologists Politi | cal Action (| Committee | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) P. Eleni Bourtsos, Dr. | | | Date of Receipt | | | | | | |
| | Mailing Address 5101 S Willow Springs | Rd | | 12 13 Y Y Y Y 12 13 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23184 | | | | | | |
| | LaGrange | IL | 60525 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | |
| | Name of Employer LaGrange Memorial Hosp | Occupation Patholog | | | | | | | | |
| | Receipt For: | | e Year-to-Date V | _ | | | | | | |
| | Primary General | | 250.00 | 1 | | | | | | |
| | Other (specify) v | 0 0 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Lee Clifton Bridges, Dr. | | | Date of Receipt | | | | | | |
| | Mailing Address 1456 William St | 12 15 Y Y Y Y 12 15 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23215 | | | | | | |
| | Leesburg | FL | 34748 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | |
| | Name of Employer Diagnostic Pathology Asso- ciates | Occupation Patholog | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | | | | |
| | Cher (specify) ▼ | | 500.00 | 1 | | | | | | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 | | | | | | |
| с. | Full Name (Last, First, Middle Initial) A. Mitchell Burford | | | Date of Receipt | | | | | | |
| | Mailing Address 652 Howell Street | | | M M / D D / Y Y Y Y 12 28 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23132 | | | | | | |
| | Florence | AL | 35630-3537 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | |
| | Name of Employer Unaffiliated | Occupation Patholog | | | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | | | | |
| | Cher (specify) ▼ | | 250.00 | 1 | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | ••••• | 850.00 | | | | | | |
| Т | OTAL This Period (last page this line number o | nly) | | | | | | | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 33 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the n | | | n for the purpose of soliciting contributions | | | |
| $\overline{\mathbf{n}}$ | NAME OF COMMITTEE (In Full) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| \rangle | College of American Pathologists Politic | al Action (| Committee | | | | |
| Α. | Full Name (Last, First, Middle Initial) (Pete) A. G. Candel, Dr. | Date of Receipt | | | | | |
| | Mailing Address Department of Patholog One Ingalls Drive | y and Lab | Me | 1 1 / 2 9 / Y Y Y Y 1 1 1 / 2 9 / 2 0 0 6 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23251 | | | |
| | Harvey | IL | 60426-0426 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 2500.00 | | | |
| | Name of Employer Ingalls Memorial Hosp | Occupation Patholog | | | | | |
| | Receipt For: | , ° | e Year-to-Date V | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 2500.00 | | | | |
| в. | Full Name (Last, First, Middle Initial) G. Alvaro Candel, Dr. | | | Date of Receipt | | | |
| | Mailing Address Dept of Pathology 200 Berteau Avenue | | | M M / D D / Y Y Y Y 12 08 2006 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23241 | | | |
| | Elmhurst | IL | 60126-2966 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 | | | |
| | Name of Employer Elmhurst Memorial Hosp | Occupation Patholog | | | | | |
| | Receipt For: | · · · | e Year-to-Date 🔻 | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 |] | | | |
| с. | Full Name (Last, First, Middle Initial) B. James Cash, Dr. | | | Date of Receipt | | | |
| | Mailing Address Laboratory Po Box 3898 | | | 1 2 0 4 Y Y Y Y 1 2 0 6 | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23179 | | | |
| | Wilson | NC | 27895 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| | Name of Employer Eastern Carolina Patholog- | Occupation Patholog | | | | | |
| | | | e Year-to-Date V | - | | | |
| | Primary General Other (specify) ▼ | | 500.00 |] | | | |
| s | JBTOTAL of Receipts This Page (optional) | | •••••• | 3750.00 | | | |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11/33 (check only one) 11a 11b 11c 12 13 14 15 16 17 | | | | | |
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| Ar | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | |
| \geq | College of American Pathologists Politic | cal Action (| Committee | | | | | |
| Α. | Full Name (Last, First, Middle Initial) K. Michael Cohen, Dr. | | | Date of Receipt | | | | |
| | Mailing Address Department of Patholog 2801 Franciscan Drive | У | | 12 28 2006 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23195 | | | | |
| | Bryan | TX | 77802 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer | Occupation Patholog | | | | | | |
| | Receipt For: | - · · | e Year-to-Date V | _ | | | | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] | | | | |
| в. | Full Name (Last, First, Middle Initial) P. James Craig, Dr. | | | Date of Receipt | | | | |
| | Mailing Address Pathology Department 900 East Oak Hill Avenu | ie | | M M / D D / Y Y Y Y 11 1 29 2006 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23196 | | | | |
| | Knoxville | TN | 37917 | Amount of Each Receipt this Period | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | |
| | Name of Employer St. Mary's Health System | Occupation Patholog | | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | | |
| | Other (specify) | 0 0 | 450.00 |] | | | | |
| с. | Full Name (Last, First, Middle Initial) E. Randy Eckert | | | Date of Receipt | | | | |
| | Mailing Address 6308 Northgrove Road | | | M M / D D / Y Y Y Y Y 12 12 2006 | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23190 | | | | |
| | Austin | TX | 78731-3725 | Amount of Each Receipt this Period | | | | |
| | Primary General | | | 250.00 | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | |
| | College of American Pathologists Politic | cal Action (| Committee | | | |
| Α. | Full Name (Last, First, Middle Initial) P. Edward Fody, Dr. | | | Date of Receipt | | |
| | Mailing Address Laboratory 602 Michigan Ave | | | 12 19 2006 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23180 | | |
| | Holland | MI | 49423 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer Holland Community Hosp | Occupatio | | | | |
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| | Primary General | , iggi oguit | | 1 | | |
| | Other (specify) | 0 0 | 250.00 | | | |
| в. | Full Name (Last, First, Middle Initial) V. Steven Foster, Dr. | | | Date of Receipt | | |
| | Mailing Address Department of Patholog 1441 N Beckley Ave | у | | M M / D D / Y Y Y Y 11 29 2006 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23056 | | |
| | Dallas | ТХ | 75203 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | |
| | Name of Employer Methodist Dallas Medical | Occupatio | | | | |
| | Center Receipt For: | Patholog | ISt e Year-to-Date V | _ | | |
| | Primary General | , iggi oguit | | 1 | | |
| | Other (specify) | 0 0 | 600.00 | | | |
| C. | Full Name (Last, First, Middle Initial) B Ray Franklin, Dr. | | | Date of Receipt | | |
| | Mailing Address Dept of Path 1414 S Orange Ave | | | M M / D D / Y Y Y Y 12 14 2006 | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23226 | | |
| | Orlando | FL | 32806-2134 | Amount of Each Receipt this Period | | |
| | Orlando Rodional Mod Ctr | | | 500.00 | | |
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| ∇ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Polition | cal Action (| Committee | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) A. Robert Frazier, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address 801 Boush St | | | 1 1 ^D 2 9 2 0 0 6 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23250 | | | | | | | | |
| | Norfolk | VA | 23510 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 2500.00 | | | | | | | | |
| | Name of Employer Dominion Pathology Labora- tories | Occupation Patholog | | | | | | | | | | |
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| | Other (specify) | 0 0 | 5000.00 |] | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) C. Richard Friedberg, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address Chairman, Dept of Path 759 Chestnut St | | | M M / D D / Y Y Y Y 12 29 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23239 | | | | | | | | |
| | Springfield | MA | 01199 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 750.00 | | | | | | | | |
| | Name of Employer Baystate Med Ctr | Occupation Patholog | | | | | | | | | | |
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| | Primary General Other (specify) The second seco | · · · | 750.00 |] | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) P Steven Goetz, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address Dept of Path 1000 Fourth St SW | | | M M / D D / Y Y Y Y 12 08 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23222 | | | | | | | | |
| | Mason City | IA | 50401-2800 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | |
| | Name of Employer Mercy Med Ctr-North Iowa | Occupation Patholog | | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \rangle | College of American Pathologists Politic | cal Action (| Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Rafael David Guillen, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 3301 C St Ste 200E | | | 1 2 0 4 2 0 0 6 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23178 | | | | | | | |
| | Sacramento | CA | 95816-3363 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer Diagn Path Med Grp Inc | Occupation | | | | | | | | | |
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| | Primary General | Aggregate | | 1 | | | | | | | |
| | Other (specify) | 0 0 | 250.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) George Robert Gurdak, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Dept of Path 1350 E Market St | | | 12 15 Y Y Y Y 12 15 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23199 | | | | | | | |
| | Warren | OH | 44482 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer Trumbull Memorial Hosp | Occupation | | | | | | | | | |
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| | Other (specify) | 0 0 | 250.00 | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) David Dolph Haege, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 211 S 3rd St | | | M M / D D / Y Y Y Y 12 14 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23193 | | | | | | | |
| | Belleville | | 62220-1998 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | | |
| | Name of Employer St. Elizabeth Hospital | Occupation Patholog | | | | | | | | | |
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| \sum | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | College of American Pathologists Politic | al Action (| Committee | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) A James Hamous, Dr. | | | Date of Receipt | | | | | | |
| | Mailing Address 3501 Soncy Rd | | | M M / D D / Y Y Y Y 11 30 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23175 | | | | | | |
| | Amarillo | TX | 79119-6405 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | |
| | Name of Employer Amarillo Pathology Group LLP | Occupation Patholog | | _ | | | | | | |
| | Receipt For: | | e Year-to-Date V | _ | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) C. John Harrison, Dr. | | | Date of Receipt | | | | | | |
| | Mailing Address 803 Franklin St | | | 12 28 Y Y Y Y Y 12 28 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23206 | | | | | | |
| | Huntsville | AL | 35801 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 300.00 | | | | | | |
| | Name of Employer Pathology Associates PC | Occupation Patholog | | | | | | | | |
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| | Primary General Other (specify) Image: Contract of the second | | 300.00 |] | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) H Ronald Hearne, Dr. | | | Date of Receipt | | | | | | |
| | Mailing Address Department of Pathology 4920 NE Stallings Dr | ý | | M M / D D / Y Y Y Y 1 1 30 2006 | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23189 | | | | | | |
| | Nacogdoches | TX | 75965 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | | | | | | |
| | Name of Employer Nacogdoches Med Ctr | Occupation Patholog | | | | | | | | |
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| | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) or each category of the | FOR LINE NUMBER: PAGE 16 / 33 (check only one) | | | | | | | |
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| \sum | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| \angle | College of American Pathologists Politic | al Action (| Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) J. Dwight Hertz, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Laboratory 222 N 7th Street | | | M M / D D / Y Y Y Y 11 30 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23187 | | | | | | | |
| | Bismarck | ND | 58502 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer MedCenter One Health Syst- | Occupation | | 7 | | | | | | | |
| | ems | Patholog | | _ | | | | | | | |
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| | Other (specify) | 0 0 | 500.00 | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) L. Rebecca Johnson, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Pathology & Clinical Lab 725 North Street | S | | M M / D D / Y | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23240 | | | | | | | |
| | Pittsfield | MA | 01201 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | | | |
| | Name of Employer Berkshire Health Systems | Occupation Patholog | | | | | | | | | |
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| | Primary General Other (specify) ▼ | 0 0 | 1000.00 | | | | | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) Scott Darian Kameh, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Celebration of Health Lal 400 Celebration Pl | b | | M M / D D / Y Y Y Y 111 28 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23022 | | | | | | | |
| | Celebration | FL | 34747 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | |
| | Name of Employer Florida Hosp-Celebration Health | Occupation Patholog | | | | | | | | | |
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| 6 | CHEDULE A (FEC Form 3X) | [| | FO | RLINE | NU | MBEF | २ : | PAG | ÈE 1 | 7/3 | 3 | |
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| \mathbb{N} | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Politic | al Action C | Committee | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Barry David Kaminsky, Dr. | | | | Date of | f Rec | ceipt | | | | | | |
| | Mailing Address Pathology, Inc 1401 N Palm Canyon Dr | | | | M M / D D / Y | | | | | | | | |
| | City | State | Zip Code | | | | | | | | | | |
| | Palm Springs | CA | 92262 | _ | Amour | nt of E | Each | Rece | eipt th | is Pe | eriod | | |
| | FEC ID number of contributing federal political committee. | | | | | | | | 1 | 00.0 | 0 | | |
| | Name of Employer | Occupation Pathologi | | | | | | | | | | | |
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| В. | Full Name (Last, First, Middle Initial) S Carolyn Katzen, Dr. | | | | Date o | f Rec | ceipt | | | | | | |
| | Mailing Address Dept of Path 1364 Clifton Rd NE, Ste | | Zip Code | | 12 / D D / Y Y Y Y 12 07 2006 | | | | | | | | |
| | City | State | | Transaction ID: SA11A1.23217 | | | | | | | | | |
| | Atlanta | GA | 30322-1064 | _ | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 5 | 00.0 | 0 | |
| | Name of Employer Emory Univ Hosp | Occupation Pathologi | | | | | | | | | | | |
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| c. | Full Name (Last, First, Middle Initial) A. Laurel Krause, Dr. | | | | Date o | f Rec | ceipt | | | | | | |
| | Mailing Address 20305 Manor Rd | | | | м м 11 | / | | D / | Y | | 0 [°] 0 (| | |
| | City | State | Zip Code | | Transa | | | | | | | | |
| | Shorewood | MN | 55331-8783 | _ | Amour | nt of E | Each | Rece | eipt th | is Pe | eriod | | |
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| | Name of Employer United Hosp of St Paul | Occupation Pathologi | | | | | | | | | | | |
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| or | for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) | name and add | Iress of any political committee to | o solicit contributions from such committee. | | | | | | | |
| $\left \right\rangle$ | College of American Pathologists Politic | | | | | | | | | | |
| <u>А.</u> | Full Name (Last, First, Middle Initial) H. William Lanehart, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 99 Vine Avenue | | | 12 07 Y Y Y Y 12 07 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23171 | | | | | | | |
| | Clifton Forge | VA | 24457 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer Alleghany Reg Hosp | Occupation Pathologi | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 1031 Queens Road We | st | | M M / D D / Y Y Y Y 12 04 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23212 | | | | | | | |
| | Charlotte | NC | 28207 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | |
| | Name of Employer Carolinas Med Ctr | Occupation Pathologi | | | | | | | | | |
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| C. | Full Name (Last, First, Middle Initial) F. Karl Loomis, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 603 N Kalamazoo Av | | | M M / D D / Y Y Y Y 111 30 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23204 | | | | | | | |
| | Marshall | MI | 49068-9068 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer Regional Med Laboratories | Occupation Pathologi | | | | | | | | | |
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| \mathbb{N} | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Politic | Committee | | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) W. John Mason, Dr. | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1 Beach Dr SE #2702 | | 1 2 / D D / Y Y Y Y 1 2 0 0 6 | | | | | | | | | | | |
| | City | State | Zip Code | | | | | | | | 23203 | | | |
| | St Petersburg | FL | 33701 | - | Amoun | it of E | Each | Rece | eipt th | is Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | | | | | | | <u> </u> | 2 | 50.0 | 0 | | | |
| | Name of Employer VA Med Ctr-Bay Pines | Occupation Pathologi | | | | | | | | | | | | |
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| | Primary General | | 350.00 | 1 | | | | | | | | | | |
| | Other (specify) | 0 0 | 330.00 | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Saeid Movahedi-Lankarani | | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 333 N Smith Ave | | | | 12 / D D / Y Y Y Y 12 31 / 2006 | | | | | | | | | |
| | City | State | 1 | Transaction ID: SA11A1.23235 | | | | | | | | | | |
| | <u>St Paul</u> | MN | 55102 | - | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | | | |
| | Name of Employer United Hosp of St Paul | Occupation Pathologi | | | | | | | | | | | | |
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| | Other (specify) | 0 0 | 500.00 | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) A. Steven Mudrovich, Dr. | | | | Date of | f Rec | eipt | | | | | | | |
| | Mailing Address Department of Pathology 1400 Eighth Ave | / | | | ^м 1 2 | / | D 2 | D / 9 | Y | | 0 [°] 0 6 | | | |
| | City | State | Zip Code | | Fransa | | | | | | | | | |
| | <u>Ft Worth</u> | TX | 76104-4110 | - | Amoun | it of E | Each | Rece | eipt th | is Pe | eriod | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 5 | 00.0 | 0 | | |
| | Name of Employer Baylor-All Saints Medical Center | Occupation Pathologi | | | | | | | | | | | | |
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| or | for commercial purposes, other than using the na | ame and add | lress of any political committee to | solicit contributions from such committee. | | | | | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | N | | | | | | | | | |
| \angle | College of American Pathologists Politic | al Action C | Committee | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Alan Kent Nickell, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address 1825 Logan Ave | | | M M / D D / Y Y Y Y 11 30 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23173 | | | | | | | | |
| | Waterloo | IA | 50703-1999 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | | |
| | Name of Employer Allen Memorial Hospital | Occupation | | | | | | | | | | |
| | Receipt For: | Pathologi Aggregate | Year-to-Date V | - | | | | | | | | |
| | Primary General | 33 - 3 | | 1 | | | | | | | | |
| | Other (specify) | | 250.00 | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) D. Mark Pool, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address Department of Pathology | | | | | | | | | | | |
| | 350 N Wall Street | 01-1- | Zin Onda | 12 29 2006 | | | | | | | | |
| | City Kankakee | State IL | Zip Code 60901-2901 | Transaction ID: SA11A1.23245 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing | | | | | | | | | | | |
| | federal political committee. | C | | 1000.00 | | | | | | | | |
| | Name of Employer Riverside Med Ctr | Occupation | | | | | | | | | | |
| | Receipt For: | Pathologi Aggregate | Year-to-Date V | - | | | | | | | | |
| | Primary General | 7.99.094.0 | | 1 | | | | | | | | |
| | Other (specify) | 0 0 | 1500.00 | | | | | | | | | |
| С. | Full Name (Last, First, Middle Initial) Zein-Eldin Suzanne Powell, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address Department of Pathology 6565 Fannin | / | | M M / D D / Y Y Y Y 12 27 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23151 | | | | | | | | |
| | Houston | ТХ | 77030 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 120.00 | | | | | | | | |
| | Name of Employer The Methodist Hosp | Occupation Pathologi | | | | | | | | | | |
| | Receipt For: | | Year-to-Date V | -1 | | | | | | | | |
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| | Other (specify) | | 370.00 | | | | | | | | | |
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| $\overline{\nabla}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| | College of American Pathologists Politic | cal Action (| Committee | | | | | | | | | |
| <u>А</u> . | Full Name (Last, First, Middle Initial) J Lester Raff, Dr. | | Date of Receipt | | | | | | | | | |
| | Mailing Address UroPartners LLC 2225 Enterprise Dr | | | M M / D D / Y Y Y Y 12 18 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23082 | | | | | | | | |
| | Westchester | IL | 60154 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | |
| | Name of Employer Pathology Associates Nort- hern IL | Occupation Patholog | | | | | | | | | | |
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| | Primary General Other (specify) ▼ | U U U | 400.00 |] | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) A. James Robb, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address 11613 Kensington Ct | | | M M / D D / Y Y Y Y 111 30 2006 | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23247 | | | | | | | | |
| | Boca Raton | FL | 33428-2415 | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | | | | |
| | Name of Employer Unaffiliated | Occupation Patholog | | | | | | | | | | |
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| C. | Full Name (Last, First, Middle Initial) L Kenneth Rock, Dr. | | | Date of Receipt | | | | | | | | |
| | Mailing Address Dept of Pathology 55 Lake Ave N | | | 1 2 2 8 Y Y Y Y Y 1 2 0 0 6 | | | | | | | | |
| | City Worcester | State MA | Zip Code 01655-0002 | Transaction ID: SA11A1.23233 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | |
| | Name of Employer UMass Memorial Health Care | Occupation Patholog | | | | | | | | | | |
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| $\overline{\mathbf{n}}$ | NAME OF COMMITTEE (In Full) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | |
| \geq | College of American Pathologists Politic | al Action (| Committee | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) H Thomas Rynalski, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Dept of Path 4351 Tamiami Trl N | | | 1 1 / 2 9 / Y Y Y Y | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23224 | | | | | | | |
| | Naples | FL | 34103-3106 | Amount of Each Receipt this Period | | | | | | | |
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| | Name of Employer Naples Pathology Assoc | Occupation Patholog | | | | | | | | | |
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| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| ь. | J Assad Saad, Dr. Mailing Address 1441 N Beckley Ave | | | Date of Receipt | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23197 | | | | | | | |
| | Dallas | ТХ | 75203-1201 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | | | | | | |
| | Name of Employer Surgical Pathologists | Occupation Patholog | | | | | | | | | |
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| с. | Full Name (Last, First, Middle Initial) S Jagmohan Sidhu, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address Wilson Lab 33-57 Harrison St | | | M M / D D / Y Y Y Y 1 1 1 29 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23237 | | | | | | | |
| | Johnson City | NY | 13790 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 535.00 | | | | | | | |
| | Name of Employer United Hlth Svcs-Wilson Mem Reg Med Ct | Occupation Patholog | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \geq | College of American Pathologists Politic | cal Action (| Committee | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Arthur Sitelman | | | Date of Receipt | | | | | | | |
| | Mailing Address 7 East Orangewood Ave | 9 | | 1 2 0 4 Y Y Y Y 1 2 0 6 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23242 | | | | | | | |
| | Phoenix | AZ | 85020 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | | | |
| | Name of Employer Phoenix Memorial Hospital | Occupation Patholog | | _ | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) E. Charles Slonaker, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 24410 Oaklawn Plantati | on Rd | | M M / D D / Y Y Y Y 12 21 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23244 | | | | | | | |
| | Pass Christian | MS | 39571 | Amount of Each Receipt this Period | | | | | | | |
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| | Name of Employer Memorial Hosp @ Gulfport | Occupation Patholog | | | | | | | | | |
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| | Primary General Other (specify) ▼ | 0 0 | 1000.00 |] | | | | | | | |
| <u></u> | Full Name (Last, First, Middle Initial) E Joe Snodgrass, Dr. | | | Date of Receipt | | | | | | | |
| | Mailing Address 2609 North Van Buren | | | M M / D D / Y Y Y Y 12 15 2006 | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23219 | | | | | | | |
| | Enid | OK | 73703 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | |
| | Name of Employer Enid Pathology Consultants | Occupation Patholog | | | | | | | | | |
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| 9 | CHEDULE A (FEC Form 3X) | [| | FC | FOR LINE NUMBER: PAGE 24/33 | | | | | | | | |
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| Ν | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Politica | Committee | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Phillip John Sorge, Dr. | | Date of Receipt | | | | | | | | | | |
| | Mailing Address Pathology Department 4420 Lake Boone Trail | | 1 2 / 0 6 / | | | | | | 2006 | | | | |
| | City | State | Zip Code | | Transa | | | | | | | | |
| | Raleigh | NC | 27607 | | Amoun | t of Ea | ch R | eceip | t this F | Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | 250.0 | 00 | | |
| | Name of Employer Rex Healthcare Hosp | Occupation Pathologi | | | | | | | | | | | |
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| | Primary General | | 250.00 | | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) Todd Jason Sprouse, Dr. | | | | Date of | Receip | ot | | | | | | |
| | Mailing Address Dept of Path 10 Medical Park Dr | | | | 12 ^{//} 08 [/] 2006 | | | | | | | | |
| | City | State | Zip Code 28803 | | Transaction ID: SA11A1.23228 | | | | | | | | |
| | Asheville | NC | | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | | |
| | Name of Employer Pathologists Med Lab PA | Occupation Pathologist | | | | | | | | | | | |
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| C. | Full Name (Last, First, Middle Initial) Dr. Eric Stevens, MD | | | | Date of | Receip | ot | | | | | | |
| | Mailing Address Dept of Path 602 W 2nd St | | | | ^M 1 2 | | 2 1 | | 2 | 2 0 ° | | | |
| | City | State | Zip Code | | Transa | | | | | | | | |
| | Bloomington | IN | 47403-2318 | | Amoun | t of Ea | ch R | eceip | t this F | Period | | | |
| | FEC ID number of contributing federal political committee. | C | | | | 1 1 | | | | 500.0 | 00 | | |
| | Name of Employer Bloomington Hosp & Health- care Sys | Occupatior Pathologi | | | | | | | | | | | |
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| $\overline{\mathbb{N}}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Politic | cal Action C | Committee | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) M. Susan Strate, Dr. Mailing Address Department of Pathology | | | Date of Receipt | | | | | | | | | | | | |
| | Mailing Address Department of Pathology 5420 Kell West Blvd | У | | 1 2 2 7 Y Y Y Y 1 2 0 0 6 | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23220 | | | | | | | | | | | | |
| | Wichita Falls | TX | 76310 | Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | | | | | |
| | Name of Employer Kell West Régional Hosp | Occupation Pathologi | | | | | | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) A. Joseph Tisone, Dr. | | | Date of Receipt | | | | | | | | | | | | |
| | Mailing Address Dept of Pathology 200 Abraham Flexner W | - | | M M / D D / Y Y Y Y 12 / 19 / 2006 | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23040 | | | | | | | | | | | | |
| | | KY | 40202 | Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 100.00 | | | | | | | | | | | | |
| | Name of Employer Jewish Hosp | Occupation Pathologi | | | | | | | | | | | | | | |
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| | Other (specify) ▼ | 0 0 | 300.00 | | | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) J. Michael Waldron, Dr. | | | Date of Receipt | | | | | | | | | | | | |
| | Mailing Address Department of Pathology 8267 Elmbrook | | | 1 2 / D D / Y Y Y Y 1 2 0 0 6 | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23230 | | | | | | | | | | | | |
| | Dallas | <u> </u> | 75247-5247 | Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | | | | | |
| | Name of Employer Propath Laboratory, Inc. | Occupation Pathologi | ist | | | | | | | | | | | | | |
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| IT | EMIZED RECEIPTS | | Detailed Summary Page | | Х | 11a | | 11b | | 11c | 12 | | _ | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | |
| \mathbb{Z} | College of American Pathologists Politic | al Action C | Committee | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Anthony Paul Walker, Dr. | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address Dept of path 160 N Midland Ave | | | 1 2 / D D / Y Y Y Y 1 4 / 2 0 0 6 | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID: SA11A1.23169 | | | | | | | | | | |
| | Nyack | NY | 10960 | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | | | | 220 | 0.00 |) | | |
| | Name of Employer Nyack Hospital | Occupation Pathologi | | | 1 | | | | | | | | | | |
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| | Primary General | - | | | | | | | | | | | | | |
| | Other (specify) | 0 0 | 220.00 | , | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) W. William West, Dr. | | | | D | ate of | Rec | eipt | | | | | | | |
| | Mailing Address Dept of Path/Microbiolog 983135 Nebraska Med C | | | 1 2 3 0 2 0 0 6 Transaction ID: SA11A1.23207 | | | | | | | | | | | |
| | City | State | Zip Code | | Tr | ansad | ction | ID: | SA1 | 1A1.2 | 23207 | 7 | | | |
| | Omaha | NE | 68198-3135 | | A | moun | t of E | ach | Rece | ipt this | s Peric | bd | | | |
| | FEC ID number of contributing federal political committee. | C | | | | | | 1 | | | 300 | 0.00 |) | | |
| | Name of Employer Univ of Nebraska Med Ctr | Occupation Pathologi | | | | | | | | | | | | | |
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| | Primary General | | 200.00 | | | | | | | | | | | | |
| | Other (specify) | 0 0 | 300.00 |) | | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) L. Thomas Williams, Dr. | | | | D | ate of | Rec | eipt | | | | | | | |
| | Mailing Address Pathology Department 8303 Dodge Street | | | | | ^м 12 |] / [| | ^D /7 | Y | ² 0 (| | | | |
| | City | State | Zip Code | | | | | | | | 23188 | | | | |
| | Omaha | NE | 68114 | | A | moun | t of E | ach | Rece | ipt this | s Perio | bd | | | |
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| | Name of Employer Methodist Hospital | Occupation Pathologi | | | 1 | | | | | | | | | | |
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| IT | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 33 (check only one) 11a X 11a 13 14 15 16 | | | | | | | | | |
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| Ar | ny information copied from such Reports and St for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions oslicit contributions from such committee. | | | | | | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) College of American Pathologists Politi | | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Davis Carl Winberg, Dr. Mailing Address 211 S Orange Grove Bl | vd #12 | | Date of Receipt | | | | | | | | | |
| | | | | 11 28 2006 | | | | | | | | | |
| | City Pasadena | State CA | Zip Code 91105 | Transaction ID: SA11A1.23156 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 150.00 | | | | | | | | | |
| | Name of Employer Providence St. Joseph Med Ctr Receipt For: | Occupatio Patholog | | | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 400.00 |] | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) L. Sherry Woodhouse, Dr. | | | Date of Receipt | | | | | | | | | |
| | Mailing Address 1440 Coral Ridge Dr #2 | 296 | | 12 04 YYYY 12006 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23229 | | | | | | | | | |
| | Coral Springs | FL | 33071 | Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | | | | | |
| | Name of Employer Pathology Consultants of S Broward | Occupatio Patholog | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 750.00 |] | | | | | | | | | |
| <u>с.</u> | Full Name (Last, First, Middle Initial) D Louis Wright, Dr. | | | Date of Receipt | | | | | | | | | |
| | Mailing Address PO Box 998 | | | 12 / ^D D / <u>Y Y Y Y</u> 12 28 2006 | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA11A1.23253 | | | | | | | | | |
| | Charleston | SC | 29402 | Amount of Each Receipt this Period | | | | | | | | | |
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| | Name of Employer Pathology Services Associ- ates LLC Receipt For: | Occupatio Patholog | | | | | | | | | | | |
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| s | UBTOTAL of Receipts This Page (optional) | | | 3150.00 | | | | | | | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $\langle \rangle$ | College of American Pathologists Political | Action Com | mittee | | | | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) | | | | | | | | | 21B.23 | 282 | | | |
| | Sun Trust Bank | | | | | _ | | Disbur | | | Y Y | Y | | |
| | Mailing Address PO Box 85024 | | | | | 1 | 2 | | 04 | | ² o ò e | 5 | | |
| | City Richmond | | Zip Code 23285-5024 | | | Ar | noun | t of Ead | ch Disl | burseme | nt this I | Period | | |
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| | BANK SERVICES CHARGES | | | L | | | | | | | | | | |
| | Candidate Name | | | | ategory/ Type | | | | | | | | | |
| | Office Sought: House Disburse Senate | ement For: Primary | General | | | | | | | | | | | |
| | President | Other (specif | | | | | | | | | | | | |
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| В. | Full Name (Last, First, Middle Initial) Sun Trust Bank | | | | | | | ction I | - | 21B.23 | 283 | | | |
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| | Mailing Address PO Box 85024 | | | | | 1 | 2 | | 06 | | 2006 | 5 | | |
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| | Senate President | Primary Other (specif | General | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Sun Trust Bank | | | | | | | ction I Disbur | | 21B.23 | 284 | | | |
| | Mailing Address DO D. 05004 | | | | | - 1 | ^M 2 ^M | / D | 09 | / Y | žoòe | Y | | |
| | Mailing Address PO Box 85024 | | | | | | - | | 0.0 | L. | 2000 | , | | |
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| | | he name and address of any political comr | ny person for the purpose of solicating contributions nittee to solicit contributions from such committee |
| Α. | Sun Trust Bank Mailing Address PO Box 85024 | | Transaction ID: SB21B.23285 Date of Disbursement |
| | City Richmond Purpose of Disbursement BANK SERVICE CHARGES Candidate Name | | Amount of Each Disbursement this Period 38.50 egory/ |
| | Office Sought: House Senate President State: District: | Disbursement For: Primary General Other (specify) ▼ | ype |

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| | NAME OF COMMITTEE (In Full) | | | COIL | | | 5010 | | ibut | 10113 | noi | II SUCH | COIII | millee | | |
| \langle | College of American Pathologists Political | Action Co | mmittee | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN | | | | | | | Date | of D | isbu | rser | | - | - | | |
| | Mailing Address 426 C STREET, NE | | | | | | | 1 [™] 2 | М | | 1 | 2 | 2 | źoòe | 3 [°] | |
| | City WASHINGTON | State DC | Zip Code 20002 | | | | | Amou | int o | f Ea | ch [| Disburs | | | | |
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| | Candidate Name | | | | | egory/ /pe | | | | | | | | | | |
| | X Senate X President | ement For: Primary Other (spe | 2008 General ecify) V | | | | | | | | | | | | | |
| | State: IA District: Full Name (Last, First, Middle Initial) | | | | | | | Trans | act | ion I | • ים | SB23.3 | 0307 | · / | | |
| В. | CUMMINGS FOR CONGRESS CAMPAIG | N COMMI | TTEE | | | | | Date | | isbu | rser | ment | | źoòe | Y | |
| | Mailing Address PO BOX 1631 | | | | | | | 1 2 | | | 1 | | | | | |
| | City BALTIMORE | State MD | Zip Code 21203 | | | | | Amou | int o | f Ea | ch [| Disburs | | | | 1 |
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| | State: MD District: 07 | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS | | | | | | | Trans Date | of D | isbu | rser | | | | V | |
| | Mailing Address PO BOX 586 | | | | | | | 1 2 | | | 1 | Ĭ | 2 | źoòe | 3 ' | |
| | HÉLENA | State MT | Zip Code 59624 | | | | | Amou | int o | f Ea | ch [| Disburs | | - | | 1 |
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| | y Information copied from such Reports and Statem or commercial purposes, other than using the name NAME OF COMMITTEE (In Full) College of American Pathologists Political | e and address of a | any political | | | | | | | | | | |
| A. | HÉLENA Purpose of Disbursement Candidate Name | MT 59 | Code 624 2008 General | | tegory/ Гуре | Date | of Disbur | | ŹOŎ | Period | | | |
| В. | President State: MT District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 607 14th Street N.W. Suite 800 | Other (specify) | ▼ | | | | of Disbur | | 3263 (2 0 Ŏ | 6 ^Y | | | |
| | Washington Purpose of Disbursement debt retirement Candidate Name | DC 200 ement For: Primary | Code 005 2006 General | | tegory/ Гуре | Amc | unt of Eac | h Disburse | ement this | | | | |
| С. | Full Name (Last, First, Middle Initial) HERSETH FOR CONGRESS Mailing Address PO Box 2009 City Sioux Falls Purpose of Disbursement Candidate Name Office Sought: X House Disburses | | Code 101 2008 General ▼ | | tegory/ Гуре | Date | of Disbur | | źoŏ | Period | | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| $\langle \rangle$ | College of American Pathologists Political | Action Committee | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) LINC PAC | | | | | | Date | | sburse | | | | Y | |
| | Mailing Address 818 Connecticut Ave, NW Suite 1100 | 1 | | | | | 11 | | 2 | 8 ⁷ | 2 | 2 0 Ò 6 | 6 | |
| | | State Zip Code DC 20006 | | | | | Amou | nt of | Each | Disburs | - | | | - |
| | Purpose of Disbursement | | | U | | | L. | | | | | 4000. | 00 | |
| | Candidate Name | | | ate Ty | gory/ pe | | | | | | | | | |
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| В. | MARY'S PAC | | | | | | Date | of Di | sburse | | | | Y | |
| | Mailing Address 1155 21ST STREET NW SUITE 300 | | | | | | ^M 2 | M / | □ 1 | B / | Ż | έοŏe | 3 | |
| | | State Zip Code DC 20036 | | | | | Amou | nt of | Each | Disburs | - | | | - |
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| | Candidate Name | | | ate Ty | gory/ pe | | | | | | | | | |
| | Office Sought: House Disburse Senate President X | ment For: 2006 Primary General Other (specify) ▼ | | | | | | | | | | | | |
| | State: District: OTHER | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE | | | | | | Date | of Di | sburse | | | | | |
| | Mailing Address POST OFFICE BOX 5928 | 3 | | | | | [™] 1 | M / | ^D 2 | 8 | Ž | é o ò e | 3 [°] | |
| | | State Zip Code NC 27113 | | | | | Amou | nt of | Each | Disburs | - | - | | |
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| Ν | NAME OF COMMITTEE (In Full) | | - | | | | | | | | | |
| \mathbb{V} | College of American Pathologists | Political Action | n Committee | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | sactio | n ID: S | B23.2 | 328 | 1 | |
| Α. | SEARCHLIGHT LEADERSHIP F | UND | | | | Date | of Dist | bursem | ent | | | |
| | Mailing Address 422 C STREET LOWER LEVEL | | | | | ¹ 2 | M / | ^D 1 8 | / Y | ž | 0 ð 6 | Y |
| | City WASHINGTON | State DC | Zip Code 20002 | | | Amou | unt of E | Each Di | isburse | - | | |
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