

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 03 01 2007 through 03 31 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 04 19 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

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	57199.94									
(c) Total Receipts (from Line 19)	35005.00	59838.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92204.94	127442.65								
7. Total Disbursements (from Line 31)	69646.70	104884.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22558.24	22558.24								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

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	22875.00	39455.00
(i) Itemized (use Schedule A)	12130.00	20383.00
(ii) Unitemized	35005.00	59838.00
(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)	35005.00	59838.00
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))	35005.00	59838.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35005.00	59838.00

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.....	146.70	284.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	146.70	284.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	104500.00
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))..	69646.70	104884.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	69646.70	104884.41

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)	35005.00	59838.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35005.00	59738.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	146.70	284.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	146.70	284.41

**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 / 39
	<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. Richard Anderson, Dr.

Mailing Address Department of Pathology
801 S Washington St

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.23594

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
L. Kenneth Bengtson, Dr.

Mailing Address Dept of Pathology
1701 SE Hillmoor Dr

City Port St Lucie State FL Zip Code 34952

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

Name of Employer AmeriPath INC 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
03 / 29 / 2007

Transaction ID: SA11A1.23541

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John Peter Benson, Dr.

Mailing Address Pathology Department
3300 Oakdale North

City Robbinsdale State MN Zip Code 55422

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

Name of Employer North Memorial 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
03 / 15 / 2007

Transaction ID: SA11A1.23645

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 7 / 39
	<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. Joseph Karl Blessinger, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Department of Pathology 172 4th Street SE		Transaction ID: SA11A1.23608
City State Zip Code Huron SD 57350	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Huron Regional 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. A. Bruce Britton, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Department of Pathology 2827 Ft. Missoula Road		Transaction ID: SA11A1.23576
City State Zip Code Missoula MT 59804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Christopher Bullock		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address Department of Pathology 1501 W Chisholm St		Transaction ID: SA11A1.23533
City State Zip Code Alpena MI 49707-1498	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alpena Reg Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 39
	<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. R. Peter Burke, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address Laboratory Director PO Box 1370 133 Fairfield St		Transaction ID: SA11A1.23652	
City St Albans	State VT	Zip Code 05478	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern 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. D Jeffrey Cao, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 11021 Campus St Ste 301		Transaction ID: SA11A1.23619	
City Loma Linda	State CA	Zip Code 92350-1701	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Loma Linda Univ Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Victor John Carlson, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address Pathology Prof Svcs Inc 200 Portland St		Transaction ID: SA11A1.23559	
City Columbia	State MO	Zip Code 65201	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Boyce & Bynum PS Inc	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: (check only one)	PAGE 9 / 39
	<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. Alexander Castiello		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address Lab 100 North Crest Dr		Transaction ID: SA11A1.23647
City Springfield	State TN	Zip Code 37172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer NorthCrest Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Q. Jack Causey, Dr.		Date of Receipt MM / DD / YYYY 03 / 20 / 2007
Mailing Address Laboratory 4500 13th St		Transaction ID: SA11A1.23631
City Gulfport	State MS	Zip Code 39501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Hospital	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) C. Ramon Fernando De Castro, Dr.		Date of Receipt MM / DD / YYYY 03 / 30 / 2007
Mailing Address 250 Fountain Ct		Transaction ID: SA11A1.23589
City Lexington	State KY	Zip Code 40509-1888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatopathology Reference Lab	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)	▶	2250.00
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 10 / 39
	<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 Carol Dittmann, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address Dept of Path PO Box 160105		Transaction ID: SA11A1.23665	
City State Zip Code Mobile AL 36608-6608		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Laboratory Associates Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Elizabeth Mary Fowkes, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 524 E 20th St Apt 1G		Transaction ID: SA11A1.23655	
City State Zip Code New York NY 10009		Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NYU Med Ctr Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) M Paul Gibbs, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2308 Sandridge Dr		Transaction ID: SA11A1.23579	
City State Zip Code Dayton OH 45439-1856		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer CompuNet Clinical Labs Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1575.00
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 / 39
	<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 Juan Gonzalez-Vitale, Dr.

Mailing Address 1225 NE 2nd Ave

City State Zip Code
Portland OR 97232-2003

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

Name of Employer Legacy Central Lab 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
03 / 23 / 2007

Transaction ID: SA11A1.23617

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
J. Joseph Goswitz, Dr.

Mailing Address 311 Woodlawn Avenue

City State Zip Code
St. Paul MN 55105

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

Name of Employer 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
03 / 30 / 2007

Transaction ID: SA11A1.23632

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J Cameron Hall

Mailing Address 6046 Knight Arnold Rd Suite 101

City State Zip Code
Memphis TN 38115

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

Name of Employer Trumbull Laboratories, LLC 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
03 / 13 / 2007

Transaction ID: SA11A1.23714

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 12 / 39
	<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. Andrew Horvath, Dr.

Mailing Address Department of Pathology
PO Box 26666

City State Zip Code
Albuquerque NM 87125-6666

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

Name of Employer Presbyterian Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.23667

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
J. Bharat Jhaveri, Dr.

Mailing Address Dept of Path
1925 Pacific Ave

City State Zip Code
Atlantic City NJ 08401

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

Name of Employer Atlantic City Medical Center 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
03 / 23 / 2007

Transaction ID: SA11A1.23545

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Belinda Susan Kern, Dr.

Mailing Address 1775 Prestwick Dr

City State Zip Code
Inverness IL 60067

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.23651

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 13 / 39
	<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. Albert Edward Klein, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address Path and Lab Consult of LI 200 Belle Terre Rd		Transaction ID: SA11A1.23696
City Port Jefferson	State NY	Zip Code 11777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer St. Charles Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. L. Linton Kuchler, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Dept. of Pathology 743 Spring St. NE		Transaction ID: SA11A1.23648
City Gainesville	State GA	Zip Code 30501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northeast Georgia Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. R Paula Larson, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 7700 Floyd Curl Dr		Transaction ID: SA11A1.23688
City San Antonio	State TX	Zip Code 78229-3979
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 / 39
	<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. Edwin Leschhorn		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address Dept of Path One Riverview Plz		Transaction ID: SA11A1.23676	
City State Zip Code Red Bank NJ 07701		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Riverview Medical Center 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 Rodger Lewis, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address PO Box 870 1209 Bishop ST		Transaction ID: SA11A1.23548	
City State Zip Code Union City TN 38281-0870		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Baptist Memorial Hosp-Uni-on City 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. S. Judy Lyzak, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address Department of Pathology 1201 S Main St		Transaction ID: SA11A1.23694	
City State Zip Code Crown Point IN 46307		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation St. Anthony Med Ctr 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)	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 15 / 39
	<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)
G. Jacqueline Monheit, Dr.

Mailing Address 5463 Darnell St

City State Zip Code
Houston TX 77096

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

Name of Employer Occupation
Baylor College of Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.23551

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Michael Myhre, Dr.

Mailing Address 1151 Miller St

City State Zip Code
Boise ID 83702-6965

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

Name of Employer Occupation
IDX Pathology, PA Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: SA11A1.23610

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Saraswathi Nair

Mailing Address Dept of Path
Maple St

City State Zip Code
Norwalk CT 06856

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

Name of Employer Occupation
Norwalk 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
03 / 23 / 2007

Transaction ID: SA11A1.23653

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 16 / 39
	<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. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 5287 Poola St		Transaction ID: SA11A1.23583
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2007
Mailing Address 5287 Poola St		Transaction ID: SA11A1.23584
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 5287 Poola St		Transaction ID: SA11A1.23585
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	700.00
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 / 39
	<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)
Lester James Newsome, Dr.

Mailing Address 1600 Carraway Blvd

City Birmingham State AL Zip Code 35234-1913

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

Name of Employer Lab Corp of America 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
 03 / 30 / 2007

Transaction ID: SA11A1.23614

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
I. Stephen Noel, Dr.

Mailing Address 7935 Slate Ct

City New Port Richey State FL Zip Code 34654-5627

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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2007

Transaction ID: SA11A1.23733

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
James Ogburn

Mailing Address 2504 County Rd 4825

City Athens State TX Zip Code 75752-5157

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

Name of Employer East Texas Med Ctr-Athens 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
 03 / 23 / 2007

Transaction ID: SA11A1.23593

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 18 / 39
	<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. H. Ruth Oneson, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address Dept of Pathology 3509 French Park Dr Ste D		Transaction ID: SA11A1.23607
City State Zip Code Edmond OK 73034	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Pathology Consultants PC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. D. Wilfredo Pacio, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address Dept of Path 950 W Wooster St		Transaction ID: SA11A1.23730
City State Zip Code Bowling Green OH 43402	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wood County 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. Prabha Partap		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 8 Dunleith Dr		Transaction ID: SA11A1.23581
City State Zip Code Ladue MO 63124-1895	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer County Surgical	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 19 / 39
	<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 Paulson, Dr.

Mailing Address 425 Anthwyn Rd

City Narberth State PA Zip Code 19072-2301

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

Name of Employer Bryn Mawr 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
03 / 23 / 2007

Transaction ID: SA11A1.23563

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ross Donald Peven, Dr.

Mailing Address Dept of Pathology
44405 Woodward Ave

City Pontiac State MI Zip Code 48341-2985

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

Name of Employer St. Joseph Mercy Oakland 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
03 / 30 / 2007

Transaction ID: SA11A1.23700

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
D. Pamela Pierce, Dr.

Mailing Address Department of Pathology
1701 E 23rd St

City Hutchinson State KS Zip Code 67502-7502

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

Name of Employer Hutchinson 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
03 / 23 / 2007

Transaction ID: SA11A1.23609

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 20 / 39
	<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)
James Michael Pushchak, Dr.

Mailing Address 23 Martin Lane

City State Zip Code
Cherry Hills Villa CO 80113

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

Name of Employer Occupation
Exempla Lutheran Med Ctr 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
03 / 29 / 2007

Transaction ID: SA11A1.23595

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
K. Vickie Rezai, Dr.

Mailing Address 187 Hazel Ave.

City State Zip Code
Glencoe IL 60022

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

Name of Employer Occupation
Our Lady of the Resurrection 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 Y
03 / 23 / 2007

Transaction ID: SA11A1.23661

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
K. Sateesh Satchidanand, Dr.

Mailing Address Department of Pathology
2605 Harlem Road

City State Zip Code
Cheektowaga NY 14225

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

Name of Employer Occupation
St. Joseph Hosp 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
03 / 29 / 2007

Transaction ID: SA11A1.23699

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 21 / 39
	<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. Michael Schaldenbrand, Dr.

Mailing Address Department of Pathology
PO Box 2500

City Dearborn State MI Zip Code 48123-2500

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

Name of Employer Oakwood 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
03 / 30 / 2007

Transaction ID: SA11A1.23657

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
F. Jay Schamberg, Dr.

Mailing Address 8901 W Lincoln Ave

City Milwaukee State WI Zip Code 53227

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

Name of Employer ACL Laboratories 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
03 / 23 / 2007

Transaction ID: SA11A1.23530

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
W. John Skinner, Dr.

Mailing Address 124 Woodlands Dr

City Falmouth State ME Zip Code 04105-1191

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

Name of Employer Memorial Med Ctr Baptist Campus 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
03 / 29 / 2007

Transaction ID: SA11A1.23623

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 22 / 39
	<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) S Mark Synovec, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Laboratory 1500 SW 10th Street		Transaction ID: SA11A1.23711
City State Zip Code Topeka KS 66606	Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Stormont-Vail Reg Health Ctr Occupation Pathologist	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) M James Thornbery, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address General Medical Labs 36 S Brooks Street		Transaction ID: SA11A1.23635
City State Zip Code Madison WI 53715	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Meriter Laboratories Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Andrew Michael Todd, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 200 State Hwy 30 W		Transaction ID: SA11A1.23639
City State Zip Code New Albany MS 38652-3112	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Michael A Todd, MD, PA Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1850.00
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 / 39
	<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. Yoshinori Tokunaga		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address Department of Pathology 433 W High St		Transaction ID: SA11A1.23575	
City State Zip Code Bryan OH 43506		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Community Hosps of Williams County Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. V. Devendra Trivedi, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address Peoria-Tazewell Pathology Group 221 NE Glen Oak Avenue		Transaction ID: SA11A1.23637	
City State Zip Code Peoria IL 61636		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Methodist Med Ctr of Illinois 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. C Jack Turner, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address Dept of Path 142 S Main St		Transaction ID: SA11A1.23588	
City State Zip Code Danville VA 24541-2987		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Danville Reg Méd Ctr 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) ▶	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 24 / 39
	<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. M Robert White, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address Bellview at Jefferson		Transaction ID: SA11A1.23567	
City State Zip Code Roanoke VA 24033-3367	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Carilion Roanoke Memorial 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. Howard John Wolk, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address Department of Pathology 24 Hospital Avenue		Transaction ID: SA11A1.23586	
City State Zip Code Danbury CT 06810	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Danbury 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. B William Woodward, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address Dept of Path Po Box 3011		Transaction ID: SA11A1.23566	
City State Zip Code Gillette WY 82717-3011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Campbell County Memorial 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) ▶	22875.00

**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)

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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.23799 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Services Chrgs Suntrust	<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

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.23800 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Chrgs Amex	<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

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.23801 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Richmond	State VA	Zip Code 23285-5024
Purpose of Disbursement Bank Service Chrgs Amex	<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

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="114.30"/>
TOTAL This Period (last page this line number only)	<input type="text" value="114.30"/>

**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. BOSWELL FOR CONGRESS		Transaction ID: SB23.23771 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 301 4th St., NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03		
Category/Type			
Category/Type			

Full Name (Last, First, Middle Initial) B. CHARLES BOUSTANY JR. FOR CONGRESS		Transaction ID: SB23.23773 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 1000.00	
City Lafayette State LA Zip Code 70598	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07		
Category/Type			
Category/Type			

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: SB23.23741 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address 430 South Capital Street, SE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type			
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)

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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. Diana DeGette for Congress		Transaction ID: SB23.23739 Date of Disbursement 03 / 16 / 2007	
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	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. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.23774 Date of Disbursement 03 / 29 / 2007	
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Candidate Name 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. ENGEL FOR CONGRESS		Transaction ID: SB23.23746 Date of Disbursement 03 / 16 / 2007	
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00	
City Bronxville State NY Zip Code 10708	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	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) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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. ERIC PAC		Transaction ID: SB23.23795 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
Category/ Type		

Full Name (Last, First, Middle Initial) B. Eshoo for Congress		Transaction ID: SB23.23748 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 555 Capital Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.23775 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO BOX 3197 P O BOX 118		Amount of Each Disbursement this Period 2500.00
City LITTLE ROCK State AR Zip Code 72203		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

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)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BOEHNER		Transaction ID: SB23.23776	
Mailing Address 7908-I Cincinnati Dayton Road		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007	
City West Chester	State OH	Zip Code 45069	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH	District: 08		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN TANNER		Transaction ID: SB23.23778	
Mailing Address Post Office Box 1994		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007	
City Union City	State TN	Zip Code 38281	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 08		

Full Name (Last, First, Middle Initial) C. Friends of John Thune		Transaction ID: SB23.23779	
Mailing Address 224 North Phillips Avenue		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007	
City Sioux Falls	State SD	Zip Code 57104	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD	District:		

SUBTOTAL of Disbursements This Page (optional)	5500.00
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. FRIENDS OF LOIS CAPPS		Transaction ID: SB23.23781 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara State CA Zip Code 93121	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mike Ferguson		Transaction ID: SB23.23751 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Tim Holden		Transaction ID: SB23.23753 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Po Box 37		Amount of Each Disbursement this Period 1000.00
City St. Claire State PA Zip Code 17970	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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. Gene Green Congressional Campaign		Transaction ID: SB23.23754 Date of Disbursement
Mailing Address P.O. Box 16128		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Houston	State TX	Zip Code 77222
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 29	

Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS		Transaction ID: SB23.23805 Date of Disbursement
Mailing Address PO Box U		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 11	

Full Name (Last, First, Middle Initial) C. HERSETH FOR CONGRESS		Transaction ID: SB23.23756 Date of Disbursement
Mailing Address PO Box 2009		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 00	

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

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

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

FOR LINE NUMBER:
(check only one)

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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. HOOLEY FOR CONGRESS		Transaction ID: SB23.23782 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period 2000.00
City SALEM State OR Zip Code 97308	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HULSHOF FOR CONGRESS		Transaction ID: SB23.23783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Post Office Box 1621		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65010	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jim McCrery		Transaction ID: SB23.23784 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Po Box 22614		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22304	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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. Johnny's Half Shell		Transaction ID: SB23.23736 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 400 North Capital Street NW		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20001	Purpose of Disbursement in-kind Candidate Name John Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Category/ Type

Full Name (Last, First, Middle Initial) B. Latham for Congress		Transaction ID: SB23.23757 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00	
City Clarion State IA Zip Code 50525	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. LINC PAC		Transaction ID: SB23.23796 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 818 Connecticut Ave, NW Suite 1100		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20006	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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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. Mike Ross For Congress Campaign		Transaction ID: SB23.23758	
Mailing Address P.O. Box 360		Date of Disbursement MM / DD / YYYY 03 / 16 / 2007	
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR	District: 4		

Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Campaign		Transaction ID: SB23.23785	
Mailing Address P.O. Box 360		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007	
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR	District: 4		

Full Name (Last, First, Middle Initial) C. Nathan Deal for Congress		Transaction ID: SB23.23759	
Mailing Address P.O. Box 16021		Date of Disbursement MM / DD / YYYY 03 / 16 / 2007	
City Alexandria	State VA	Zip Code 22302	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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. NRCC Full Name (Last, First, Middle Initial) Mailing Address 320 First St. SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.23760 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 5000.00
--	--	---

B. PALLONE FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 3176 City LONG BRANCH State NJ Zip Code 07740 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.23761 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 1000.00
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C. Pat Roberts for Senate Full Name (Last, First, Middle Initial) Mailing Address P.O. Box City Great Bend State KS Zip Code 67530 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.23762 Date of Disbursement 03 / 16 / 2007 Amount of Each Disbursement this Period 500.00
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SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: SB23.23807 Date of Disbursement 03 / 16 / 2007	
Mailing Address PO BOX 8331		Amount of Each Disbursement this Period 1000.00	
City FREMONT	State CA	Zip Code 94537	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 13		

Full Name (Last, First, Middle Initial) B. Price for Congress		Transaction ID: SB23.23787 Date of Disbursement 03 / 29 / 2007	
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 2500.00	
City Roswell	State GA	Zip Code 30077	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 6		

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: SB23.23765 Date of Disbursement 03 / 16 / 2007	
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2500.00	
City New York	State NY	Zip Code 10027	Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY	District: 15		

SUBTOTAL of Disbursements This Page (optional)	6000.00
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. ROGERS FOR CONGRESS		Transaction ID: SB23.23766 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address Post Office Box 581 Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress		Transaction ID: SB23.23810 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1000.00
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Tom Allen for Congress		Transaction ID: SB23.23789 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1000.00
City Falls Church State VA Zip Code 22046	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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. VIRGINIA FOXX FOR CONGRESS		Transaction ID: SB23.23768 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 11468 HWY 105		Amount of Each Disbursement this Period 1000.00
City BANNER ELK State NC Zip Code 28604	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VOICE FOR FREEDOM		Transaction ID: SB23.23791 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 2451 Cumberland Parkway Ste. 3264		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30339	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. VOLUNTEERS FOR SHIMKUS		Transaction ID: SB23.23769 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 5458		Amount of Each Disbursement this Period 1000.00
City Springfield State IL Zip Code 62705	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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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. WESTERN ACTON PAC		Transaction ID: SB23.23770																					
Mailing Address 406 VIRGINIA AVENUE		Date of Disbursement																					
City ALEXANDRIA State VA Zip Code 22302		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>		2000.00																			
2000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2007																					
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General																					
		<input checked="" type="checkbox"/> Other (specify) ▼																					
other																							

Full Name (Last, First, Middle Initial) B. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.23794																					
Mailing Address P.O. BOX 391		Date of Disbursement																					
City HOPKINSVILLE State KY Zip Code 42241		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: KY District: 01		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																					
		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

69500.00
