FEC FORM 3X	AN	EPORT ( ID DISB Other Than	URSEM	ENTS	ee		Office Use Only			
1. NAME OF COMMITTEE (in fu		FEC MAILING I		ample:If typing er the lines	, type					
College of American	street)	350 I Street, NW	ommittee							
Check if different than previously reported. (ACC	ent L	uite 590               / ashington 					20005			
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOL	)e 🔺		
C00274944			3. IS THIS REPORT		N) <b>OR</b>	AM (A	MENDED )			
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) 5 Report(Q2) 1 Report(Q3) 1 Report(YE) id-Year on-election ) (MY)	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Ele Report f (d) 30-Day <b>Post</b> -E Report f	Election on	)	12C)	Sep	12G) in the State o	Special (30S)		
5. Covering Period       01       01       2007       through       01       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       02       20       2007										
NOTE : Submission of fa	alse, erroneous I	, or incomplete in	formation may s	ubject the perse	on signing this	s Report to the	e penalties of 2 U.S	S.C 437g.		
Office Use Only							FEC FOR (Rev. 02/200			

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## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

R	eport Covering the Period: From:	0 1 Y Y W Y 0 1 2 0 0 7	To: 0 1 0 0 7 2 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 <sup>Y</sup> 2007 <sup>Y</sup> <sup>Y</sup>		67604.65
	(b) Cash on Hand at Begining of Reporting Period	67604.65	
	(c) Total Receipts (from Line 19)	16533.00	16533.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84137.65	84137.65
7.	Total Disbursements (from Line 31)	26073.34	26073.34
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58064.31	58064.31
).	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed <b>BY</b> 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

### Image# 27950078784

# DETAILED SUMMARY PAGE

14	FEC Form 3X (Rev. 02/2003)		Page 3
W	Irite or Type Committee Name College of American Pathologists Political	Action Committee	
R	eport Covering the Period: From:		To:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	10800.00	10800.00
	(ii) Unitemized	5733.00	5733.00
	(iii) TOTAL (add	16533.00	16533.00
	Lines 11(a)(i) and (ii) 🏴		
	(b) Political Party Committees	0.00	0.00
	<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) Þ	16533.00	16533.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
2	All Loans Received	0.00	0.00
<i>.</i>		0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
S.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
•	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	(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))	16533.00	16533.00
Ι.	Total Federal Receipts (subtract Line 18(c) from Line 19)	16533.00	16533.00

Image# 27950078785

## DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	73.34	73.34
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) <b>&gt;</b>	73.34	73.34
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	26000.00	26000.00
4.	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
	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (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 (add Lines 28(a), (b), and (c)) <b>&gt;</b>	0.00	0.00
29.	Other Disbursements	0.00	0.00
80.	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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26073.34	26073.34
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	26073.34	26073.34

#### Image# 27950078786

## DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	16533.00	16533.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16533.00	16533.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	73.34	73.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	73.34	73.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule or each category of the	e(s)	FOR LINE N (check only c	-	: PA	AGE 6/17					
			Detailed Summary Pag	e	13	14	15		16	17			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by an Iress of any political comm	y person t nittee to so	for the purpos plicit contribut	e of soli	citing co n such c	ontribu commit	tions ttee.				
Ν	NAME OF COMMITTEE (In Full)												
$\mathbb{Z}$	College of American Pathologists Politic	al Action C	Committee										
A.	Full Name (Last, First, Middle Initial) Paul Bachner				Date of R	eceipt							
	Mailing Address Dept of Pathology & Lab 800 Rose Street	Medicine			0 1 2 6 Y Y Y Y 0 1 2 6 2 0 0 7								
	City	State	Zip Code		Transaction ID: SA11A1.23348								
	Lexington	KY	40536-0298		Amount c	f Each F	Receipt tl	his Pe	riod				
	FEC ID number of contributing federal political committee.	C						100	0.00	0			
	Name of Employer Univ of Kentucky Hosp	Occupation Pathologi											
	Receipt For:		Year-to-Date 🔻										
	Primary General Other (specify) ▼	0 0	1000.	00									
в.	Full Name (Last, First, Middle Initial) G. Carl Becker, Dr.				Date of R	eceipt							
	Mailing Address Department of Pathology 8701 Watertown Plank F				0 1 / D D / Y Y Y Y 0 1 2 / 2 0 0 7								
	City	State	Zip Code	Transacti									
	Milwaukee	WI	53226	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C					60	0.00	0				
	Name of Employer Med College of Wisconsin	Occupation Pathologi											
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼	0 0	600.	00									
<u></u>	Full Name (Last, First, Middle Initial) K James Billman, Dr.				Date of R	eceipt							
	Mailing Address 1520 7th St				м м 0 1			Y 2 (	y 0 7				
	City	State	Zip Code		Transacti	on ID: S	SA11A1	1.233	39				
	Moline	IL	61265-2986		Amount c	f Each F	Receipt tl	his Pe	riod				
	FEC ID number of contributing federal political committee.	C						50	0.00	0			
	Name of Employer Metropolitan Medical Lab	Occupatior Pathologi											
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼	0 0	500.	00									
s	UBTOTAL of Receipts This Page (optional)			•				210	0.00	D			
Т	OTAL This Period (last page this line number on	ly)		►									

FEC Schedule A ( Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 7/17           (check only one)         11a         11b         11c         12           13         14         15         16         17						
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements 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)									
$\rangle$	College of American Pathologists Politic	al Action (	Committee							
Α.	Full Name (Last, First, Middle Initial) G. Jared Block, Dr.			Date of Receipt						
	Mailing Address CMC-University Laboratory			0 1 0 9 Y Y Y Y 0 1 0 9 2 0 0 7						
	City	State	Zip Code	Transaction ID: SA11A1.23377						
	Charlotte	NC	28262	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Carolinas Med Ctr	Occupation								
	Receipt For:	Patholog Aggregate	e Year-to-Date V							
	Primary General Other (specify) ▼		250.00	]						
— B	Full Name (Last, First, Middle Initial) J. Thomas Carroll, Dr.			Date of Receipt						
5.	Mailing Address St. Luke's Reg. Med. Ctr			M M / D D / Y Y Y Y						
	Pathology Department	State	Zip Code							
	Sioux City	IA	51104	Transaction ID: SA11A1.23330 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer unaffiliated	Occupation Patholog		_						
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼	0 0	250.00	]						
<u></u>	Full Name (Last, First, Middle Initial) Joaquin Miguel Farolan, Dr.			Date of Receipt						
	Mailing Address Dept. of Pathology 801 S Washington St			M M / D D / Y Y Y Y 0 1 0 9 2 0 0 7						
	City	State	Zip Code	Transaction ID: SA11A1.23335						
			60566-7060	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		900.00						
	Name of Employer Edward Hosp	Occupation Patholog								
	Receipt For:	, v	e Year-to-Date V	-						
	Primary     General       Other (specify) ▼	0 0	1000.00	]						
s	UBTOTAL of Receipts This Page (optional)			1400.00						
Т	OTAL This Period (last page this line number on	ly)		-						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	-	FOR LINE NUMBER: PAGE 8/17								
			or each category of the	(check on	<u> </u>	□		10					
			Detailed Summary Page	X 11a	11b	11c	H	12 16					
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso lress of any political committee to	n for the pur	bose of so	liciting co	ntribu ommi	itions					
	NAME OF COMMITTEE (In Full)												
$\rangle$	College of American Pathologists Politic	al Action C	Committee										
Α.	Full Name (Last, First, Middle Initial) A. Gary Gochman, Dr.			Date of Receipt									
	Mailing Address Dept of Pathology 9400 E. Rosecrans Aven	ue		M         M         /         D         D         /         Y									
	City	State	Zip Code	Transa	ction ID:	SA11A1	.233	04					
	Bellflower	CA	90706	Amour	t of Each	Receipt t	eceipt this Period						
	FEC ID number of contributing federal political committee.	C				 	2	50.0	0				
	Name of Employer Kaiser Permanente	Occupation Pathologi											
	Receipt For:	Ŭ Ŭ	Year-to-Date V	-									
	Primary General												
	Other (specify)	0 0	250.00										
в.	Full Name (Last, First, Middle Initial) Sylvester Michael Graff, Dr.			Date o	f Receipt								
	Mailing Address 290 Big Run Rd			м м 0 1	0 1 <sup>D D</sup> <sup>Y</sup> <del>Y Y Y</del> 2 0 0 7								
	City	State	Zip Code	Transa	Transaction ID: SA11A1.23346								
	Lexington	KY	40503-2903	Amount of Each Receipt this Period 1000.00									
	FEC ID number of contributing federal political committee.	C											
	Name of Employer Pathology & Cytology Labs	Occupation Pathologi											
	Inc Receipt For:	· · ·	Year-to-Date V	-									
	Primary General	33 3											
	Other (specify) 🔻		1000.00										
С.	Full Name (Last, First, Middle Initial) E Allan Hallquist, Dr.			Date o	f Receipt								
	Mailing Address 13351 Rosehawk Dr			01	/ D 0		Y 2	v 0 0 7					
	City	State	Zip Code	Transa	ction ID:	SA11A1	.233	43					
	Morningview	KY	41063	Amour	t of Each	Receipt t	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	C					5	00.0	0				
	Name of Employer Kings Daughters Med Ctr	Occupatior Pathologi		1									
	Receipt For:	-	Year-to-Date V	1									
	Primary General		500.00										
	Other (specify)	0 0											
s	UBTOTAL of Receipts This Page (optional)		••••••				175	50.0	0				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 17         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17							
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements 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	al Action (	Committee								
A.	Full Name (Last, First, Middle Initial) E. Thomas Higgins, Dr.			Date of Receipt							
	Mailing Address Department of Pathology 400 E Main St	/		0 1 1 8 Y Y Y Y 0 1 1 8 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.23391							
	<u>Mt Kisco</u>	NY	10549	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Northern Westchester Hosp	Occupation Patholog		-							
	Receipt For:	· · ·	Year-to-Date 🔻								
	Primary     General       Other (specify) ▼	0 0	250.00	]							
в.	Full Name (Last, First, Middle Initial) Ruth Laura Hofmeister, Dr.			Date of Receipt							
	Mailing Address 834 McKenzie Ave			0 1 1 2 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.23306							
	Watsonville	CA	95076-3526	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Kaiser Santa Clara Med Ctr	Occupation Patholog									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify) ▼	0 0	250.00	]							
с.	Full Name (Last, First, Middle Initial) S. N. Levi Jones			Date of Receipt							
	Mailing Address Department of Pathology 1102 W. Mac Arthur	/		M M / D D / Y Y Y Y 01 19 2007							
	City	State	Zip Code	Transaction ID: SA11A1.23399							
	Shawnee	OK	74804	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Unity Health Center	Occupation Patholog									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Primary General Other (specify) ▼	0 0	250.00	]							
s	UBTOTAL of Receipts This Page (optional)			750.00							
Т	OTAL This Period (last page this line number on	ly)									

FEC Schedule A ( Form 3X) Rev. 02/2003

61	CHEDULE A (FEC Form 3X)	[		FO	FOR LINE NUMBER: PAGE 10 / 17									
	· · /		Use separate schedule(s) or each category of the	-	eck onl	-								
П	EMIZED RECEIPTS		Detailed Summary Page	X	11a	$\Box$	11b		11c		12	_		
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso lress of any political committee to	on for solici	the purp t contrik	pose outior	of so ns fro	licitin m su	ig cor ich co	ntribu ommi	itions ttee.			
$\overline{\Lambda}$	NAME OF COMMITTEE (In Full)													
$\mathbb{Z}$	College of American Pathologists Politic	al Action C	Committee											
Α.	Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr.			Date of Receipt										
	Mailing Address Dept of Pathology 290 Big Run Rd				0 1 / D D / Y Y Y Y 0 1 2 / 2 0 0 7									
	City	State	Zip Code	-	Transa	ctior	ו ID:	SA1	1A1	.233	47			
	Lexington	KY	40503	_	Amoun	nt of E	Each	ch Receipt this Period						
	FEC ID number of contributing federal political committee.	C								10	00.0	0		
	Name of Employer Pathology & Cytology Labs Inc.	Occupation Pathologi												
	Receipt For:		Year-to-Date V											
	Primary General		1000.00	1										
	Other (specify)	0 0	1000.00											
в.	Full Name (Last, First, Middle Initial) Enrique Antonio Martinez, Dr.				Date of	f Rec	eipt							
	Mailing Address Dept of Path Blum Bldg Rm 2400			M M / D D / Y Y Y Y 01 26 2007										
	City	State	Zip Code	-	Transaction ID: SA11A1.23318									
	Miami Beach	FL	33140	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Mt Sinai Med Ctr	Occupation Pathologi												
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		250.00	1										
	Other (specify)	0 0	230.00											
c.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.				Date of	f Rec	eipt							
	Mailing Address 5287 Poola Street				<sup>м</sup> 1	1		D / 6	Y		0 <sup>°</sup> 07			
	City	State	Zip Code		Transa									
	Honolulu	HI	96821		Amoun	nt of E	Each	Rece	eipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	C							<u> </u>	3	00.0	0		
	Name of Employer Straub Clinic & Hosp	Occupation Pathologi												
	Receipt For:		Year-to-Date V											
	Primary General		200.00											
	Other (specify)	300.00												
s	UBTOTAL of Receipts This Page (optional)			•					•	155	50.0	0		
Т	OTAL This Period (last page this line number or	ıly)		- ►										

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	-	eck only	-					, .			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X	11a		11b	$\square$	11c	$\square$	12			
					13		14		15		16	17		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	on for th	ne purp contrib	ose	of so ns fro	licitin m su	ig cor ich co	ntribu omm	utions ittee.			
Ν	NAME OF COMMITTEE (In Full)													
$\mathbb{Z}$	College of American Pathologists Politica	al Action C	Committee											
A.	Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr.				Date of	Rec	eipt							
	Mailing Address ACL Laboratories 2900 W. Oklahoma Aver				0 1 / 3 0 / Y Y Y Y 2 0 0 7									
	City	State	Zip Code	-						1.23417				
	Milwaukee	WI	53215-4330	- /	Amoun	t of E	ach	Rece	eipt th	nis Pe	eriod			
	FEC ID number of contributing federal political committee.	C								5	00.0	0		
	Name of Employer St. Luke's Med Ctr	Occupation Pathologi												
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		500.00	1										
	Other (specify)	0 0												
в.	Full Name (Last, First, Middle Initial) Irene Lauren O'Brien, Dr.				Date of	Rec	eipt							
	Mailing Address Path Clin Lab			1.0	м м 01	1/		D /	Y		A A T			
	100 W California Blvd City	State	Zip Code		0 1 1 2 2 0 0 7 Transaction ID: SA11A1.23303									
	Pasadena	CA	91105-3010		Amount of Each Receipt this Period									
			31103-3010		Amoun		acin	nece	apt ti		U			
	FEC ID number of contributing federal political committee.	C							5	00.0	0			
	Name of Employer Huntington Memorial Hospi-	Occupation												
	tal	Pathologi		_										
	Receipt For: Primary General	Aggregate	Year-to-Date V											
	Other (specify)	0 0	500.00											
 C.	Full Name (Last, First, Middle Initial) A. Richard Savage, Dr.			- r	Date of	Rec	eipt							
	Mailing Address Department of Pathology 1111 6th Avenue	/		_ ۱ [	м м 0 1		D	D / 9	Y		0 0			
	City	State	Zip Code	╡╴	ransa	u L	_		1A1					
	Des Moines	IA	50314-2611		Amount									
	FEC ID number of contributing	0			-					-	00.0	0		
	federal political committee.	C								10	00.0			
	Name of Employer Mercy Med Ctr-Des Moines	Occupation Pathologi												
	Receipt For:		Year-to-Date V	_										
	Primary General	, iggi oguto		1										
	Other (specify)	1000.00												
s	UBTOTAL of Receipts This Page (optional)									20	00.0	0		
т	OTAL This Period (last page this line number on	ly)		. [										

ITEMIZED RECEIPTS       or each category of the Detailed Summary Page       Image: Im	SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 17 (check only one)											
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College of American Pathologists Political Action Committee         A. Fill Name (Last, First, Middle Initial)         A. Fill Name (Last, First, Middle Initial)         Mailing Address Department of Pathology 400 State of Franklin Road         City         State         City         Name of contributing         City         Other (specify)         City         City         Date of Receipt         Pathologist         Receipt For:         Primary         Cancer Court         Mailing Address         Bity         Date of Receipt         Tallahassee         Field Name (Last, First, Middle Initial)         City         State       Zip Code         Tallahassee         Pathologist         Receipt For:         Pathologist         Receipt For:         Parand Employer												is is				
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$\langle$	College of American Pathologists Politi	cal Action Committee																		
Δ	Full Name (Last, First, Middle Initial)						Trans			-	-	343	1							
Α.	<ul> <li>Rangel for Congress</li> </ul>						Date of Disbursement													
	Mailing Address PO Box 5577 Manhat	anville Station	01 25 2007											<b>,</b>						
	City New York						Amount of Each Disbursement this Pe													
	Purpose of Disbursement											1	500.	00						
	Candidate Name		С		egory/ ype															
	Office Sought: X House Disb Senate President	xrsement For: 2008 X Primary Gener Other (specify) ▼	al																	
	State: NY District: 15																			
В.	Full Name (Last, First, Middle Initial) Roskam for Congress						Trans Date o	of Di	sburs	eme										
	Mailing Address 423 W. Wesley Street								$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 1 \end{array} \\ 2 \\ 1 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 1 \\ 1 \end{array} \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$											
	City Wheaton	State Zip Code IL 60189					Amount of Each Disbursement this Period													
	Purpose of Disbursement								1000.00											
	Candidate Name	Туре								_										
	Office Sought: X House Disb Senate President	X Primary Gener Other (specify) ▼	al																	
	State: IL District: 06																			
C.	Full Name (Last, First, Middle Initial) The Freedon Project						Trans Date o	of Di	sburs	eme										
	Mailing Address 509 7TH Street, NW 3rd Floor						<sup>™</sup> 1	M	2	25	/ Y	Ž	o ò 7	, Y						
	City Washington	StateZip CodeDC20004					Amou	nt o	Each	ı Dis	burse	-		_	bd					
	Purpose of Disbursement		Г				L.					2	2500.0	00						
	Candidate Name		C		egory/ ype															
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s	UBTOTAL of Disbursements This Page (option	al)			. 🕨	•						5	000.0	00						
Т	OTAL This Period (last page this line number of	nly)				•	L.													

FEC Schedule B (Form 3X) Rev. 02/2003

S	CHEDULE B (FEC Form 3X)			NUMBER: PAGE 17/17
	· · · ·	Use seperate schedule(	s) (check only	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 🗙 23 🗌 24 🗌 25 🗌 26
		Detailed Summary Page		-28a $-28b$ $-28c$ $-29$ $-30b$
An	y Information copied from such Reports and Statem	lents may not be sold or us	ed by any person f	
	for commercial purposes, other than using the name			
$\mathbf{\nabla}$	NAME OF COMMITTEE (In Full)			
$ \rangle$	College of American Pathologists Political	Action Committee		
$\mathbb{Z}$	5			
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.23434
Α.	The Pryce Project			Date of Disbursement
				01 / 31 / 2007
	Mailing Address 1155 21st Street, NW Suite 300			01 31 2007
		State Zip Code		Amount of Each Disbursement this Period
		DC 20036		
	Purpose of Disbursement			2500.00
	Candidate Name		Category/	
			Туре	
		ment For: 2007		
	Senate	Primary X Genera		
	President	Other (specify)		
	State: District:			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.23442
Б.	Vern Buchanan for Congress			Date of Disbursement
	Mailing Address P.O. Box 48928			$     \begin{array}{c}             M \\             0 \\           $
	1.0. Dox 40020			
	)	State Zip Code		Amount of Each Disbursement this Period
	Sarasota	FL 34230		
	Purpose of Disbursement			1000.00
	One did to Name			
	Candidate Name		Category/ Type	
	Office Sought: X House Disburse	ment For: 2008	1,120	
	· · · · · · · · · · · · · · · · · · ·	Primary General		
	President	Other (specify)		
	State: FL District: 13	· · · · ·		

SUBTOTAL of Disbursements This Page (optional)	►	3500.00
TOTAL This Period (last page this line number only)	►	26000.00
FEC Schedule B (Form 3X) Rev. 02/2003		