

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
----------------------------------------	---------------------------------------	----------------------------------------

Election on _____ in the State of _____

5. Covering Period 03 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer Dr. Alfred Wray Campbell

Signature of Treasurer Electronically Filed by Dr. Alfred Wray Campbell Date 04 19 2006

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	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		46180.02
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	33212.54									
(c) Total Receipts (from Line 19)	25295.00	58774.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58507.54	104954.02								
7. Total Disbursements (from Line 31)	56353.43	102799.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2154.11	2154.11								
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	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	18635.00	43190.00
(i) Itemized (use Schedule A)	6660.00	15584.00
(ii) Unitemized	25295.00	58774.00
(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)	25295.00	58774.00
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))	25295.00	58774.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25295.00	58774.00

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.....	253.43	699.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	253.43	699.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56100.00	102100.00
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	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))	0.00	0.00
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))..	56353.43	102799.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	56353.43	102799.91

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)	25295.00	58774.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25295.00	58774.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	253.43	699.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	253.43	699.91

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 / 30
	<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. David Amberger, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 2036 Hau St		Transaction ID: SA11A1.20025	
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALOHA Laboratories Inc	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. H Rao Andavolu, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address Department of Pathology 253 Witherspoon Street		Transaction ID: SA11A1.19924	
City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ Med Ctr at Princeton	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. N. Stephen Bauer, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address Laboratory 6501 Coyle Ave.		Transaction ID: SA11A1.19927	
City Carmichael	State CA	Zip Code 95608	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy San Juan 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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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. Paul Biddinger		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006	
Mailing Address Department of Pathology 231 Albert Sabin Way		Transaction ID: SA11A1.19930	
City State Zip Code Cincinnati OH 45267-0529		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Univ of Cincinnati Med Ctr Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. O. Cathy Blight, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006	
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.20012	
City State Zip Code Flint MI 48503		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hurley Med Ctr 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. P. Eleni Boutsos, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2006	
Mailing Address Department of Pathology 120 N. Oak Street		Transaction ID: SA11A1.19917	
City State Zip Code Hinsdale IL 60521		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation DuPage Pathology Associates Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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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College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. A. Kim Collins, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address Forensic & Autopsy Pathology 165 Ashley Ave		Transaction ID: SA11A1.20038
City Charleston	State SC	Zip Code 29425-0690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Univ of South Carolina	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 Patricia Devine, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006
Mailing Address 330 Main St #304		Transaction ID: SA11A1.20015
City Wakefield	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lowell General Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. S. Theresa Emory, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 10368 Wallace Alley St Ste 18		Transaction ID: SA11A1.19919
City Kingsport	State TN	Zip Code 37663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Highlands Pathology Cnslts P.C.	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. A. Richard Essman, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 4275 Birch Street, NE		Transaction ID: SA11A1.19996
City State Zip Code St Petersburg FL 33703	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. E. Gene Ewing, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Department of Pathology 5909 Harry Hines Blvd.		Transaction ID: SA11A1.20016
City State Zip Code Dallas TX 75235	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer St. Paul Univ Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. P. John Fullenwider, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address Department of Pathology 2301 South Lamar Blvd		Transaction ID: SA11A1.20046
City State Zip Code Oxford MS 38655	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Baptist 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)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<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. Gerald Hanson, Dr.

Mailing Address 15150 Froedtert Drive

City Elm Grove State WI Zip Code 53122-2317

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

Name of Employer Midwest Clinical Laboratories 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 / 01 / 2006

Transaction ID: SA11A1.19910

Amount of Each Receipt this Period
 250.00

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

Mailing Address Dept. of Laboratory Service
1805 Medical Center Drive

City San Bernardino State CA Zip Code 92411

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

Name of Employer San Bernardino 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 / 17 / 2006

Transaction ID: SA11A1.19940

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
N. Anthony Hui, Dr.

Mailing Address Dept of Pathology
390 E Longview St

City Fayetteville State AR Zip Code 72703

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

Name of Employer NWA Path Assoc 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 / 17 / 2006

Transaction ID: SA11A1.19941

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 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
J Carmen Julius, Dr.

Mailing Address 634 Mohawk School Rd

City State Zip Code
Edinburg PA 16116

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

Name of Employer Occupation
St. Elizabeth Health 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 / 2006

Transaction ID: SA11A1.19998

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Teresa Kathryn Knight, Dr.

Mailing Address 208 S Goose Hill Rd

City State Zip Code
Rocky Face GA 30740

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

Name of Employer Occupation
Unaffiliated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.20058

Amount of Each Receipt this Period
535.00

C. Full Name (Last, First, Middle Initial)
L. Rosanna Lapham, Dr.

Mailing Address 101 East Wood Street

City State Zip Code
Spartanburg SC 29303

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

Name of Employer Occupation
Spartanburg Pathology Associates, PA 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 / 17 / 2006

Transaction ID: SA11A1.19944

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1285.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 / 30
<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)
R. Arvid Magnuson, Dr.

Mailing Address Department of Pathology
444 Bruce Street

City Yreka State CA Zip Code 96097

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

Name of Employer Fairchild 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 / 31 / 2006

Transaction ID: SA11A1.20064

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
S. John McCullough, Dr.

Mailing Address Department of Pathology
1771 Madison St

City Clarksville State TN Zip Code 37043

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

Name of Employer Gateway Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11A1.19952

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
E. John McDonald, Dr.

Mailing Address Dept of Pathology
4401 Booth Calloway

City North Richland Hil State TX Zip Code 76180

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

Name of Employer North Hills 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 / 17 / 2006

Transaction ID: SA11A1.19953

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 13 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. E. Richard McLendon, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 1211 Union Ave		Transaction ID: SA11A1.19955	
City State Zip Code Memphis TN 38104-6600	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duckworth Pathology Group	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. Joseph James Navin, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 5287 Poola Street		Transaction ID: SA11A1.19920	
City State Zip Code Honolulu HI 96821	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Straub Clinic & Hosp	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. M. Susan Rendon, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 913B North Blvd East		Transaction ID: SA11A1.20002	
City State Zip Code Leesburg FL 34748	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Medical Laboratories, PA	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) ▶	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 14 / 30
	<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. F. Jay Schamberg, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 8901 W Lincoln Ave		Transaction ID: SA11A1.19964	
City State Zip Code Milwaukee WI 53227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ACL Laboratories Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. N. Jared Schwartz, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address Dept of Lab Med & Pathology PO Box 33549		Transaction ID: SA11A1.19980	
City State Zip Code Charlotte NC 28233		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Presbyterian Health Care Sys Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. M. Thomas Sodeman, Dr.		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address Chairman Laboratory Medicine 10 Nevada Dr		Transaction ID: SA11A1.19982	
City State Zip Code Lake Success NY 11042-1114		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation North Shore LIJ HS Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5300.00
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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
W. Robert Wahl, Dr.

Mailing Address Department of Pathology
2300 Patterson Street

City State Zip Code
Nashville TN 37203

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

Name of Employer Occupation
Centennial 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
03 / 17 / 2006

Transaction ID: SA11A1.19969

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
M. Thomas Wheeler, Dr.

Mailing Address Department of Pathology
One Baylor Plaza

City State Zip Code
Houston TX 77030

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.19983

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
H. Steven Wilson, Dr.

Mailing Address Laboratory
1395 S Pinellas Ave

City State Zip Code
Tarpon Springs FL 34689

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

Name of Employer Occupation
Helen Ellis Memorial 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 / 30 / 2006

Transaction ID: SA11A1.20023

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
E Mark Zuckerman

Mailing Address 41 Highland Ave

City State Zip Code
Winchester MA 01890

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

Name of Employer Occupation
Winchester Hosp Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.19988

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	18635.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.20119 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 15.86
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement bank service charges Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.20120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 15.00
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Moneris ACH deposit charges Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.20121 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 50.50
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Account analysis fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	81.36
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 30

<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.20122 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 146.19
City Richmond	State VA Zip Code 23285-5024	
Purpose of Disbursement Intuit software fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.20142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 25.88
City Richmond	State VA Zip Code 23285-5024	
Purpose of Disbursement American Express service charges		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

172.07

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

253.43

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 30

<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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: NM District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.20108

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: NM District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.20109

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BASS VICTORY COMMITTEE

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: NH District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.20096

Date of Disbursement

03 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

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)

PAGE 20 / 30

<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. CANTOR FOR CONGRESS		Transaction ID: SB23.20074 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 600.00	
City Richmond State VA Zip Code 23226	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CHARLES BOUSTANY JR. FOR CONGRESS		Transaction ID: SB23.20075 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
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 State: LA District: 07 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. COBURN FOR SENATE 2010		Transaction ID: SB23.20076 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address POST OFFICE BOX 977 3300 N. Olmulgee St.		Amount of Each Disbursement this Period 1000.00	
City MUSKOGEE State OK Zip Code 74402	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COMMITTEE FOR A DEMOCRATIC MAJORITY		Transaction ID: SB23.20078 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement PAC Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. CONGRESSIONAL MAJORITY COMMITTEE		Transaction ID: SB23.20081 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P. O. BOX 746		Amount of Each Disbursement this Period 5000.00
City Bakersfield State CA Zip Code 93302		
Purpose of Disbursement PAC contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.20097 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P O BOX 2008		Amount of Each Disbursement this Period 1500.00
City MURFREESBORO State TN Zip Code 37133		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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. DEVIN NUNES CAMPAIGN COMMITTEE		Transaction ID: SB23.20110 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 6545		Amount of Each Disbursement this Period 2000.00
City VISALIA State CA Zip Code 93290	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: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVE WELDON		Transaction ID: SB23.20082 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 968		Amount of Each Disbursement this Period 2000.00
City Melbourne State FL Zip Code 32902	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF DON SHERWOOD		Transaction ID: SB23.20098 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 81 WARREN STREET		Amount of Each Disbursement this Period 1000.00
City TUNKHANNOCK State PA Zip Code 18657	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 30

<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 KENT CONRAD		Transaction ID: SB23.20099 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City BISMARCK State ND Zip Code 58502		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK J. KENNEDY, INC.		Transaction ID: SB23.20083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 1000.00
City Pawtucket State RI Zip Code 02862		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROY BLUNT		Transaction ID: SB23.20100 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2500.00
City Springfield State MO Zip Code 65805		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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. HERSETH FOR CONGRESS		Transaction ID: SB23.20101 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. HOOSIERS SUPPORTING BUYER FOR CONGRESS		Transaction ID: SB23.20102 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 200 N. Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. JD HAYWORTH FOR CONGRESS		Transaction ID: SB23.20103 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 3000.00
City Scottsdale State AZ Zip Code 85260		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

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

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

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

FOR LINE NUMBER:
(check only one)

<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. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.20104																					
Mailing Address P.O. Box 2368		Date of Disbursement																					
City Joliet State IL Zip Code 60434		<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>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	8		2	0	0	6														
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: 2006																					
State: IL District: 11		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. JOE WILSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.20084																					
Mailing Address Post Office Box 2145		Date of Disbursement																					
City West Columbia State SC Zip Code 29171		<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>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
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: 2006																					
State: SC District: 02		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. LATHAM FOR CONGRESS		Transaction ID: SB23.20086																					
Mailing Address PO Box 71		Date of Disbursement																					
City Clarion State IA Zip Code 50525		<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>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
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: 2006																					
State: IA District: 04		<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)

<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. lee PAC		Transaction ID: SB23.20092 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 4451 Brookfield Corporate Drive Suite 200		Amount of Each Disbursement this Period 2000.00
City Chantilly State VA Zip Code 20151		
Purpose of Disbursement PAC contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. MCCREY FOR CONGRESS COMMITTEE		Transaction ID: SB23.20088 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2000.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04		

Full Name (Last, First, Middle Initial) C. MCCREY FOR CONGRESS COMMITTEE		Transaction ID: SB23.20089 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04		

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

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

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

FOR LINE NUMBER:
(check only one)

<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 THOMPSON FOR CONGRESS		Transaction ID: SB23.20112 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95841		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.20090 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO BOX 902		Amount of Each Disbursement this Period 1500.00
City GAINESVILLE State GA Zip Code 30503		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) C. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.20091 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO BOX 902		Amount of Each Disbursement this Period 1500.00
City GAINESVILLE State GA Zip Code 30503		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input 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)

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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. PALLONE FOR CONGRESS		Transaction ID: SB23.20105 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	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: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pomeroy for Congress		Transaction ID: SB23.20146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO BOX 746		Amount of Each Disbursement this Period 1500.00
City BISMARCK State ND Zip Code 58502	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Price for Congress		Transaction ID: SB23.20093 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
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 State: GA District: 6	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

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

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

Full Name (Last, First, Middle Initial) A. Price for Congress		Transaction ID: SB23.20094 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Price for Congress		Transaction ID: SB23.20095 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 5000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RYAN FOR CONGRESS		Transaction ID: SB23.20115 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2006 <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)

PAGE 30 / 30

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

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

Full Name (Last, First, Middle Initial) A. TAMMY BALDWIN FOR CONGRESS		Transaction ID: SB23.20117 Date of Disbursement																					
Mailing Address P O BOX 696		<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>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	3	1	/	2	0	0	6														
City MADISON	State WI	Zip Code 53701	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 02																						

Full Name (Last, First, Middle Initial) B. TOWNS, EDOLPHUS		Transaction ID: SB23.20148 Date of Disbursement																					
Mailing Address 286 HIGHLAND BOULEVARD		<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>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	7	/	2	0	0	6														
City BROOKLYN	State NY	Zip Code 11207	Amount of Each Disbursement this Period																				
Purpose of Disbursement		1500.00																					
Candidate Name		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 10																						

Full Name (Last, First, Middle Initial) C. WESTERN ACTION PAC		Transaction ID: SB23.20106 Date of Disbursement																					
Mailing Address 2780 Olive Drive		<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>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	2	8	/	2	0	0	6														
City Cheyenne	State WY	Zip Code 82001	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC contribution		3000.00																					
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State:	District: Other																						

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	56100.00