(Rev. 02/2003)

## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines College of American Pathologists Political Action Committee 1350 I Street, NW ADDRESS (number and street) Suite 590 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00274944 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Alfred Wray Campbell Type or Print Name of Treasurer Electronically Filed by Dr. Alfred Wray Campbell 08 17 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

port Covering the Period: From:	01 2006	To: 0 7 3 1 2 0 0 6
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
a) Cash on Hand January 1		46180.02
b) Cash on Hand at Begining of Reporting Period	11728.05	
c) Total Receipts (from Line 19)	39765.00	196963.00
d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51493.05	243143.02
Total Disbursements (from Line 31)	24219.79	215869.76
Cash on Hand at Close of		
' "	27273.26	27273.26
Debts and Obligations owed TO		
he committee (Itemize all on	0.00	
he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	(a) Cash on Hand January 1  (b) Cash on Hand at Begining of Reporting Period	COLUMN A This Period  (a) Cash on Hand January 1  (b) Cash on Hand at Begining of Reporting Period

### 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

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

College of American Pathologists Political Action Committee

0 1 м м 0 7 м м 0 7 3<sup>D</sup>1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25500.00 127060.00 (i) Itemized (use Schedule A) .......... 14265.00 69903.00 (ii) Unitemized ..... (iii) TOTAL (add 39765.00 196963.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 39765.00 196963.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 39765.00 196963.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts

39765.00

196963.00

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	740.70	2402.70
	Expenditures	719.79	3169.76
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	719.79	3169.76
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	23500.00	212700.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
<b>J</b> .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
О.	Loan nepayments iviade		
	Loans MadeRefunds of Contributions To:	0.00	0.00
Ο.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		0 0 0 0 0 0 0
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	V	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	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))	24219.79	215869.76
_	T. 15 1 18:1		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	(333,301 =110 = 1(4)(1) 110111 =1110 00(4)(11)	24219.79	215869.76

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	39765.00	196963.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	39765.00	196963.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	719.79	3169.76
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	719.79	3169.76

## S

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	y information copied from such Reports and Stat- for commercial purposes, other than using the na			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) Nabil Al-Annouf			Date of Receipt
	Mailing Address 2601 Holme Ave			07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.21377
	Philadelphia	PA	19152-2096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Nazareth Hosp	Occupation Pathologi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) D. Garrett Alcorn, Dr.			Date of Receipt
	Mailing Address Department of Pathology 16251 Sylvester Road, S			07 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.21568
	Seattle	WA	98166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Highline Community Hosp	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) F. Dale Andres, Dr.			Date of Receipt
	Mailing Address Department of Pathology 1000 4th Street SW	,		07 19 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.21500
	Mason City	IA	50401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Med Ctr-North Iowa	Occupation		
	Receipt For:	Pathologi Aggregate	Year-to-Date ▼	<del> </del>
	Primary General	23 -9-10		7
	Other (specify)		500.00	_
	URTOTAL of Receipts This Page (optional)			1250.00

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

SC	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/32
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\geq$	College of American Pathologists Politica	I Action C	Committee	
	Full Name (Last, First, Middle Initial) W. Eric Arntson, Dr.			Date of Receipt
	Mailing Address 407 14th Ave SE			07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.21379
	Puyallup WA		98371	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Good Samaritan Hosp	Occupation Pathologi		
			Year-to-Date ▼	
	Primary General		F00.00	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.			Date of Receipt
	Mailing Address Department of Pathology 23775 Northwestern Hwy			07 19 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.21501
	Southfield	MI	48075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Professional' Lah Manageme-	Occupation		
	<u>nt</u>	Pathologi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
— Э.	Full Name (Last, First, Middle Initial) F. Paul Atkinson, Dr.			Date of Receipt
	Mailing Address Department of Pathology			M " M / D " D / Y " Y " Y " Y
	1000 Johnson Ferry Road		7: 0 /	07 19 2006
	City	State	Zip Code	Transaction ID: SA11A1.21502
	Atlanta	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Northeido Hoen	Occupation		
		Pathologi		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
				·
SI	JBTOTAL of Receipts This Page (optional)		······	1250.00
T	This Period (last nage this line number only	v)		

COLLED III E A (EEO E a mar OV)		]		FOR LINE NUMBER: PAGE 8 / 32		
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
۸r	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any pers			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	College of American Pathologists Politic	al Action C	Committee			
	Conege of American't athologists I onto	Jai Motion C	ommittee			
	Full Name (Last, First, Middle Initial)					
A.	E. Michael Bailey, Dr.			Date of Receipt		
	Mailing Address PO Box 3758			M M / D D / Y Y Y Y		
				07 14 2006		
	City	State	Zip Code	Transaction ID: SA11A1.21452		
	Corpus Christi	TX	78463-3758	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	Name of Employer	Occupation		$\dashv$		
	Pathology Associates of	Pathologi				
	Corpus Christi Receipt For:		Year-to-Date ▼	$\dashv$		
	Primary General	Aggregate	Teal-10-Date ¥			
	Other (specify)		500.00			
	caner (epocary) 🔻	0 0	0 0 0 0 0 0 0	4		
_	Full Name (Last, First, Middle Initial)			+		
В.	A. Jane Bennett-Munro, Dr.			Date of Receipt		
	Mailing Address PO Box 409			M M / D D / Y Y Y Y		
	650 Addison Ave W			07 28 2006		
	City	State	Zip Code	Transaction ID: SA11A1.21569		
	Twin Falls	ID	83301	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.	9				
	Name of Employer Magic Valley Reg Med Ctr	Occupation	1	7		
	Magic Valley Reg Med Ctr	Pathologi	st			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	7		
	Other (specify) ▼		250.00			
C.	Full Name (Last, First, Middle Initial) C. Joseph Bergeron, Dr.			Date of Receipt		
	Mailing Address 5 Huckleberry Ln			M M / D D / Y Y Y Y		
				07 28 2006		
	City	State	Zip Code	Transaction ID: SA11A1.21634		
	Acton	MA	01720	Amount of Each Receipt this Period		
	FEC ID number of contributing			300.00		
	federal political committee.	C		300.00		
	Name of Employer	Occupation	 1	Ⅎ		
	Quigley Memorial Hospital	Pathologi				
	Receipt For:		Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼		300.00			
_						
s	UBTOTAL of Receipts This Page (optional)			1050.00		
$\vdash$	·			-		

SCHEDULE A (FEC Form 3X)		ſ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/32				
	MIZED RECEIPTS		or each category of the		(check only one)			
_			Detailed Summary Page	X 11a 13	11b	11c	12	□ 17
Any or fo	information copied from such Reports and State r commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purp	ose of soli	citina con	tributions	;
\ N	IAME OF COMMITTEE (In Full)							
$\rangle$ $^{\circ}$	College of American Pathologists Politica	al Action C	ommittee					
_	ull Name (Last, First, Middle Initial) 1. Ian Birkett, Dr.			Date of	Receipt			
M	failing Address Po Box 55148			0 7	1		200	
C	ity	State	Zip Code	Transac	tion ID: S	SA11A1.	21411	
L	ittle Rock	AR	72215-5148	Amount	of Each F	Receipt thi	s Period	
	EC ID number of contributing ederal political committee.	С					250.0	00
N	lame of Employer It Vincent Health System	Occupation Pathologia						
R	leceipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
	Other (specify)		0 0 0 0 0 0 0					
_	ull Name (Last, First, Middle Initial) Indres Candela			Date of	Receipt			
N	Mailing Address 1717 North E St Ste 227				/ D .		Y   Y	
_	ity	07	tion ID: S		200	0		
	Pensacola	State FL	Zip Code 32901		of Each F			
_	EC ID number of contributing			711100111	Of Edon't	ioooipt tiii	1 1	
fe _	ederal political committee.	C					250.0	00
N T	lame of Employer he Pathology Group	Occupation Pathologis						
B	leceipt For:		Year-to-Date ▼					
	Primary General	1.55.15		1				
	Other (specify) ▼		250.00					
	ull Name (Last, First, Middle Initial) . Steven Collum, Dr.			Date of	Receipt			
N	lailing Address Department of Pathology 1235 East Cherokee Stre			0 7	/ D D		200	
	ity	State	Zip Code		tion ID: S			
_	Springfield	MO	65804-2263	Amount	of Each F	Receipt thi	s Period	
FEC ID number of contributing federal political committee.		C					250.0	00
N S	lame of Employer it. John's Reg Health Ctr	Occupation Pathologic						
R	leceipt For:	Aggregate	Year-to-Date ▼					
	Primary ☐ General Other (specify) ▼		250.00					
SUE	BTOTAL of Receipts This Page (optional)						750.0	0
	,							-

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/32
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Po	olitical Action (	Committee	
Full Name (Last, First, Middle Initial) S. DeWitt Davenport, Dr. Mailing Address PO Box 2918  City Harlingen  FEC ID number of contributing federal political committee.  Name of Employer Valley Baptist Med Ctr	State TX C Occupatio Patholog	ist	Date of Receipt  O 7  O 3  Z 0 0 6  Transaction ID: SA11A1.21340  Amount of Each Receipt this Period  500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Pedro Eduardo De La Flor Weiss, Dr.  Mailing Address Dept of Path 7305 N Military Trail City West Palm Beach  FEC ID number of contributing federal political committee.  Name of Employer VA Med Ctr-West Palm Beach  Receipt For: Primary General Other (specify)	State FL C Occupatio Patholog Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gaston Jeffrey Detweiler, Dr.  Mailing Address Laboratory 6100 Harris Parkway  City Ft Worth  FEC ID number of contributing federal political committee.  Name of Employer Harris Methodist Southwest  Receipt For: Primary General Other (specify)	State TX  C  Occupatio Patholog		Date of Receipt  M M M / 21 / 2006  Transaction ID: SA11A1.21527  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last nage this line numb	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial)  E. Rosemary Detweiler, Dr.  Mailing Address Department of Pathology			Date of Receipt
	6100 Harris Pkwy			07 21 2006
	City Ft Worth	State TX	Zip Code 76132	Transaction ID: SA11A1.21528  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70102	500.00
	Name of Employer Harris Methodist Southwest	Occupation Pathologi	st	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) A. Craig Dise, Dr.			Date of Receipt
	Mailing Address Department of Pathology 100 Madison Ave			07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Morristown	State NJ	Zip Code 07960	Transaction ID: SA11A1.21650
	FEC ID number of contributing federal political committee.	C	07900	Amount of Each Receipt this Period  500.00
	Name of Employer Morristown Memorial Hosp	Occupation Pathologia	st	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) L. Jon Fagre, Dr.			Date of Receipt
	Mailing Address 1015 N. Duff Avenue			07 21 7 2006
	City Ames	State IA	Zip Code 50010	Transaction ID: SA11A1.21529
	FEC ID number of contributing federal political committee.	C	30010	Amount of Each Receipt this Period  500.00
	Name of Employer Unaffiliated	Occupation Pathologia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
			<u>·</u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/32
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED NECEIP 13		Detailed Summary Page	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 ame and ado	ont 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.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	College of American Pathologists Politic	al Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) J Frank Foss			Date of Receipt
	Mailing Address 304 Belle Ave			07 28 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.21579
	Mankato	MN	56001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer LCM Pathologists PC	Occupation Pathologi		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			
В.	F. Alan Frigy, Dr.			Date of Receipt
	Mailing Address Department of Pathology	M M / D D / Y Y Y Y		
	1800 East Lakeshore Dri	7in Code	07 28 2006	
	City Decatur	State	Zip Code	Transaction ID: SA11A1.21582
		<u>IL</u>	62521-2521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Mary's Hosp	Occupation Pathologi		
	Receipt For:		Year-to-Date <b>V</b>	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		250.00	
_				
C.	Full Name (Last, First, Middle Initial) Lee Wayne Garrett, Dr.			Date of Receipt
	Mailing Address 96 Museum Way			M M / D D / Y Y Y Y
	-			07 05 2006
	City	State	Zip Code	Transaction ID: SA11A1.21373
	San Francisco	CA	94114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Doctors Med Ctr	Occupation Pathologi		
	Receipt For:		Year-to-Date <b>V</b>	
	Primary General		500.00	1
	Other (specify) ▼		300.00	1
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$				-
Ιт	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one)    X
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Frank Joseph Golubski, Dr. Mailing Address 2232 N 7th St			Date of Receipt
	City Sheboygan	State WI	Zip Code 53083-4923	Transaction ID: SA11A1.21584  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Sheboygan Memorial Med Ctr	Occupation Patholog	ist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Edina Grujic			Date of Receipt
	Mailing Address Bryn Mawr Hospital Pat 130 Bryn Mawr Ave		7in Code	07 03 2006
	City Bryn Mawr	State PA	Zip Code 19010	Transaction ID: SA11A1.21346
	FEC ID number of contributing federal political committee.	C	19010	Amount of Each Receipt this Period  500.00
	Name of Employer Bryn Mawr Hosp	Occupation Patholog		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) L. Randy Hamill, Dr.			Date of Receipt
	Mailing Address 612 Branett Way			07 14 2006
	City	State	Zip Code	Transaction ID: SA11A1.21470
	Evans	GA	30809-9468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Univ Hosp-Augusta	Occupation		
	Receipt For:	Patholog Aggregate	e Year-to-Date ▼	$\dashv$
	Primary General	, iggi egale		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica		• •	
Α.	Spartaphura Dáthalagy Acc	State SC C Occupation Pathologi Aggregate	st Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Other (specify) ▼  Full Name (Last, First, Middle Initial) R. Michael Harkey, Dr.  Mailing Address Department of Pathology	0 0	250.00	Date of Receipt
	City Tulsa FEC ID number of contributing federal political committee.	State OK	Zip Code 74136-1992	Transaction ID: SA11A1.21474  Amount of Each Receipt this Period  500.00
	St Francis Hoen	Occupation Pathologi Aggregate		
<b>-</b> .	Earouth MadiCtr	State NC C Occupation Pathologi		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number only			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 15 / 32
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politi	cal Action C	Jommittee	
Α.	Full Name (Last, First, Middle Initial)  A. Leon Isaac, Dr.			Date of Receipt
	Mailing Address Department of Patholog 241 North Street	ју		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.21348
	Poughkeepsie	NY	12601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer St. Francis Hosp	Occupation Pathologic		7
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) P. Michael Johnson, Dr.			Date of Receipt
	Mailing Address Dept of Pathology			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	503 E Thomason Cir	State	Zip Code	Transaction ID: SA11A1.21594
	Opelika	AL	36801	Amount of Each Receipt this Period
		AL	30001	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Localination		_
	Name of Employer Lee Pathology Lab, PA	Occupation Pathologic		
	Receipt For:		Year-to-Date ▼	
	Primary General	1.999		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Gregorius Joan Jones, Dr.			Date of Receipt
	Mailing Address Weill Med College 525 East 68 St			07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.21395
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer New York Presbyterian Hosp	Occupation Pathologic		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)	·····		730.00
$\Box$				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/32
	EMIZED RECEIPTS		or each category of the	(check only one)
"	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
01		aria aaa	liess of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		N	
/	College of American Pathologists Political Ad	ction C	committee	
<u></u>	Full Name (Last, First, Middle Initial)			
Α.	Albert Edward Klein, Dr.			Date of Receipt
	Mailing Address Path and Lab Consult of LI			M M / D D / Y Y Y Y
	200 Belle Terre Rd			07 28 2006
	City St	ate	Zip Code	Transaction ID: SA11A1.21595
	Port Jefferson N	Υ	11777	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	١.		350.00
	St Charles Hose	upation		
	Fai	hologi		_
		gregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify) ▼	0 0		
	Full Name (Lest First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) M. Darlene Lee, Dr.			Date of Receipt
	Mailing Address 1200 N Beaver			M M / D D / Y Y Y Y
	1200 14 200401			07 28 2006
	City St	ate	Zip Code	Transaction ID: SA11A1.21596
	<u>Flagstaff</u> Az	Z	86001	Amount of Each Receipt this Period
	EEC ID as well as of a satulbution.			
	federal political committee.	١.		500.00
	Flogetatt Mod Ctr	upation		
		hologi		
		gregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
_	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) H. Won Lee, Dr.			Date of Receipt
	Mailing Address 32371 Regency Court			M M / D D / Y Y Y Y
	a g sa sa cear integerity count			07 19 2006
	City St	ate	Zip Code	Transaction ID: SA11A1.21517
	Avon Lake O	Н	44012	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	١.		300.00
	Community Hoolth Partners	upation		
	West Campus Pal	hologi		4
		gregate	Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼			
,	UBTOTAL of Receipts This Page (optional)			1150.00
hd	ODITION OF THE OFFICE THIS FAGE (OPTIONAL)		······	
+	OTAL This Period (last page this line number only)			
	This i choc (last page this line number only)		······································	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or fo	rinformation copied from such Reports and Stator commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (	Committee	
A. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	Full Name (Last, First, Middle Initial) H. Edward Lipford, Dr.  Mailing Address 1031 Queens Road Wes  City  Charlotte  FEC ID number of contributing rederal political committee.  Name of Employer Carolinas Med Ctr  Receipt For:  Primary General Other (specify)  Cher (specify)  Mailing Address Dept of Path 814 LaPorte Ave  City  Valparaiso  FEC ID number of contributing rederal political committee.	State NC C Occupation Pathologi	Zip Code 28207	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer Porter Hosp  Receipt For:  Primary  General  Other (specify) ▼	Occupation Pathologi Aggregate		
C. :	Full Name (Last, First, Middle Initial) J. Paul McCarthy, Dr.  Mailing Address Department of Pathology 400 W. 16th St.  City  Pueblo  FEC ID number of contributing federal political committee.  Name of Employer Parkview Med Ctr  Receipt For:  Primary General Other (specify)	State CO  C Occupation Pathologi		Date of Receipt  M M / 28 / 2006  Transaction ID: SA11A1.21600  Amount of Each Receipt this Period  500.00
SU	BTOTAL of Receipts This Page (optional)			1000.00
TO	TAL This Period (last page this line number on	lv)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/32	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			, -		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 dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	College of American Pathologists Politica	al Action (	Committee		
۹.	Full Name (Last, First, Middle Initial) H. Arthur McTighe, Dr.			Date of Receipt	
	Mailing Address Cheif, Dept of Pathology 201 E University Pkwy			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: SA11A1.21601	
	Baltimore	MD	21218-2895	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		2000.00	
	Name of Employer Union Memorial Hospital	Occupation Patholog			
	Receipt For:		Year-to-Date ▼	7	
	Primary General Other (specify) ▼		2000.00		
			0 0 0 0 0 0 0	'	
3.	Full Name (Last, First, Middle Initial) Kamala Murali			Date of Receipt	
	Mailing Address Department of Pathology 14 Prospect St	•		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$	
	City	State	Zip Code	Transaction ID: SA11A1.21636	
	Milford	MA	01757	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Milford-Whitinsville Reg	Occupation Patholog			
	Hosp Receipt For:		Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
Э.	Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.			Date of Receipt	
	Mailing Address 1000 E 21st St Ste 4100			07 21 YYYY 2006	
	City	State	Zip Code	Transaction ID: SA11A1.21542	
	Sioux Falls	SD	57117-5050	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Physicians Laboratory Ltd	Occupation Patholog			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		500.00		
s	UBTOTAL of Receipts This Page (optional)			3000.00	Ī
	,				7
T	OTAL This Period (last page this line number on	lv)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one)  X 11a 11b 11c 12
An	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) C. Thomas Peeples, Dr.  Mailing Address Department of Pathology			Date of Receipt
	15855 19 Mile Rd			07 14 2006
	City Clinton Twp	State MI	Zip Code 48038	Transaction ID: SA11A1.21489
	FEC ID number of contributing federal political committee.	C	40050	Amount of Each Receipt this Period  300.00
	Name of Employer St Joseph Mercy Hospital Macomb Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Pathologi Aggregate		
3.	Full Name (Last, First, Middle Initial) Zein-Eldin Suzanne Powell, Dr.  Mailing Address Department of Pathology 6565 Fannin  City Houston  FEC ID number of contributing federal political committee.  Name of Employer The Methodist Hosp  Receipt For:  Primary General	State TX  C  Occupation Pathologi Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	Full Name (Last, First, Middle Initial) Cheng John Pui, Dr.  Mailing Address Dept of Path 32669 W Warren Ste 10	0 0		Date of Receipt  0 7 1 2 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.21435
	Garden City	MI	48135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Hilbrich Dermatopathology	Occupation Pathologic		
	Laboratory Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	650.00	
s	UBTOTAL of Receipts This Page (optional)			950.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 20/32
ITEMIZED RECEIPTS		or each category of the	(check only one)	<b>-</b>	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Δr	w information copied from such Reports and St	atomonte may	y not be cold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	College of American Pathologists Politi	cal Action (	Committee		
Α.	Full Name (Last, First, Middle Initial)  A. Robert Quirey, Dr.			Date of Receipt	
	Mailing Address 2560 N Shadeland Ave			07 28	2006
	City	State	Zip Code	Transaction ID: S	
	Indianapolis	IN	46219	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer AmeriPath Indiana	Occupation Pathologic			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	0 0 0 0 0 0		
В.				Date of Receipt	
	Mailing Address Dept of Pathology 1310 McCullough Ave			07 28	2006
	City	State	Zip Code	Transaction ID: S	
	San Antonio	TX	78212	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Metropolitan Methodist Ho- sp	Occupation Pathologic			
	Receipt For:		Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)	0 0	1000.00		
C.	Full Name (Last, First, Middle Initial)  A. Thomas Ruma, Dr.			Date of Receipt	
	Mailing Address 6901 North 72nd Street			07 19	2006
	City	State	Zip Code	Transaction ID: S	
	Omaha	NE	68122-3495	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Alegent Immanuel Med Ctr	Occupation Pathologic			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	200.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
$\vdash$	·		-		• • • • • • • • • • • • • • • • • • • •
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

9	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 21 / 32		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12		
			Detailed Summary Page	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
$\rangle$	College of American Pathologists Politic	cal Action C	Committee			
Α.	Full Name (Last, First, Middle Initial) Weldon Sanford			Date of Receipt		
	Mailing Address PO Box 5528			07 19 2006		
	City	State	Zip Code	Transaction ID: SA11A1.21521		
	Manchester	NH	03108-5528	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Catholic Med Ctr	Occupation Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		500.00			
В.	Full Name (Last, First, Middle Initial)  A. Richard Savage, Dr.			Date of Receipt		
	Mailing Address Department of Pathology 1111 6th Avenue	07 14 2006				
	City	State	Zip Code	Transaction ID: SA11A1.21492		
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Mercy Med Ctr	Occupation Pathologi		7		
	Receipt For:	,	Year-to-Date ▼			
	Primary General	35 -5		1		
	Other (specify) ▼	1	1000.00			
				*		
C.	Full Name (Last, First, Middle Initial) B. John Schweitzer, Dr.			Date of Receipt		
	Mailing Address Department of Pathology PO Box 70568	у		07 12 2006		
	City	State	Zip Code	Transaction ID: SA11A1.21437		
	Johnson City	TN	37614-0568	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer East Tennessee State Univ	Occupation Pathologi				
	Receipt For:		Year-to-Date ▼	7		
	Primary General	-		1		
	Other (specify) ▼		300.00			
	<u> </u>					
s	UBTOTAL of Receipts This Page (optional)			1800.00		
$\vdash$	. 3 (1 -7			-		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/32
ITEMIZED RECEIPTS	or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	ents may not be sold or used by any persore and address of any political committee to	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
College of American Pathologists Political A	Action Committee	
Full Name (Last, First, Middle Initial)  A. Peter Scully, Dr.		Date of Receipt
Mailing Address Laboratory 4230 Burnham Ave	7.01	07 28 2006
•	State Zip Code NV 89119	Transaction ID: SA11A1.21614  Amount of Each Receipt this Period
FEO ID worth or of a satisfaction	O SOLID	250.00
federal political committee.		230.00
Associated Pathologists	ccupation athologist	1
Chartered	ggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Jo Ann Shaw		Date of Receipt
Mailing Address Department of Pathology 706 Green Valley Rd Ste 10	)4	07 28 2006
	State Zip Code	Transaction ID: SA11A1.21615
Greensboro	NC 27408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Groonshoro Pathology Assoc	ecupation athologist	1
171	ggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  2. E Anna Sienko, Dr.		Date of Receipt
Mailing Address Dept of Path 6565 Fannin B154		07 28 2006
City	State Zip Code	Transaction ID: SA11A1.21617
Houston	TX 77030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
The Methodist Hosp	ccupation athologist	
Receipt For:	ggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number only).	<b>&gt;</b>	

5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		AGE 23/32
ITEMIZED RECEIPTS			or each category of the	(check only one)	. □ 40
• •			Detailed Summary Page	X 11a 11b 11 13 14 15	<b>→ −</b>
An	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso		
or		ame and add	dress of any political committee to	solicit contributions from such	committee.
	NAME OF COMMITTEE (In Full)	-1 A -11 - 1	Da		
/	College of American Pathologists Politic	ai Action (	ommittee		
_	Full Name (Last, First, Middle Initial)				
٦.	Michael Steve Skoumal, Dr.			Date of Receipt	
	Mailing Address 246 N 18th PO Box 2537			07 28	2006
	City	State	Zip Code	Transaction ID: SA11	A1.21619
	Pocatello	ID	83201	Amount of Each Receipt	this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer Western Pathology Associa-	Occupation			
	tes	Patholog		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
3.	Full Name (Last, First, Middle Initial) O. V. Speights, Dr.			Date of Receipt	
٠.	Mailing Address Department of Pathology	, , , , , , , , , , , , , , , , , , ,		M M / D D /	YYYY
	2401 S. 31st Street	•		07 16	2006
	City	State	Zip Code	Transaction ID: SA11	<b>A</b> 1.21499
	Temple	TX	76508-6508	Amount of Each Receipt	this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Scott and White Memorial	Occupation			
	Hosp Receipt For:	Patholog	ıst e Year-to-Date ▼		
	Primary General	Aggregate			
			500.00	<b> </b>	
	Other (specify)				
		0 0			
 D.	Full Name (Last, First, Middle Initial)	0 0		Date of Receipt	
<u> </u>		0 0		Date of Receipt	Y
<b>D</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street			07 21	2006
<b>-</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street City	State	Zip Code	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555
<b>.</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street  City Lima	ОН		07 21	2 0 0 6 A1.21555
<b>C</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street City		Zip Code	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555
<b>C</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.	OH	Zip Code 45801	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
<b>C</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing	OH C Occupation	Zip Code 45801	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
<b>D.</b>	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.	OH C Occupation Patholog	Zip Code 45801	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
<b>C</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.  Name of Employer St. Rita's Medical Center	OH C Occupation Patholog	Zip Code 45801  n ist e Year-to-Date ▼	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
<b>D.</b>	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.  Name of Employer St. Rita's Medical Center  Receipt For:	OH C Occupation Patholog	Zip Code 45801	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
<b>D</b> .	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.  Name of Employer St. Rita's Medical Center  Receipt For: Primary General	OH C Occupation Patholog	Zip Code 45801  n ist e Year-to-Date ▼	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
C.	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr.  Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.  Name of Employer St. Rita's Medical Center  Receipt For: Primary General Other (specify)	OCCUPATION Patholog Aggregate	Zip Code 45801  n ist  Year-to-Date ▼ 250.00	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 t this Period
S.	Full Name (Last, First, Middle Initial) J. Joseph Sreenan, Dr. Mailing Address 730 W Market Street  City Lima  FEC ID number of contributing federal political committee.  Name of Employer St. Rita's Medical Center  Receipt For: Primary General	OCCUPATION Patholog Aggregate	Zip Code 45801  n ist  Year-to-Date ▼ 250.00	0 7 2 1  Transaction ID: SA11	2 0 0 6 A1.21555 It this Period 250.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24/32
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic	cal Action C	Committee	
^	Full Name (Last, First, Middle Initial)			Date of Descript
Α.	G. John Steigerwald, Dr.			Date of Receipt
	Mailing Address 3349 Lake Dr			07 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.21557
	Hillsdale	MI	49242-9654	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Hillsdale Community Health	Occupation		7
	Cen	Pathologi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	Cuter (speelily)		0 0 0 0 0 0 0	1
— В	Full Name (Last, First, Middle Initial) A. Gerald Stolz, Dr.			Date of Receipt
٥.	Mailing Address Department of Patholog	V		M M / D D / Y Y Y Y
	1800 W Main St	,		07 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.21406
	Russellville	AR	72801	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	1	
	St. Mary's Reg Med Ctr	Pathologi	ist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	1000.00	1
	Other (specify)	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	George Paul Stromsdorfer, Dr.			Date of Receipt
	Mailing Address 1 Saint Anthonys Way			07 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.21624
	Alton	<u>IL</u>	62002-4568	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer St. Anthony's Health Ctr	Occupation		
		Pathologi		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
	Carlot (opcosty)		0 0 0 0 0 0 0	1
Г				
s	UBTOTAL of Receipts This Page (optional)			1250.00
F	,			-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) College of American Pathologists Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Aaron Lamont Wettstein, Dr.  Mailing Address 1775 Thompson Rd  City Coos Bay  FEC ID number of contributing federal political committee.  Name of Employer Bay Area Hosp  Receipt For: Primary Other (specify)	State Zip Code OR 97420  C  Occupation Pathologist Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) S. Jerome Wilkenfeld, Dr. Mailing Address 2121 Kirby Dr 15-SW  City Houston	State Zip Code TX 77019-6064	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Unaffiliated  Receipt For: Primary General Other (specify)	C Occupation Pathologist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) S. David Wilkinson, Dr.  Mailing Address Department of Patholog PO Box 980662  City Richmond  FEC ID number of contributing federal political committee.  Name of Employer VCU Health System  Receipt For: Primary General Other (specify)	State Zip Code VA 23298-0662  C  Occupation Pathologist Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER: PAGE 26/32 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) A. Davis Carl Winberg, Dr. Date of Receipt Mailing Address 211 S Orange Grove Blvd #12 07 28 2006 City Zip Code State Transaction ID: SA11A1.21633 Pasadena CA 91105 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Providence St. Joseph Med Occupation Pathologist Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	_	250.00
TOTAL This Period (last page this line number only)	<u> </u>	25500.00

### Image# 26940293895

## **SCHEDULE B (FEC Form 3X)**

FOR LINE NUMBER: PAGE 27/32 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: SB21B.21666 Sun Trust Bank Date of Disbursement o<sup>M</sup>7 3 1 2006 Mailing Address PO Box 85024 City Zip Code State Amount of Each Disbursement this Period Richmond VA 23285-5024 719.79 Purpose of Disbursement July bank charges Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional)	•	719.79
TOTAL This Period (last page this line number only)	•	719.79

Use seperate schedule(s) (check only on			= 28/3	28 / 32			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	c and address of any pointed co		iicit continbut	10113 110111	30011 0011	mintoc	
College of American Pathologists Political	Action Committee						
Full Name (Last, First, Middle Initial)				_	B23.216	67	
BOOZMAN FOR CONGRESS			Date of D			YY	Υ
Mailing Address PO BOX 671			0 7	<sup>28</sup>	] [	ž 0 Ď 6	
City ROGERS	State Zip Code AR 72757		Amount o	f Each Di	isburseme		-
Purpose of Disbursement	Г					1000.0	0
Candidate Name		Category/ Type					
Office Sought:  X House Senate President State: AR District: 03	ement For: 2006 Primary X General Other (specify)	71					
Full Name (Last, First, Middle Initial)			Transact	ion ID: S	B23.216	55 55	
BOYD FOR CONGRESS			Date of D	isbursem			
Mailing Address P.O. Box 15703			07	<sup>D</sup> 20	/ Y	ž 0 ŏ 6	Y
City Tallahassee	State Zip Code FL 32317		Amount o	f Each Di	isburseme		-
Purpose of Disbursement						1500.0	0
Candidate Name		Category/ Type					
Senate X President	ement For: 2006 Primary General Other (specify)						
State: FL District: 02  Full Name (Last, First, Middle Initial)			<b>T</b>	ID . O	D00 040	F.C.	
CANTOR FOR CONGRESS			Date of D	_	B23.216 ent	00	
Mailing Address P. O. Box 17813			0 <sup>M</sup> 7 M	<sup>/</sup> 20	/ Y	ž 0 ŏ 6	Y
City	State Zip Code		Amount o	f Each Di	isburseme	nt this P	eriod
Richmond Purpose of Disbursement	VA 23226					1000.0	0
Candidate Name		Category/ Type					
Office Sought:  X House Senate President State: VA District: 07	ement For: 2006 Primary X General Other (specify)	77.					
SUBTOTAL of Disbursements This Page (optional)						3500.0	0
TOTAL This Period (last page this line number only)					•		
I THE THIS I CHOO (last page this line humber only)							

SCILDOLL B (I LOI OIIII 3X)	Use seperate schedule(s)	(check only	E NUMBER: PAGE 29/32					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							S	
NAME OF COMMITTEE (In Full)	and address of any political co				30011 00			
College of American Pathologists Political	Action Committee							
Full Name (Last, First, Middle Initial)			Transact			659		
CONGRESSMAN BART GORDON COMM			Date of D			YY	Υ	
Mailing Address P O BOX 2008			0 7 M	2 8	3	ž 0 ŏ 6		
	State Zip Code FN 37133		Amount o	of Each D	isbursen	nent this F	Period	
Purpose of Disbursement	<u> </u>					1000.0	00	
One alidate Mana								
Candidate Name		Category/ Type						
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General							
President	Other (specify)							
State: TN District: 06								
Full Name (Last, First, Middle Initial)  3. DEMOCRATIC SENATORIAL CAMPAIGN	COMMITTEE		Transact Date of D			654		
			0 7	/ 020	) / Y	ž 0 0 6	Υ	
Mailing Address 120 MARYLAND AVENU	= NE		0 7	2 (	<u>'</u>	2000		
•	State Zip Code DC 20002		Amount o	of Each D	isbursen	nent this F	Period	
Purpose of Disbursement						5000.0	00	
PAC contribution  Candidate Name		Category/						
		Type						
Office Sought: House Disburser Senate	ment For: 2006 Primary General							
	Other (specify)							
State: District: Other								
Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS			Transact Date of D	-		660		
Mailing Address PO BOX 775			0 <sup>M</sup> 7	2 8	3 / Y	ž 0 ŏ 6	Y	
	State Zip Code		Amount o	of Each D	isbursen	nent this F	Period	
UNIONVILLE Purpose of Disbursement	PA 19375			-		1000.0	00	
urpose of bisbursement				-	-			
Candidate Name		Category/ Type						
Office Sought: X House Disburse								
Senate President	Primary X General Other (specify) ▼							
State: PA District: 16								
SUBTOTAL of Disbursements This Page (optional)		<b>•</b>				7000.0	00	
TOTAL This Period (last page this line number only)								

SCILDOLL B (I LOI OIII 3X)	Use seperate schedule(s)	(check or	= NUMBER: PAGE 30 / 32 lv one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	X 23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statemers or for commercial purposes, other than using the name							3	
NAME OF COMMITTEE (In Full)	and address of any political co	minintee to s	OHOR CORRES	ulio 110	iii sutii tt	Jillillee		
College of American Pathologists Political A	Action Committee							
Full Name (Last, First, Middle Initial)					SB23.21	657		
FRIENDS OF JOHN BOEHNER				Disburse		YY	Υ	
Mailing Address 7908-I Cincinnati Dayton	Road		0 7 M	<sup>/</sup> <sup>D</sup> 2	0	ž 0 ŏ 6		
•	tate Zip Code OH 45069		Amount	of Each	Disburser	nent this P	eriod	
Purpose of Disbursement		* *				2500.0	00	
Candidate Name		Category/						
Candidate Ivame		Type						
Office Sought: X House Disburser Senate	nent For: 2006 Primary X General							
	Other (specify)							
State: OH District: 08								
Full Name (Last, First, Middle Initial)  FRIENDS OF MARK FOLEY				ction ID: Disburse	SB23.21	663		
			M M	/ 02		ž 0 0 6	Υ	
Mailing Address 1316 LAKE VICTORIA DR	}		0 7		8	2006		
•	tate Zip Code -L 33461		Amount	t of Each	Disburser	nent this P	eriod	
Purpose of Disbursement	2 33401	-	1 [			1000.0	00	
Condidate Name								
Candidate Name		Category/ Type						
Office Sought: X House Disburser								
	Primary X General Other (specify) ▼							
State: FL District: 16								
Full Name (Last, First, Middle Initial)  JON KYL FOR U S SENATE				ction ID: Disburse	SB23.21	662		
<u> </u>			MM			ž 0 0 6	Y	
Mailing Address POST OFFICE BOX 1024			0 7					
,	tate Zip Code AZ 85064		Amount	t of Each	Disburser	nent this P	eriod	
Purpose of Disbursement						1000.0	00	
Candidate Name		Category/						
		Туре						
Office Sought: House Disburser	nent For: 2006 Primary X General							
President	Other (specify)							
State: AZ District: 00								
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>				4500.0	0	
TOTAL This Period (last page this line number only).		•						

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check on	= NUMBER: PAGE 31 / 32 lv one)					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							•	
NAME OF COMMITTEE (In Full)	and address of any political co	illillitiee to st	DIICIL CONTINDU	tions nom	Such Com	millee		
College of American Pathologists Political	Action Committee							
Full Name (Last, First, Middle Initial)				tion ID: SI		51		
KENNEDY FOR SENATE 2006				Disburseme		YY	Υ	
Mailing Address 301 4TH ST NE SUITE 2	02		0 7	18	]	ž 0 ŏ 6		
,	State Zip Code DC 20002		Amount	of Each Di	sburseme	nt this Po	eriod	
Purpose of Disbursement	I		L			5000.0	0	
Candidate Name		Category/ Type						
Office Sought:  House X Senate President State: MA District: 00	ment For: 2006 Primary X General Other (specify)	туре						
Full Name (Last, First, Middle Initial)			Transac	tion ID: Si	B23.2166	 31		
3. LEVIN FOR CONGRESS			Date of D	Disburseme	ent		_	
Mailing Address P.O. Box 37			0 7	<sup>D</sup> 28	/ Y	ž 0 ŏ 6	Y	
,	State Zip Code MI 48066		Amount	of Each Di	sburseme	nt this Po	eriod	
Purpose of Disbursement			L			1000.0	0	
Candidate Name		Category/ Type						
9 1	ment For: 2006 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Transact	tion ID: Si	R22 216	71		
The MikeR Fund				isburseme				
Mailing Address P.O. Box 2776			0 7	<sup>D</sup> 20	/ Y	ž 0 ŏ 6	Y	
,	State Zip Code VA 22202		Amount	of Each Di	sburseme	nt this Po	eriod	
Purpose of Disbursement PAC contribution	Г	•	L			1500.0	0	
Candidate Name		Category/ Type						
Senate	ment For: 2006 Primary General Other (specify)							
Other							-	
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	<u> </u>			7500.0	0	
TOTAL This Period (last page this line number only)								

## Image# 26940293900

	<u> </u>	_		
S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 32/32
IT	EMIZED DISBURSEMENT		(check only 21b 27	y one)  22
	y Information copied from such Reports ar for commercial purposes, other than using			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	College of American Pathologists F	Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.21652
۹.	VIC SNYDER FOR CONGRESS C	OMMITTEE		Date of Disbursement
	Mailing Address P.O. Box 250998			07 18 7 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	LITTLE ROCK	AR 72225		
	Purpose of Disbursement			1000.00
	Candidate Name		Category/ Type	
	Office Sought: X House	Disbursement For: 2006		
	Senate	Primary X General		
	President	Other (specify)		
	State: AR District: 02			1

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number only)	•	23500.00