

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW
Suite 590
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 07 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 08 17 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

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; vertical-align: middle;"><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	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								
7. Total Disbursements (from Line 31)	24219.79	215869.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27273.26	27273.26								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

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	25500.00	127060.00
(i) Itemized (use Schedule A)	14265.00	69903.00
(ii) Unitemized	39765.00	196963.00
(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)	39765.00	196963.00
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))	39765.00	196963.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39765.00	196963.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	719.79	3169.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	719.79	3169.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	23500.00	212700.00
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))..	24219.79	215869.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24219.79	215869.76

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)	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

**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 / 32
	<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	

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. Nabil Al-Annouf		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address 2601 Holme Ave		Transaction ID: SA11A1.21377	
City State Zip Code Philadelphia PA 19152-2096		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Nazareth Hosp Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. D. Garrett Alcorn, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address Department of Pathology 16251 Sylvester Road, SW		Transaction ID: SA11A1.21568	
City State Zip Code Seattle WA 98166		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Highline Community Hosp 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. F. Dale Andres, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006	
Mailing Address Department of Pathology 1000 4th Street SW		Transaction ID: SA11A1.21500	
City State Zip Code Mason City IA 50401		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mercy Med Ctr-North Iowa 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 7 / 32
	<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. Eric Arntson, Dr.

Mailing Address 407 14th Ave SE

City Puyallup State WA Zip Code 98371

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

Name of Employer Good Samaritan 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
 07 / 07 / 2006

Transaction ID: SA11A1.21379

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Steven Gary Assarian, Dr.

Mailing Address Department of Pathology
23775 Northwestern Hwy

City Southfield State MI Zip Code 48075

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

Name of Employer Professional Lab Management 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
 07 / 19 / 2006

Transaction ID: SA11A1.21501

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
F. Paul Atkinson, Dr.

Mailing Address Department of Pathology
1000 Johnson Ferry Road

City Atlanta State GA Zip Code 30042

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

Name of Employer Northside Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 19 / 2006

Transaction ID: SA11A1.21502

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<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. Michael Bailey, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address PO Box 3758		Transaction ID: SA11A1.21452	
City State Zip Code Corpus Christi TX 78463-3758	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pathology Associates of Corpus Christi	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. A. Jane Bennett-Munro, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address PO Box 409 650 Addison Ave W		Transaction ID: SA11A1.21569	
City State Zip Code Twin Falls ID 83301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Magic Valley Reg Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. C. Joseph Bergeron, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 5 Huckleberry Ln		Transaction ID: SA11A1.21634	
City State Zip Code Acton MA 01720	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Quigley Memorial Hospital	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<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. M. Ian Birkett, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006
Mailing Address Po Box 55148		Transaction ID: SA11A1.21411
City Little Rock	State AR	Zip Code 72215-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Vincent Health System	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. Andres Candela		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 1717 North E St Ste 227		Transaction ID: SA11A1.21385
City Pensacola	State FL	Zip Code 32901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The 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) C. E. Steven Collum, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address Department of Pathology 1235 East Cherokee Street		Transaction ID: SA11A1.21458
City Springfield	State MO	Zip Code 65804-2263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. John's Reg Health Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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 / 32
	<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. S. DeWitt Davenport, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address PO Box 2918		Transaction ID: SA11A1.21340	
City Harlingen	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 78551-2918			
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Baptist Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Pedro Eduardo De La Flor Weiss, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address Dept of Path 7305 N Military Trail		Transaction ID: SA11A1.21342	
City West Palm Beach	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33410			
FEC ID number of contributing federal political committee. C			
Name of Employer VA Med Ctr-West Palm Beach	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. Gaston Jeffrey Detweiler, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address Laboratory 6100 Harris Parkway		Transaction ID: SA11A1.21527	
City Ft Worth	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76132			
FEC ID number of contributing federal political committee. C			
Name of Employer Harris Methodist Southwest	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) ▶	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 11 / 32
	<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. Rosemary Detweiler, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address Department of Pathology 6100 Harris Pkwy		Transaction ID: SA11A1.21528	
City State Zip Code Ft Worth TX 76132	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harris Methodist Southwest	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. A. Craig Dise, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address Department of Pathology 100 Madison Ave		Transaction ID: SA11A1.21650	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Morristown Memorial 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. L. Jon Fagre, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 1015 N. Duff Avenue		Transaction ID: SA11A1.21529	
City State Zip Code Ames IA 50010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

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 12 / 32		
	<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)
J Frank Foss

Mailing Address 304 Belle Ave

City Mankato State MN Zip Code 56001

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

Name of Employer LCM Pathologists PC 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
07 / 28 / 2006

Transaction ID: SA11A1.21579

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
F. Alan Frigy, Dr.

Mailing Address Department of Pathology
1800 East Lakeshore Drive

City Decatur State IL Zip Code 62521-2521

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

Name of Employer St. Mary's Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.21582

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lee Wayne Garrett, Dr.

Mailing Address 96 Museum Way

City San Francisco State CA Zip Code 94114

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

Name of Employer Doctors 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
07 / 05 / 2006

Transaction ID: SA11A1.21373

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<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)
Frank Joseph Golubski, Dr.

Mailing Address 2232 N 7th St

City State Zip Code
Sheboygan WI 53083-4923

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

Name of Employer Sheboygan Memorial 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
07 / 28 / 2006

Transaction ID: SA11A1.21584

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Edina Grujic

Mailing Address Bryn Mawr Hospital Path
130 Bryn Mawr Ave

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Bryn Mawr Hosp
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2006

Transaction ID: SA11A1.21346

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
L. Randy Hamill, Dr.

Mailing Address 612 Branett Way

City State Zip Code
Evans GA 30809-9468

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

Name of Employer Univ Hosp-Augusta
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
07 / 14 / 2006

Transaction ID: SA11A1.21470

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)
B. James Hannah, Dr.

Mailing Address 659 E Main St

City State Zip Code
Spartanburg SC 29302

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

Name of Employer Occupation
Spartanburg Pathology Associates, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.21472

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R. Michael Harkey, Dr.

Mailing Address Department of Pathology
6161 S. Yale Avenue

City State Zip Code
Tulsa OK 74136-1992

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

Name of Employer Occupation
St. Francis Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.21474

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
G. Michael Hitchcock, Dr.

Mailing Address Pathology Diagnostic Services
3333 Silas Creek Parkway

City State Zip Code
Winston-Salem NC 27103-7103

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

Name of Employer Occupation
Forsyth Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.21476

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<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)
A. Leon Isaac, Dr.

Mailing Address Department of Pathology
241 North Street

City State Zip Code
Poughkeepsie NY 12601

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

Name of Employer Occupation
St. Francis Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: SA11A1.21348

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
P. Michael Johnson, Dr.

Mailing Address Dept of Pathology
503 E Thomason Cir

City State Zip Code
Opelika AL 36801

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

Name of Employer Occupation
Lee Pathology Lab, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.21594

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gregorius Joan Jones, Dr.

Mailing Address Weill Med College
525 East 68 St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
New York Presbyterian Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11A1.21395

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 16 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Albert Edward Klein, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address Path and Lab Consult of LI 200 Belle Terre Rd		Transaction ID: SA11A1.21595
City Port Jefferson	State NY	Zip Code 11777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer St. Charles Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. M. Darlene Lee, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 1200 N Beaver		Transaction ID: SA11A1.21596
City Flagstaff	State AZ	Zip Code 86001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Flagstaff Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. H. Won Lee, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 32371 Regency Court		Transaction ID: SA11A1.21517
City Avon Lake	State OH	Zip Code 44012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Community Health Partners West Campus	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<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)
H. Edward Lipford, Dr.

Mailing Address 1031 Queens Road West

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
Carolinas Med Ctr 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
07 / 13 / 2006

Transaction ID: SA11A1.21448

Amount of Each Receipt this Period
250.00

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

Mailing Address Dept of Path
814 LaPorte Ave

City State Zip Code
Valparaiso IN 46383-5860

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

Name of Employer Occupation
Porter 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 Y
07 / 12 / 2006

Transaction ID: SA11A1.21423

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. Paul McCarthy, Dr.

Mailing Address Department of Pathology
400 W. 16th St.

City State Zip Code
Pueblo CO 81003

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

Name of Employer Occupation
Parkview Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11A1.21600

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<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) H. Arthur McTighe, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address Cheif, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.21601
City Baltimore State MD Zip Code 21218-2895	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Union Memorial Hospital Occupation Pathologist	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Kamala Murali		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address Department of Pathology 14 Prospect St		Transaction ID: SA11A1.21636
City Milford State MA Zip Code 01757	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Milford-Whitinsville Reg Hosp Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) K. Karla Murphy, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 1000 E 21st St Ste 4100		Transaction ID: SA11A1.21542
City Sioux Falls State SD Zip Code 57117-5050	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Physicians Laboratory Ltd Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) C. Thomas Peeples, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006
Mailing Address Department of Pathology 15855 19 Mile Rd		Transaction ID: SA11A1.21489
City State Zip Code Clinton Twp MI 48038	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St Joseph Mercy Hospital Macomb	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Zein-Eldin Suzanne Powell, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006
Mailing Address Department of Pathology 6565 Fannin		Transaction ID: SA11A1.21358
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Cheng John Pui, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006
Mailing Address Dept of Path 32669 W Warren Ste 10		Transaction ID: SA11A1.21435
City State Zip Code Garden City MI 48135	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hilbrich Dermatopathology Laboratory	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<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. A. Robert Quirey, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address 2560 N Shadeland Ave Ste A		Transaction ID: SA11A1.21608
City Indianapolis State IN Zip Code 46219	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AmeriPath Indiana 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. Rene Rone		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006
Mailing Address Dept of Pathology 1310 McCullough Ave		Transaction ID: SA11A1.21612
City San Antonio State TX Zip Code 78212	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Metropolitan Methodist Ho-sp Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. A. Thomas Ruma, Dr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 6901 North 72nd Street		Transaction ID: SA11A1.21519
City Omaha State NE Zip Code 68122-3495	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alegen Immanuel Med Ctr Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 21 / 32
	<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. Weldon Sanford		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address PO Box 5528		Transaction ID: SA11A1.21521	
City State Zip Code Manchester NH 03108-5528		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Catholic Med Ctr Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. A. Richard Savage, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address Department of Pathology 1111 6th Avenue		Transaction ID: SA11A1.21492	
City State Zip Code Des Moines IA 50314-2611		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Mercy 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. B. John Schweitzer, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address Department of Pathology PO Box 70568		Transaction ID: SA11A1.21437	
City State Zip Code Johnson City TN 37614-0568		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation East Tennessee State Univ Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<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. A. Peter Scully, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address Laboratory 4230 Burnham Ave		Transaction ID: SA11A1.21614	
City State Zip Code Las Vegas NV 89119		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Pathologists Chartered		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. Jo Ann Shaw		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address Department of Pathology 706 Green Valley Rd Ste 104		Transaction ID: SA11A1.21615	
City State Zip Code Greensboro NC 27408		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Greensboro Pathology Assoc PA		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. E Anna Sienko, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address Dept of Path 6565 Fannin B154		Transaction ID: SA11A1.21617	
City State Zip Code Houston TX 77030		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Methodist Hosp		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 32
	<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. Michael Steve Skoumal, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 246 N 18th PO Box 2537		Transaction ID: SA11A1.21619	
City Pocatello State ID Zip Code 83201		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Western Pathology Associates Occupation Pathologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. O. V. Speights, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2006	
Mailing Address Department of Pathology 2401 S. 31st Street		Transaction ID: SA11A1.21499	
City Temple State TX Zip Code 76508-6508		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Scott and White Memorial 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. J. Joseph Sreenan, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 730 W Market Street		Transaction ID: SA11A1.21555	
City Lima State OH Zip Code 45801		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Rita's Medical Center 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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 32
	<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. G. John Steigerwald, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 3349 Lake Dr		Transaction ID: SA11A1.21557	
City Hillsdale	State MI	Amount of Each Receipt this Period 500.00	
Zip Code 49242-9654			
FEC ID number of contributing federal political committee. C			
Name of Employer Hillsdale Community Health Cen	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. A. Gerald Stolz, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address Department of Pathology 1800 W Main St		Transaction ID: SA11A1.21406	
City Russellville	State AR	Amount of Each Receipt this Period 500.00	
Zip Code 72801			
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Reg Med Ctr	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. George Paul Stromsdorfer, Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1 Saint Anthonys Way		Transaction ID: SA11A1.21624	
City Alton	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 62002-4568			
FEC ID number of contributing federal political committee. C			
Name of Employer St. Anthony's Health Ctr	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) ▶	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:	PAGE 25 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)
Aaron Lamont Wettstein, Dr.
Mailing Address 1775 Thompson Rd
City Coos Bay State OR Zip Code 97420
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Area Hosp Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006
Transaction ID: SA11A1.21410
Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
S. Jerome Wilkenfeld, Dr.
Mailing Address 2121 Kirby Dr 15-SW
City Houston State TX Zip Code 77019-6064
FEC ID number of contributing federal political committee. **C**
Name of Employer Unaffiliated Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006
Transaction ID: SA11A1.21525
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
S. David Wilkinson, Dr.
Mailing Address Department of Pathology PO Box 980662
City Richmond State VA Zip Code 23298-0662
FEC ID number of contributing federal political committee. **C**
Name of Employer VCU Health System 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
07 / 21 / 2006
Transaction ID: SA11A1.21562
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 32	
	(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)
Davis Carl Winberg, Dr.

Mailing Address 211 S Orange Grove Blvd #12

City State Zip Code
Pasadena CA 91105

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

Name of Employer Occupation
Providence St. Joseph Med Ctr Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11A1.21633

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)	▶	25500.00

**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)

PAGE 27 / 32

<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

Mailing Address PO Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

Purpose of Disbursement
July bank charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.21666

Date of Disbursement

/ /

Amount of Each Disbursement this Period

719.79

SUBTOTAL of Disbursements This Page (optional)

719.79

TOTAL This Period (last page this line number only)

719.79

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 28 / 32

<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. BOOZMAN FOR CONGRESS		Transaction ID: SB23.21667 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address PO BOX 671		Amount of Each Disbursement this Period 1000.00
City ROGERS State AR Zip Code 72757	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BOYD FOR CONGRESS		Transaction ID: SB23.21655 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1500.00
City Tallahassee State FL Zip Code 32317	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: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CANTOR FOR CONGRESS		Transaction ID: SB23.21656 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Category/ Type	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 / 32

<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. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.21659 Date of Disbursement
Mailing Address P O BOX 2008		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City MURFREESBORO	State TN	Zip Code 37133
Purpose of Disbursement	<input type="text" value="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: TN	District: 06	

Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE		Transaction ID: SB23.21654 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement PAC contribution	<input type="text" value="5000.00"/>	
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		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS		Transaction ID: SB23.21660 Date of Disbursement
Mailing Address PO BOX 775		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City UNIONVILLE	State PA	Zip Code 19375
Purpose of Disbursement	<input type="text" value="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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 16	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 32

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN BOEHNER		Transaction ID: SB23.21657 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 2500.00	
City West Chester State OH Zip Code 45069	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARK FOLEY		Transaction ID: SB23.21663 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 1316 LAKE VICTORIA DR		Amount of Each Disbursement this Period 1000.00	
City LAKE WORTH State FL Zip Code 33461	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JON KYL FOR U S SENATE		Transaction ID: SB23.21662 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 1000.00	
City PHOENIX State AZ Zip Code 85064	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

PAGE 31 / 32

<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. KENNEDY FOR SENATE 2006		Transaction ID: SB23.21651 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 301 4TH ST NE SUITE 202		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		

Full Name (Last, First, Middle Initial) B. LEVIN FOR CONGRESS		Transaction ID: SB23.21661 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1000.00
City Roseville State MI Zip Code 48066		
Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	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. The MikeR Fund		Transaction ID: SB23.21671 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1500.00
City Arlington State VA Zip Code 22202		
Purpose of Disbursement PAC contribution 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) ▼	
Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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 32 / 32

<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. VIC SNYDER FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 250998

City LITTLE ROCK State AR Zip Code 72225

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.21652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)