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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

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: Χ 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 06 0 1 2006 06 30 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 07 19 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 (Rev. 02/2003) Only

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 [®] D " D 0.6 0 1 2006 0.6 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 46180.02 January 1 (b) Cash on Hand at 13507.80 Begining of Reporting Period 41529.00 157198.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 55036.80 203378.02 6(a) and 6(c) for Column B) 43308.75 191649.97 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 11728.05 11728.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

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

Write or Type Committee Name

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

College of American Pathologists Political Action Committee

0 1 3^D0 м м 0 6 м м 0 6 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 22600.00 101560.00 (i) Itemized (use Schedule A) 18929.00 55638.00 (ii) Unitemized (iii) TOTAL (add 41529.00 157198.00 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 41529.00 157198.00 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)).

41529.00

41529.00

157198.00

157198.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: — Shared Federal/Non-Federal —	-	
(α)	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 Expenditures	708.75	2449.97
(c)	Total Operating Expenditures	700.75	0440.07
т	(add 21(a)(i), (a)(ii) and (b))	708.75	2449.97
Co	ansfers to Affiliated/Other Party mmittees	0.00	0.00
Fed and	ntributions to deral Candidates/Committeesd d Other Political Committees	42600.00	189200.00
(us	lependent Expenditure le Schedule E)	0.00	0.00
Co Co	ordinated Expenditures Made by Party mmittees (2 U.S.C. 441a(d)) ee Schedule F)	0.00	0.00
	an Repayments Made	0.00	0.00
	ans Madefunds of Contributions To:	0.00	0.00
(a)		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
. Oth	ner Disbursements	0.00	0.00
	deral Election Activity (2 U.S.C 431(20)) 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
. То	tal Disbursements (add Lines 21(c), 22,		
23	, 24, 25, 26, 27, 28(d), 29 and 30(c))	43308.75	191649.97
	otal Federal Disbursements		
•	ubtract Line 21(a)(ii) from Line 30(a)(ii) om Line 31)	43308.75	191649.97

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)	41529.00	157198.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	41529.00	157198.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	708.75	2449.97
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	708.75	2449.97

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE N		PAGE 6/38
	EMIZED RECEIPTS		or each category of the	(check only	¬´ —	ı 🗀
•	EMIZED REGEN 10		Detailed Summary Page	X 11a 13	11b	11c 12 15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso			
or	for commercial purposes, other than using the nan	ne and ado	lress of any political committee to	solicit contribu	tions from	such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	College of American Pathologists Political	Action C	Committee			
۹.	Full Name (Last, First, Middle Initial) Anne Betty Allen, Dr.			Date of F	Receipt	
	Mailing Address 824 N Eola Dr			0 6	02	2006
	City	State	Zip Code	Transact	ion ID: SA	A11A1.20755
	Orlando	<u>FL</u>	32803	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С				250.00
	AmoriDoth '	Occupation Pathologi				
			Year-to-Date ▼			
	Primary General	1 1	250.00	1		
	Other (specify)	0 0	250.00			
3.	Full Name (Last, First, Middle Initial) J. Lori Allen, Dr.			Date of F	Receipt	
	Mailing Address Department of Pathology 3801 Spring Street			0 6	02	2006
	City	State	Zip Code	Transact	ion ID: SA	A11A1.20757
	Racine	WI	53405	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С				300.00
	St Mary's Med Ctr	Occupatior Pathologi				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		300.00	1		
	Other (specify)	0 0	0 0 0 0 0 0			
Э.	Full Name (Last, First, Middle Initial) R. Harold Amsbaugh, Dr.			Date of F	Receipt	
	Mailing Address PO Box 444			0 6	23	2006
	City	State	Zip Code			A11A1.21030
	Decorah	IA	52101-0444	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С				250.00
	I Inoffiliated '	Occupation Pathologi				
		Aggregate	Year-to-Date ▼			
	Primary General	1	250.00			
	Other (specify)	0 0	0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)					800.00
т.	OTAL This Period (last page this line number only	ή				
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/38 (check only one) X 11a 11b 11c 12
Any ir	nformation copied from such Reports and Sta	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
\ NA	commercial purposes, other than using the n AME OF COMMITTEE (In Full) ollege of American Pathologists Politic		,	solicit contributions from such committee.
A. R. Ma	ull Name (Last, First, Middle Initial) Marshall Austin ailing Address #19 The Trillium Fox Ch ty ittsburgh EC ID number of contributing deral political committee. ame of Employer agee Women's Hosp	state PA C	Zip Code 15238	Date of Receipt M M M / D D / Y Y Y Y Y O 6
	eceipt For: Primary General Other (specify)	Pathologi Aggregate	ist Year-to-Date ▼ 250.00	
A. M. Ma	harleston EC ID number of contributing deral political committee. The primary General Other (specify)	State WV 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
Cit Cit FE fec	Ill Name (Last, First, Middle Initial) . Greg Brown, Dr. ailing Address Dept of Path	State IN C Occupatior Pathologi Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 2 0 0 6 Transaction ID: SA11A1.20984 Amount of Each Receipt this Period 250.00
SUB	TOTAL of Receipts This Page (optional)			750.00
тот	AL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 8/38
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar or	ly information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ıme and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	citing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	College of American Pathologists Politica	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Daniel Thomas Brucker, Dr.			Date of Receipt	
	Mailing Address Dept of Pathology 252 McHenry St			06 / 22	2006
	City	State	Zip Code	Transaction ID: S	
	Burlington	WI	53105	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Memorial Hosp of Burlingt- on	Occupation Pathologi			
	Receipt For:		Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify) ▼	0 0	350.00		
3.	Full Name (Last, First, Middle Initial) Christopher Bullock			Date of Receipt	
	Mailing Address Department of Pathology 1501 W Chisholm St	•		06 15	
	City	State	Zip Code	Transaction ID: S	A11A1.20838
	Alpena	MI	49707-1498	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Alpena Reg Med Ctr	Occupation Pathologic			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
	Full Name (Last, First, Middle Initial) E. Alan Caroe, Dr.			Date of Receipt	
	Mailing Address Department of Pathology	,		M M / D D	/ Y Y Y Y
	1001 S. George Street			06 15	
	City	State	Zip Code	Transaction ID: S	
	York	PA	17405-7198	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer York Hosp	Occupation Pathologi			
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number on	ly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/38	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	7
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 r	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 Politic	cal Action (Committee		
A.	Full Name (Last, First, Middle Initial) C. Paul Chang			Date of Receipt	
	Mailing Address Dept of Pathology 800 S Washington Ave			06 23 2006	
	City	State	Zip Code	Transaction ID: SA11A1.21046	
	Saginaw	MI	48601-2524	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer St Mary's of Michigan Med- ical Ctr	Occupation Pathologic			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)		000.00		
В.	Full Name (Last, First, Middle Initial) Michael Chang-Hyun Choi, Dr.			Date of Receipt	
	Mailing Address 400 Austin Avenue NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.20949	
	Massillon	OH	44646-4646	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Doctors Hosp of Stark Cnty	Occupation Pathologic			
	Receipt For:	,	Year-to-Date ▼		
	Primary General		F00.00	1	
	Other (specify)	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) W. David Couch			Date of Receipt	
	Mailing Address Department of Patholog 6565 E Cardondelet Dr	У		06 23 7 2006	
	City	State	Zip Code	Transaction ID: SA11A1.21050	
	Tucson	AZ	85711	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Sonora Quest Lab	Occupation Pathologic			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) 🔻	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)		·····	1300.00	
Т	OTAL This Period (last page this line number o	nly)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 10/38
			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			, 0	13 14	15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	College of American Pathologists Politic	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Domnita Crisan			Date of Receipt	
	Mailing Address Dept of Clinical Patholog 3811 W 13 Mile Rd	ЭУ		06 / 23	2006
	City	State	Zip Code	Transaction ID: SA	.11A1.21056
	Royal Oak	MI	48073	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer William Beaumont Hosp	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Patricio Wilhelmina Cruz-Vetrano, Dr.			Date of Receipt	
	Mailing Address Dept of Pathology 807 Turnpike Ave Ste #2	210		06 09	2006
	City	State	Zip Code	Transaction ID: SA	.11A1.20795
	Clearfield	PA	16830	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Clearfield Hosp	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
Э.	Full Name (Last, First, Middle Initial) Gregorio Daniel Deana, Dr.			Date of Receipt	
	Mailing Address 760 Airport Rd			06 / 28	2006
	City	State	Zip Code	Transaction ID: SA	
	Panama City	FL	32405-4003	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Bay Pathology Associates	Occupation Patholog			
	Receipt For:		e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify)		1000.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
Τ.	OTAL This Period (last page this line number or	nlv)			
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 11/38
	EMIZED RECEIPTS		or each category of the	(check only one)	П.,
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c	\rightarrow $-$
Δr	ay information copied from such Reports and St	atomonte may	unot he sold or used by any nerso		
or	ny information copied from such Reports and State for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such of	committee.
	NAME OF COMMITTEE (In Full)				
\rangle	College of American Pathologists Politic	cal Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Todd DeBoom			Date of Receipt	
	Mailing Address Department of Patholog 1950 Mountain View Av			0 6 1 5 Y	2006
	City	State	Zip Code	Transaction ID: SA11A	1.20844
	Longmont	CO	80501-3129	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Longmont United Hosp	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	1 1	230.00		
В.	Full Name (Last, First, Middle Initial) Charles Jerry DePriest, Dr.			Date of Receipt	
	Mailing Address Dept of Pathology 1818 Pine Ste 123			0 6 / D D / Y	2006
	City	State	Zip Code	Transaction ID: SA11A	1.20765
	Abilene	TX	79601	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Clinical Pathology Associ- ates	Occupation Patholog			
	Receipt For:	,	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	500.00		
C.	Full Name (Last, First, Middle Initial) S. Barbara Ducatman, Dr.			Date of Receipt	
	Mailing Address Department of Patholog PO Box 9203	Jy		0 6 0 9 / Y	2006
	City	State	Zip Code	Transaction ID: SA11A	1.20799
	Morgantown	WV	26506-9203	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer West Virginia Univ HSC	Occupation Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) 🔻	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				1250.00
			<u> </u>		
T	OTAL This Period (last page this line number or	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMI	BER: PAGE 12/38
	EMIZED RECEIPTS		or each category of the	(check only one)	🗖 🗖
•			Detailed Summary Page	X 11a 1	1b 11c 12 4 15 16 17
Δr	ny information conied from such Reports and State	ements may	v not be sold or used by any perso		
or	ny information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	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) A. William Geary, Dr.			Date of Recei	ipt
	Mailing Address 3285 Baker St Ext			0 6	22 2006
	City	State	Zip Code		D: SA11A1.20989
	Jamestown	NY	14701	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Jamestown Area Medical As- sociates	Occupation Patholog			
	Receipt For:		e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) C. Marcus Grimes, Dr.			Date of Recei	ipt
	Mailing Address Main Laboratories 10368 Wallace Alley St S	Ste 18		0 6	16 2006
	City	State	Zip Code	Transaction I	ם: SA11A1.20910
	Kingsport	TN	37663	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Highlands Pathology CnsIts	Occupation			
	P.C.	Patholog			
	Receipt For:	Aggregate	Year-to-Date ▼	.	
	Primary General Other (specify) ▼	' '	250.00		
		0 0	0 0 0 0 0 0 0		
Э.	Full Name (Last, First, Middle Initial) J Anthony Guidi, Dr.			Date of Recei	ipt
	Mailing Address Department of Pathology 81 Highland Ave			0 6	28 2006
	City	State	Zip Code		ם: SA11A1.21159
	Salem	MA	01970	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer North Shore Med Ctr-Salem	Occupation		7	
	Hosp	Patholog			
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify)	' '	250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)				750.00
т	OTAL This Period (last page this line number onl	v)			
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/38
ITEMIZED RECEIPTS	or each category of the	(check only one) X 11a T 11b T 11c T 12
	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	arrie and address of any political committee	to solicit contributions from such committee.
College of American Pathologists Politic	al Action Committee	
Full Name (Last, First, Middle Initial) A. R Tim Hamill, Dr.		Date of Receipt
Mailing Address 2625 Venado Camino		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11A1.21161
Walnut Creek	CA 94598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Univ of California San Fr- ancisco	Occupation Pathologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Ann Debra Hanks, Dr.		Date of Receipt
Mailing Address Laboratory 263 N Pearson Dr Ste 10	08	06 15 2006
City	State Zip Code	Transaction ID: SA11A1.20854
Porterville	CA 93257-3333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Premier Pathology Laborat-	Occupation	
ories Receipt For:	Pathologist Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Randy Hausted		Date of Receipt
Mailing Address Department of Pathology 650 Sanitarium Road	y	06 22 2006
City	State Zip Code	Transaction ID: SA11A1.20991
Deer Park	CA 94576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Helena Hosp	Occupation	
Receipt For:	Pathologist Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number or	nlv)	

S	CHEDULE A (FEC Form 3X)		Llas asperata aspedulo(a)	FOR LINE NUMBER: PAGE 14/38
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ш	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Si for commercial purposes, other than using the	atements may 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 solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Yvonne Sharon Hook, Dr.			Date of Receipt
	Mailing Address 2106 NW 23rd Ter			06 22 2006
	City	State	Zip Code	Transaction ID: SA11A1.20993
	Gainesville	FL	32605-3838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer North Florida Reg Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	1
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) E. John Karroum, Dr.			Date of Receipt
	Mailing Address 4814 Orchard Lane			0 6 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.20769
	Delray Beach	<u>FL</u>	33445-5308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Broward Medical Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	L. James Kelley, Dr. Mailing Address 10501 Brook Lane			Date of Receipt
	Mailing Address 10501 Brook Lane			06 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.21214
	Lakewood	WA	98499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Digestive Health Laborato-	Occupation		
	ry Receipt For:	Patholog	ust e Year-to-Date ▼	\dashv
	Primary General	Aggregate	t rear-lu-Dale ♥	,
	Other (specify)		500.00	
		0 0		
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/38
	EMIZED RECEIPTS		or each category of the	(check only one)
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				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress 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	
A.	Full Name (Last, First, Middle Initial) Thaddeus Khachaturian			Date of Receipt
	Mailing Address 6532 E Redfield Road			06 30 2006
	City	State	Zip Code	Transaction ID: SA11A1.21216
	Scottsdale	AZ	85254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke's Med Ctr	Occupation Patholog		
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) S. Thomas Kickler, Dr.			Date of Receipt
	Mailing Address Meyer B121 600 N. Wolfe Street			06 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.21163
	Baltimore	MD	21287-6667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Johns Hopkins Hosp	Occupation Patholog		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)			
	Caries (opens)			
<u> </u>	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr.	0 0		Date of Receipt
<u>С</u> .	Full Name (Last, First, Middle Initial)	0 0		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr.	State	Zip Code	M M / D D / Y Y Y Y
C .	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd	State TX		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City		Zip Code	0 6 1 6 2 0 0 6 Transaction ID: SA11A1.20918
C .	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City Irving FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Incorpo-	TX	Zip Code 75063	Transaction ID: SA11A1.20918 Amount of Each Receipt this Period
C .	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City Irving FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation Patholog	Zip Code 75063	Transaction ID: SA11A1.20918 Amount of Each Receipt this Period
C.	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City Irving FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Incorporated Receipt For: Primary General	TX C Occupation Patholog	Zip Code 75063 nist Year-to-Date ▼	Transaction ID: SA11A1.20918 Amount of Each Receipt this Period
C .	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City Irving FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Incorporated Receipt For:	TX C Occupation Patholog	Zip Code 75063	Transaction ID: SA11A1.20918 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) H Suzanne Kreisberg, Dr. Mailing Address 4770 Regent Blvd City Irving FEC ID number of contributing federal political committee. Name of Employer Quest Diagnostics Incorporated Receipt For: Primary General	C Occupation Patholog Aggregate	Zip Code 75063 nist Year-to-Date ▼ 250.00	Transaction ID: SA11A1.20918 Amount of Each Receipt this Period

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16/38
	EMIZED RECEIPTS		or each category of the	(check only one)] 445 🖂 40
			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		me and add	dress of any political committee to	solicit contributions from	such committee.
/	NAME OF COMMITTEE (In Full)	-1 4 22 2	Na !##		
/	College of American Pathologists Politica	ai Action (Committee		
Δ	Full Name (Last, First, Middle Initial) D.K. Clarke Lambe, Dr.			Date of Receipt	
٦.	Mailing Address Department of Pathology	,		M M / D D	/ Y Y Y Y Y
	250 E. Dunlap Avenue			06 28	2006
	City	State	Zip Code	Transaction ID: SA	
	Phoenix	AZ	85020-2825	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer John C Lincoln Hosp-North	Occupation		1	
	Mountain Receipt For:	Patholog	ist e Year-to-Date ▼	_	
	Primary General	Aggregate	r rear-lo-Dale ▼		
	Other (specify)	L	250.00		
3.	Full Name (Last, First, Middle Initial) D Jonathan Levine, Dr.			Date of Receipt	
	Mailing Address Dept of Pathology 28 Crescent St			0 6 1 5	2006
	City	State	Zip Code	Transaction ID: SA	
	Middletown	CT	06457-3650	Amount of Each Re	
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Employer Middlesex Hosp	Occupation		1	
		Patholog			
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify) ▼		250.00		
		0 0	0 0 0 0 0 0	'	
).	Full Name (Last, First, Middle Initial) W. Kenneth Linville			Date of Receipt	
	Mailing Address 5517 Queensborough Cir	rcle		M M / D D	/ Y Y Y Y
				06 30	2006
	City Corpus Christi	State	Zip Code	Transaction ID: SA	
	Corpus Christi	TX	78413-6203	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			600.00
	Name of Employer Histopath Inc	Occupation			
	Receipt For:	Patholog	ist e Year-to-Date ▼		
	Primary General	Ayyreyate		1	
	Other (specify)	, .	600.00		
s	UBTOTAL of Receipts This Page (optional)				1100.00
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T	OTAL This Period (last page this line number onl	ly)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
An 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 persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	al Action (Committee	
	Full Name (Last, First, Middle Initial) L. Fernando Lomba, Dr. Mailing Address Department of Pathology 2500 Harbor Blvd City Port Charlotte FEC ID number of contributing federal political committee. Name of Employer Peace River Regional Med Ctr Receipt For:	State FL C C C C C C C C C C C C C C C C C C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	33 - 3 - 3	400.00	
	Full Name (Last, First, Middle Initial) G. Guillermo Martinez-Torres, Dr. Mailing Address Department of Pathology 2025 E Newport Ave City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Columbia St. Marys Hosp	State WI C	Zip Code 53211	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Patholog Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Angel Miguel Montes, Dr. Mailing Address 745 Pacific Terrace City Klamath Falls FEC ID number of contributing federal political committee.	State OR	Zip Code 97601	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Patholog Aggregate		
SI	JBTOTAL of Receipts This Page (optional)			950.00
T	OTAL This Period (last page this line number on	v)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 18/38					
			Use separate schedule(s) or each category of the	(check only one)						
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12					
			Detailed Guillinary Fage	13 14	15 16 17					
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of solicitir	ng contributions					
or	for commercial purposes, other than using the na	me and ado	dress of any political committee to	solicit contributions from su	uch committee.					
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
\rangle	College of American Pathologists Politica	al Action C	Committee							
_										
	Full Name (Last, First, Middle Initial)									
۹.	G. John Newby, Dr.			Date of Receipt						
	Mailing Address Dept of Pathology		_	0 6 0 9	2006					
	11110 Medical Campus F									
	City	State	Zip Code	Transaction ID: SA1						
	Hagerstown	MD	21742-6727	Amount of Each Reco	eipt this Period					
	FEC ID number of contributing	С			2500.00					
	federal political committee.									
	Name of Employer	Occupation	1	_						
	Washington County Health	Pathologi								
	System Receipt For:		Year-to-Date ▼							
	Primary General	7.99.094.0	Tour to Date V							
	Other (specify) ▼		4500.00							
		0 0	0 0 0 0 0 0 0							
	Full Name (Last, First, Middle Initial)									
3.	K. Larry O'Bryant, Dr.			Date of Receipt						
	Mailing Address 407 14th Ave SE			M M / D D /	YVYVY					
				06 15 2006						
	City	State	Zip Code	Transaction ID: SA1	1A1.20870					
	Puyallup	WA	98372	Amount of Each Rece	eipt this Period					
	FEC ID number of contributing				000.00					
	federal political committee.	C			300.00					
		0 11		_						
	Good Samaritan Hoen	Occupation								
		Pathologi								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)	' '	300.00							
	Other (specify)		0 0 0 0 0 0 0							
	Full Name (Last, First, Middle Initial)			+						
Э.	D. Suzanne Parisian, Dr.			Date of Receipt						
	Mailing Address 7117 N 3rd St			M M / D D	YYYY					
	7117110100			06 16	2006					
	City	State	Zip Code	Transaction ID: SA1	1A1.20924					
	Phoenix	AZ	85020-4902	Amount of Each Reco						
	FEC ID number of contributing			1 1 1 1 1						
	federal political committee.	C			250.00					
		_								
	Madical Davida Assistance	Occupation								
	Inc	Pathologi		4						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	_ ' '	250.00							
	Other (specify)									
					3050.00					
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		5555.66					
T	OTAL This Period (last page this line number only	y)	>							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBI	ER: PAGE 19/38
	EMIZED RECEIPTS		or each category of the	(check only one)	. 🗆 44. 🗖 45
•			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions f	rom such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	College of American Pathologists Politica	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Mary Rose Purrazzella, Dr.			Date of Receip	t
	Mailing Address Department of Pathology 1000 N. Village Avenue			0 6	02 2006
	City	State	Zip Code		: SA11A1.20777
	Rockville Center	NY	11571	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer Mercy Med Ctr	Occupation Pathologi			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼		300.00		
3.	Full Name (Last, First, Middle Initial) A. Jose Reilova, Dr.			Date of Receip	t
	Mailing Address 1335 Valentine St				09 2006
	City	State	Zip Code	Transaction ID	: SA11A1.20816
	Melbourne	<u>FL</u>	32901-3217	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Atlantic Pathology Group	Occupation		7	
		Pathologi		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.1	
	Other (specify)		500.00		
				' 	
).	Full Name (Last, First, Middle Initial) I. Blair Reuben, Dr.			Date of Receip	t
	Mailing Address Department of Pathology 250 E Dunlap				21 2006
	City	State	Zip Code		: SA11A1.20963
	Phoenix	AZ	85020	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer John C Lincoln Hosp-North	Occupation		7	
	Mountain	Pathologi		_	
	Receipt For:	Aggregate	Year-to-Date ▼	.]	
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				1050.00
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- 1	OTAL This Period (last page this line number onl	y)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 20 / 38 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	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 persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica			
<u>/</u> -	Full Name (Last, First, Middle Initial)			
۹.	M Waheeb Rizkalla, Dr. Mailing Address 901 Parkview Drive			Date of Receipt
	City	State	Zip Code	0 6 2 3 2 0 0 6 Transaction ID: SA11A1.21116
	<u>Johnstown</u>	PA	15905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Conemaugh Valley Mem Hosp	Occupation Pathologi	st	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Lee Michael Rutledge, Dr.			Date of Receipt
	Mailing Address Department of Pathology 7600 Beechnut			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: SA11A1.20878
	Houston	TX	77074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Hermann SW Hosp	Occupation Pathologi		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Lee Scott Sargent, Dr.			Date of Receipt
	Mailing Address 5292 Newell Cir			0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.21014
	Kettering	OH	45440-2807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Unaffiliated	Occupation Pathologi	st	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	,			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 38						
ITEMIZED RECEIPTS	•	or each category of the	(check only one)						
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Any information copied from such	h Reports and Statements may	y not be sold or used by any pers	con for the purpose of soliciting contributions						
or for commercial purposes, other	er than using the name and add	lress of any political committee to	o solicit contributions from such committee.						
NAME OF COMMITTEE (In I	Full)								
College of American Path	hologists Political Action (Committee							
Full Name (Last, First, Middle A. C. Charles Schirmer, Dr.	, 		Date of Receipt						
Mailing Address Pinehurs PO Box 3			0 6 1 6 2 0 0 6						
City	State	Zip Code	Transaction ID: SA11A1.20932						
Pinehurst	NC	28374	Amount of Each Receipt this Period						
FEC ID number of contributin federal political committee.	C		300.00						
Name of Employer Unaffiliated	Occupation Patholog								
Receipt For:		Year-to-Date ▼							
Primary Gene	ral	300.00							
Other (specify)	0 0	300.00							
Full Name (Last, First, Middle B. Edward Louis Seibert, Dr.	e Initial)		Date of Receipt						
Mailing Address 108 Buck	khaven Court		06 22 2006						
City	State	Zip Code	Transaction ID: SA11A1.21018						
Hendersonville	TN	37075	Amount of Each Receipt this Period						
FEC ID number of contributin federal political committee.	C		250.00						
Name of Employer Sumner Regional Med Ctr	Occupation Patholog								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼	ral	250.00							
Full Name (Last, First, Middle C. R. Antonia Sepulveda, Dr.	Initial)		Date of Receipt						
Mailing Address 200 Loth	rop St # PUH610		M M / D D / Y Y Y Y						
	· 		06 22 2006						
City	State	Zip Code	Transaction ID: SA11A1.21020						
<u>Pittsburgh</u>	PA	15213-2582	Amount of Each Receipt this Period						
			250.00						
		Year-to-Date ▼							
Primary Gener	ral	250.00							
Other (specify)		200.00	_						
SUBTOTAL of Receipts This P	age (optional)		800.00						

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 14	PAGE 22/38 11c
Any informatio or for commerce	n copied from such Reports and St cial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
\	COMMITTEE (In Full) f American Pathologists Politi	cal Action (Committee		
Full Name (B. Kailash S) Mailing Add City	,	gy State	Zip Code	06 21	2006
Augusta		GA	30910-2629	Transaction ID: SA Amount of Each Re	
FEC ID nur	nber of contributing ical committee.	C	00010 2020	Amount of Each risk	250.00
Name of Employer Univ Hosp-Augusta Receipt For: Primary Other (specify) ▼ Occupation Patholog Aggregat					
Mailing Add	lress Main Lab 299 Carew St	State	Zip Code	Date of Receipt M M M / D D D O 6 23 Transaction ID: SA	
	d nber of contributing ical committee.	C	01104	Amount of Each Rec	ceipt this Period
ociates, PC Receipt For Prima	:	Occupation Patholog Aggregate]	
K. Karen Ste	Last, First, Middle Initial) einbronn, Dr.			Date of Receipt	
Mailing Add	lress 1461 E Paseo Pavon			06 / 23	2006
City		State	Zip Code	Transaction ID: SA	
	nber of contributing ical committee.	C	85718	Amount of Each Rec	250.00
Name of Er Univ of Ariz	nployer cona Med Ctr	Occupation Patholog			
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL (of Receipts This Page (optional)				750.00
TOTAL This	Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 38					
			Use separate schedule(s) or each category of the	(check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
			, -	13 14 15 16 17					
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements 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 Politic	al Action (Committee						
۹.	Full Name (Last, First, Middle Initial) A. Gerald Stolz, Dr.			Date of Receipt					
	Mailing Address Department of Pathology 1800 W Main St			06 23 7 2006					
	City	State	Zip Code	Transaction ID: SA11A1.21127					
	Russellville	AR	72801	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer St. Mary's Reg Med Ctr	Occupation Patholog							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		500.00						
	Other (specify) ▼	0 0	300.00						
3.	Full Name (Last, First, Middle Initial) Stuart Jonathan Strauss, Dr.			Date of Receipt					
	Mailing Address Lab	105		0 6 2 1 2 0 0 6					
	4230 Burnham Ave Ste	State	Zip Code	Transaction ID: SA11A1.20969					
	Las Vegas	NV	89119-5410	Amount of Each Receipt this Period					
	FEC ID number of contributing		00110 0110						
	federal political committee.	C		500.00					
	Name of Employer Quest Diagnostics Incorpo-	Occupation							
	rated Receipt For:	Patholog	e Year-to-Date ▼	_					
	Primary General	Aggregate	: feai-lo-Dale V						
	Other (specify)	0 0	500.00						
D.	Full Name (Last, First, Middle Initial) Nedjema Sustento-Reodica			Date of Receipt					
	Mailing Address 1 Franklin Town Blvd Apt 1717			06 15 2006					
	City	State	Zip Code	Transaction ID: SA11A1.20882					
	<u>Philadelphia</u>	<u>PA</u>	19103	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
Mt Singi Hoda Mod Ctr		Occupation Patholog							
	Receipt For:		Year-to-Date ▼						
	Primary General		250.00						
	Other (specify) ▼		250.00						
S	UBTOTAL of Receipts This Page (optional)			1250.00					
т,	OTAL This Period (last page this line number or	nlv)							
		,,	······································						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 24/38
	EMIZED RECEIPTS		or each category of the	(check only one)] 445 🖂 40
• •			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from	such committee.
$\sqrt{}$	NAME OF COMMITTEE (In Full)				
$\Big/$	College of American Pathologists Politica	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Katherine Tabatowski			Date of Receipt	
	Mailing Address GSMC Pathology 800 Forest Avenue			06 / 28	2006
	City	State	Zip Code	Transaction ID: SA	
	Zanesville	ОН	43701	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Genesis Healthcare System	Occupation Pathologi			
	Receipt For:		Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify)		300.00		
 3.	Full Name (Last, First, Middle Initial) E. Carolyn Thomas, Dr.			Date of Receipt	
	Mailing Address Department of Pathology			M M / D D	/ Y Y Y Y
	7101 Janke Road			06 02	2006
	City	State	Zip Code	Transaction ID: SA	
	Richmond	VA	23225	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Chippenham/Johnston-Willis	Occupation			
	Med Ctr	Pathologi		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	250.00		
				1	
) .	Full Name (Last, First, Middle Initial) W. George Thomas, Dr.			Date of Receipt	
	Mailing Address 1401 Johnston Willis Dr			06 02	2006
	City	State	Zip Code	Transaction ID: SA	
	Richmond	VA	23235-4789	Amount of Each Re	
	FEC ID number of contributing			33 230 110	· · · · · ·
	federal political committee.	C			250.00
	Name of Employer Johnston-Willis Hosp	Occupation Pathologic			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	55 5		1	
	Other (specify) ▼		250.00		
					800.00
S	UBTOTAL of Receipts This Page (optional)		······		800.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 38					
-			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 n	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)								
A.	M Robert Todd, Dr.			Date of Receipt					
	Mailing Address 3501 Soncy Rd			06 23 2006					
	City	State	Zip Code	Transaction ID: SA11A1.21129					
	Amarillo	TX	79119-6405	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		250.00					
	Name of Employer Amarillo Pathology Group	Occupation	1						
	LLP	Pathologi	st						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	' '	250.00	1					
	Other (specify)		200.00						
_	Full Name (Last, First, Middle Initial)								
В.	R. Jose Torrent, Dr.			Date of Receipt					
	Mailing Address 10563 SW 92nd Avenue)		06 21 2006					
	City	State	Zip Code	Transaction ID: SA11A1.20972					
	Miami	FL	33176	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		500.00					
	Name of Employer	Occupation	1						
	Kendall Medical Center	Pathologi	st						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		500.00	1					
	Other (specify)	0 0	300.00						
_	Full Name (Last, First, Middle Initial)								
C.	J. Deborah Trammell, Dr.			Date of Receipt					
	Mailing Address Department of Patholog 2000 Palmyra Road	у		06 28 2006					
	City	State	Zip Code	Transaction ID: SA11A1.21186					
	Albany	GA	31703	Amount of Each Receipt this Period					
	FEC ID number of contributing	С		250.00					
	federal political committee.			230.00					
	Name of Employer Palmyra Medical Centers	Occupation							
		Pathologi							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		250.00						
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s	UBTOTAL of Receipts This Page (optional)			1000.00					
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26/38					
TEMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 12					
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may not be sold or used by any pers	son for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)	arile and address of any political committee t	o solicit contributions from such committee.					
College of American Pathologists Politic	eal Action Committee						
Full Name (Last, First, Middle Initial) A. A David Wiese, Dr.		Date of Receipt					
Mailing Address Dept of Pathology 401 S Ballenger Hwy		0 6 2 1 2 0 0 6					
City	State Zip Code	Transaction ID: SA11A1.20978					
<u>Flint</u>	MI 48532-3685	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer McLaren Regional Medical Center	Occupation Pathologist						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) L. Charles Wilkinson, Dr.		Date of Receipt					
Mailing Address PO Box 607		0 6 2 6 2 0 0 6					
City	State Zip Code	Transaction ID: SA11A1.21143					
Laurel	MS 39441	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer South Central Regional Med	Occupation						
Ctr Receipt For:	Pathologist Aggregate Year-to-Date ▼	_					
Primary General							
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) Trace John Worrell, Dr.		Date of Receipt					
Mailing Address 908 Wright St		0 6 2 2 2 0 0 6					
City	State Zip Code	Transaction ID: SA11A1.21026					
Arlington	TX 76012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Arlington Pathology Assoc	Occupation Pathologist						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)		750.00					
TOTAL This Period (last page this line number or	alu)	22600.00					

SCHEDOLL B (I LCI OIII 3X)		Use seperate schedule(s)		(check only			NUMBER: PAGE 27/38 yone)							
IT	EMIZED DISBURSEMENTS		ategory of the ummary Page		X		22 28a		23 28b	24		25 29	26 30b	
	y Information copied from such Reports and State												ıs	
or	for commercial purposes, other than using the nan	ne and address	s of any political	com	mı	ttee to so	icit conti	ribut	ions tr	om suc	n com	mittee		
$ \rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politica	L Action Com	mittoo											
V_{\perp}	College of American Fathologists Folitica	ACTION CON	millee											
^	Full Name (Last, First, Middle Initial)									SB21	B.213	314		
Α.	Sun Trust Bank								Date of Disbursement					
	Mailing Address PO Box 85024						0 6	М	[′] □ C	5		žοŏι	3	
	City		Zip Code				Amou	ınt o	f Each	Disbui	rsemer	nt this	Period	
	Richmond	VA	23285-5024									538.	12	
	Purpose of Disbursement bank service charges				U			-				550.	72	
	Candidate Name			Ca	ate	gory/								
					Ту	ре								
		ement For:												
	Senate President	Other (spec	General											
	State: District:		, ∀											
_	Full Name (Last, First, Middle Initial)						Trans	sact	ion ID:	: SB21	B.213	315		
В.	Sun Trust Bank						Date	of D	isburs	ement				
	Mailing Address PO Box 85024						0 ^M 6	М	[/] ^D 2	20 /	Y 2	žοŏ	3 Y	
	City Richmond	State VA	Zip Code 23285-5024				Amou	ınt o	f Each	Disbu	rsemer	nt this	Period	
	Purpose of Disbursement Bank account analysis fees							50.50						
	Candidate Name				ate Ty	gory/ oe								
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General											
	State: District:													
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank								i on ID : isburs	: SB21 ement	B.213	313		
	Mailing Address PO Box 85024						0 ^M 6	М	[/] 3	3 O /	Y	ž 0 ŏ (6 Y	
	City Richmond	State VA	Zip Code 23285-5024				Amou	ınt o	f Each	Disbu	rsemer	nt this	Period	
	Purpose of Disbursement American Express fees				•			0				119.	83	
	Candidate Name				ate Ty	gory/ oe								
	Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General ify) ▼											
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)											708.	75	
_	OTAL This Period (last page this line number only	'n				•						708.	75	
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SCILEBOLL B (I LOI OIIII 3X)	Use seperate schedule(s)		Check o	IE NUME nlv one)	BEH:		L P.	AGE	28 / 3	8
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NAME OF COMMITTEE (In Full)	and address of any pointear	COITIII	milec to t	Solicit Col	Illibu	10113 110	JIII GUCII	COITIII	iiiioo	
College of American Pathologists Political A	Action Committee									
Full Name (Last, First, Middle Initial)							SB23.2	2129	9	
A BERCROMBIE FOR CONGRESS						isburse / D		Y Y	Y	Υ
Mailing Address c/o 1357 Kapiolani Blvd. S	Ste. 1005			O	6	2	8 /	2	0 Ď 6	
,	tate Zip Code -II 96814			Am	ount c	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement			-	1 L				1	000.0	0
Candidate Name		0-1								
			egory/ ype							
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General									
	Other (specify)									
State: HI District: 01										
Full Name (Last, First, Middle Initial) GAPITO, SHELLEY MOORE						ion ID:	SB23.2	2132	0	
				- M	М		B / [YYY	0 Ď 6	Υ
Mailing Address 2 Comstock Place				0	Ō	<u> </u>	3		000	
,	tate Zip Code VV 25314			Am	ount c	of Each	Disburs	emen	t this P	eriod
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Candidate Name			egory/ ype							
Office Sought: X House Disburser										
	Primary X General Other (specify) ▼									
State: WV District: 02										
Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONG	BESS INC			_		ion ID:	SB23.2	2124	8	
				- M	М		D /	YYY	0 ŏ 6	Υ
Mailing Address Post Office Box 80126				0	Ö				000	
•	tate Zip Code _A 70598			Am	ount c	of Each	Disburs	emen	t this P	eriod
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Candidate Name		Cate	egory/							
			ype							
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	Other (specify)									
State: LA District: 07										
SUBTOTAL of Disbursements This Page (optional)			. •					3	0.00	0
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political									
۹.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS					ction ID: Disburse) Ď 6	Y
	Mailing Address PO Box 442				0 0		3		700	
	•	State Zip Code PA 18105			Amount	of Each	Disburse	ement	this P	eriod
	Purpose of Disbursement		Тг	•				. 1	00.0	0
	Candidate Name		C	ategory/ Type						
	Office Sought: X House Senate President State: PA District: 15	ment For: 2006 Primary X Genera Other (specify) ▼	ıl							
3.	Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMIT	TEE, THE				ction ID: Disburse	_	1311		
	Mailing Address P.O. Box 1444				0 ^M 6 M	[/] 3	0 /	ž (ó 6	Y
	,	State Zip Code TX 75120			Amount	of Each	Disburse			-
	Purpose of Disbursement			•				20	0.00	0
	Candidate Name		C	ategory/ Type						
	Office Sought: X House Senate President State: TX District: 06	ment For: 2006 Primary X Genera Other (specify)	d							
Э.	Full Name (Last, First, Middle Initial) CUMMINGS FOR CONGRESS CAMPAIGI	N COMMITTEE				ction ID: Disburse		1290		
	Mailing Address PO BOX 1631				06	[/] 2	8 /	ž	o ŏ 6	Y
	•	State Zip Code MD 21203			Amount	of Each	Disburse	ement	this P	eriod
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	Candidate Name		C	ategory/ Type						
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s	UBTOTAL of Disbursements This Page (optional) .			<u> </u>			-	31	00.00	0
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER:		PAGI	= 30/3	8
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	and address of any political co		non contribu	10113 11011	1 30011 0011	millioc	
College of American Pathologists Political	Action Committee						
Full Name (Last, First, Middle Initial)				_	B23.212	62	
A. DAVE CAMP FOR CONGRESS 2006			Date of D			YY	Υ
Mailing Address 5915 EASTMAN AVE. S	UITE 100		06	1 3		ž 0 Ď 6	
,	State Zip Code MI 48640		Amount o	of Each D	isburseme	ent this P	eriod
Purpose of Disbursement						1485.2	.0
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: MI District: 04	ment For: 2006 Primary X General Other (specify)	1,100					
Full Name (Last, First, Middle Initial)			Transact	ion ID: S	B23.212	64	
3. DAVE CAMP FOR CONGRESS 2006			Date of D	isbursem	ent	O-T	
Mailing Address 5915 EASTMAN AVE. S	UITE 100		06	13) / Y	ž 0 ŏ 6	Y
,	State Zip Code MI 48640		Amount o	of Each D	isburseme		-
Purpose of Disbursement	I					514.8	0
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X III	ment For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: S	B23.213	Λ1	
ENSIGN FOR SENATE			Date of D			U I	
Mailing Address PO BOX 26568			06	[/] 28) / Y	ž 0 ŏ 6	Y
	State Zip Code NV 89126		Amount o	of Each D	isburseme	ent this P	eriod
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Candidate Name		Category/ Type					
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	22 28a	Х	23 28b	\Box	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem											ıs
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any politica	ai com	IIII	itee to soi	ICIL CONL		ions ir	OIII St	JCH COH	irriittee	
\rangle	College of American Pathologists Political	Action Committee										
Α.	Full Name (Last, First, Middle Initial) FOR AMERICAS REPUBLICAN MAJORIT					Date		isburs	_	-	34 Ž 0 Ŏ (2 Y
	Mailing Address 675 N Washington St. Su	uite 410				0 6	_		2		200	0
		State Zip Code VA 22314				Amou	ınt o	f Each	n Disb	urseme		
	Purpose of Disbursement PAC contribution Candidate Name			oto	gony	<u></u>		_			1000.	00
					gory/ pe							
	Senate	ement For: 2006 Primary General Other (specify)										
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: SB2	23.212	52	
В.	FRIENDS OF CLAY SHAW					Date		isburs	emen	t		V
	Mailing Address P.O. Box 2188					0 6	IVI	<u> </u>) ^D	′ 🗀	žoŏ	5 [']
	Fort Lauderdale	State Zip Code FL 33303				Amou	int o	f Each	n Disb	urseme	nt this	
	Purpose of Disbursement						-	-			1000.	00
	Candidate Name				gory/ pe							
	Senate X President	ement For: 2006 Primary General Other (specify)	•									
<u> </u>	State: FL District: 22 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER							ion ID		23.213 t	05	
	Mailing Address Post Office Box 1994						М	/ D	3 0		ž 0 ŏ (3 Y
		State Zip Code TN 38281				Amou	ınt o	f Each	Disb	urseme	nt this	Period
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	Candidate Name				gory/ pe							
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	chedule(s) FOR LINE NUMBER: PAGE 3 (check only one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) College of American Pathologists Political				
Full Name (Last, First, Middle Initial) A. FRIENDS OF KENT CONRAD			Transaction ID: Date of Disburse	
Mailing Address PO BOX 812			06 1	3 7 2006
City BISMARCK	State Zip Code ND 58502		Amount of Each	Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name		Category/ Type		
X Senate President	sement For: 2006 Primary X General Other (specify)			
State: ND District: 00 Full Name (Last, First, Middle Initial) FRIENDS OF MARK FOLEY FOR CONC	GRESS		Transaction ID:	
Mailing Address PO BOX 30505			06 00	2 7 2006
City PALM BEACH GARDENS	State Zip Code FL 33420	_	Amount of Each	Disbursement this Period
Purpose of Disbursement Candidate Name		Category/ Type		1000.00
Office Sought: X House Senate President State: FL District: 16	sement For: 2006 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) - HULSHOF FOR CONGRESS			Transaction ID:	
Mailing Address PO Box 1621			06 / 2	8 Y 2006 Y
City Columbia	State Zip Code MO 65205		Amount of Each	Disbursement this Period
Purpose of Disbursement				2000.00
Candidate Name		Category/ Type		
9 2	sement For: 2006 X Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional	l)			4000.00
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Any Information copied from such Reports and Statemor for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any political col	illillillee to s	Olicit Coritrib	utions no	in Such		
College of American Pathologists Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transa	ction ID:	SB23.2	1272	
JOHN LEWIS FOR CONGRESS				Disburse / D		/ * V * V	V
Mailing Address 1520 PINEHURST DRIVE	SW		06	1	3 /	ŹOŎ	6
•	State Zip Code GA 30311		Amount	of Each	Disburse	ement this	Period
Purpose of Disbursement	Г					2000	0.00
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: GA District: 05	nent For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transa	ction ID:	SB23.2	1288	
KIRK FOR CONGRESS				Disburse	ment		Y
Mailing Address P.O. Box 8			0 6	2	8 /	ŽOĎ	6
•	State Zip Code L 60093		Amount	t of Each	Disburse	ement this	Period
Purpose of Disbursement		• •				1000	0.00
Candidate Name		Category/ Type					
Office Sought: X House Senate President State: IL District: 10	nent For: 2006 Primary X General Other (specify)						
Full Name (Last, First, Middle Initial)			Transa	ction ID:	SB33 3	1076	
LINC PAC				Disburse	ment		V
Mailing Address 818 Connecticut Ave, NW Suite 1100			0.6		3 /	Žoŏ	
	State Zip Code DC 20006		Amount	t of Each	Disburse	ement this	Period
Purpose of Disbursement PAC Contribution		•				1000	0.00
Candidate Name		Category/ Type					
Office Sought: Senate President State: Disburser X Other	nent For: 2006 Primary General Other (specify)						
Simo. District. Office				• • •	• •		
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)	chedule(s) FOR LINE NUMBER: PAGE 34 /			34 / 3	8			
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										;
\rangle	NAME OF COMMITTEE (In Full) College of American Pathologists Political										
۹.	Full Name (Last, First, Middle Initial) MCCRERY FOR CONGRESS COMMITTE	E				Date	of Disburs				W.
	Mailing Address Post Office Box 52956 333 Texas Street Suite 19	900				0 ^M 6	M / D	02	Ź	0 Ď 6	1
	,	State LA	Zip Code 71135			Amou	ınt of Eac	h Disburse	-		
	Purpose of Disbursement					L.	-		_ 2	0.000	0
	Candidate Name				ategory/ Type						
	Senate President	ment For: Primary Other (spe	2006 X General								
	State: LA District: 04 Full Name (Last, First, Middle Initial)					T			4.00	7	
3.	NRCC					Date	of Disburs				Υ
	Mailing Address 320 First St. SE					0 6		28	2	0 Ď 6	
	,	State DC	Zip Code 20003			Amou	ınt of Eac	h Disburse			
	Purpose of Disbursement PAC Contribution					L.			5	000.0	00
	Candidate Name				ategory/ Type						
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۹.	WHITFIELD FOR CONGRESS COM	MITTEE		Date of Disbursement
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