FEC FORM 3X	AN	EPORT C ND DISB Other Than A	URSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		E FEC MAILING L TYPE OR PRINT		ample:If typing or the lines	, type			
College of America	n Pathologists	Political Action Co	mmittee					· · · · ·
ADDRESS (number and	street)	350 I Street, NW						
Check if differ than previously reported. (ACC	ent L	Suite 590 Vashington 					20005	-
2. FEC IDENTIFICAT	ION NUMBER	R ₩	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00274944	• • • •		3. IS THIS REPORT		N) OR	X AI (A	MENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elea Report for (d) 30-Day Post -El Report for	Election on	X	12C)	Sep	12G) in the State c	Special (30S)
5. Covering Period 05 01 2007 through 05 31 2007 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Alfred Campbell, MD Signature of Treasurer Electronically Filed by Alfred Campbell, MD Date 07 18 2007 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 Use Only						-	FEC FOR (Rev. 02/20	M 3X

FEC Form 3X (Rev. 02/2003)

From:

Write or Type Committee Name

Report Covering the Period:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2 College of American Pathologists Political Action Committee м м 05 ^D01 DD Y W Y ММ Y Y Y 2007 05 31 2007 To: **COLUMN A COLUMN B**

		This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1		67604.65
	(b) Cash on Hand at Begining of Reporting Period	75636.26	
	(c) Total Receipts (from Line 19)	68908.00	223008.00
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	144544.26	290612.65
7.	Total Disbursements (from Line 31)	44027.63	190096.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100516.63	100516.63
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	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

Image# 27930963988

DETAILED SUMMARY PAGE

Write or Type Committee Name College of American Pathologist	s Political Action Committee	
Report Covering the Period: From	M M D D Y	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees	49660.00	151970.00
(i) Itemized (use Schedule A)	19248.00	71038.00
(ii) Unitemized (iii) TOTAL (add	69009.00	223008.00
Lines 11(a)(i) and (ii)		0.00
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68908.00	223008.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
		0.00
3. All Loans Received		0.00
 Loan Repayments Received Offsets To Operating Expenditures 		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
8. Transfers from Non-Federal and Levin		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	68908.00	223008.00
 Total Federal Receipts 		
(subtract Line 18(c) from Line 19)	68908.00	223008.00

Image# 27930963989

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	Page 4				
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 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	1777.63	3246.02			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1777.63	3246.02			
2. Transfers to Affiliated/Other Party Committees	0.00	1000.00			
 Contributions to Federal Candidates/Committees and Other Political Committees 	42250.00	185750.00			
4. Independent Expenditure (use Schedule E)	0.00	0.00			
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00			
6. Loan Repayments Made	0.00	0.00			
7. Loans Made	0.00	0.00			
 8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	100.00			
(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	100.00			
9. Other Disbursements	0.00	0.00			
 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			
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	44027.63	190096.02			
2. Total Federal Disbursements					
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	44027.63	190096.02			

Image# 27930963990

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 5
	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	68908.00	223008.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	68908.00	222908.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1777.63	3246.02
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1777.63	3246.02

SCHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 6 / 53							
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12							
Δ	vinformation appied from such Departs and Ota	tomonto ma	not be cold or used by only a sec	13 14 15 16 17							
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.							
\sum	NAME OF COMMITTEE (In Full)										
\geq	College of American Pathologists Politic										
Α.	Full Name (Last, First, Middle Initial) E. John Accola, Dr.			Date of Receipt							
	Mailing Address 700 W Oak Street			05 22 Y Y Y Y 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24435							
	Kissimmee	FL	34741	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Osceola Regional Med Ctr	Occupation Pathologi									
	Receipt For:		Year-to-Date 🔻								
	Primary General		250.00	1							
	Other (specify)	0 0	0 0 0 0 0 0 0								
в.	Full Name (Last, First, Middle Initial) Anne Betty Allen, Dr.			Date of Receipt							
	Mailing Address 824 N Eola Dr			05 11 Y Y Y Y 05 11 1 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24440							
	Orlando	FL	32803	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			250.00							
	Name of Employer AmeriPath	Occupation Pathologi									
	Receipt For:	· ·	Year-to-Date V	_							
	Primary General Other (specify) ▼	0 0	250.00]							
 C.	Full Name (Last, First, Middle Initial)			Data of Passint							
0.	H Barbara Amaker, Dr. Mailing Address Dept of Path			Date of Receipt							
	600 Gresham Dr			05 16 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24442							
	Norfolk	VA	23507-1999	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		535.00							
	Name of Employer Sentara Norfolk Gen Hosp	Occupation Pathologi									
	Receipt For:	-	Year-to-Date V								
	Primary General		535.00	1							
	Other (specify)	0 0		1							
s	UBTOTAL of Receipts This Page (optional)			1035.00							
т	OTAL This Period (last page this line number or	nly)									

SCHEDULE A (FEC Form 3X)		[Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 / 53								
	EMIZED RECEIPTS	or each category of the			(check only one)								
••			Detailed Summary Page					· –	110	;⊢	12		
Ar	y information copied from such Reports and Stat	ements may	not be sold or used	d by any perso	n for th	13 he purp	14 ose of		15 tina c	ontrib	16 utions		17
	for commercial purposes, other than using the na												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
\angle	College of American Pathologists Politic	al Action C	Committee										
Α.	Full Name (Last, First, Middle Initial) A. Mark Arnesen, Dr.					Date of Receipt							
	Mailing Address Lab 11136 800 E 28th St					м м 05	/ D	л 16	/ 1		0 0 7		
	City	State	Zip Code		Т	ransac	tion ID): S/	A11A	1.244	455		
	Minneapolis	MN	55407-3731		/	Amount	of Ead	h Re	ceipt	this P	eriod		
	FEC ID number of contributing federal political committee.	C		0 1	[1			1	2	250.0	0	
	Name of Employer Abbott Northwestern Hosp	Occupation											
	Receipt For:	Pathologi	Year-to-Date V		_								
	Primary General	, iggi ogaio		1 1 1									
	Other (specify)	0 0	0 0 0 0 0	250.00									
В.	Full Name (Last, First, Middle Initial) Steven Gary Assarian, Dr.					Date of	Receip	ot					
	Mailing Address Department of Pathology 23775 Northwestern Hwy					05 17 Y Y Y Y 05 07							
	City	State	Zip Code		Т	ransac	tion II): S/	A11A	1.244	456		
	Southfield	MI	48075		/	Amount	of Ead	h Re	ceipt	this P	eriod		
	FEC ID number of contributing federal political committee.	C							1	5	500.0	0	
	Name of Employer Professional Lab Manageme- nt	Occupation Pathologi											
	Receipt For:	Aggregate											
	Primary General			500.00	1								
	Other (specify)		0 0 0 0 0	500.00									
с.	Full Name (Last, First, Middle Initial) C Robert Babkowski, Dr.					Date of	Receip	ot					
	Mailing Address Dept of Path & Lab Med 30 Shelburne Rd					м м 05	/ D	2 5	/ Y		0 0 7		
	City	State	Zip Code		ΤT	ransac	tion ID		A11A				
	Stamford	СТ	06902-3628			Amount							
	FEC ID number of contributing federal political committee.	C		Р 1	[5	500.0	0	
	Name of Employer Stamford Hospital	Occupation Pathologi											
	Receipt For:		Year-to-Date V										
	Primary General Other (specify)	0 0	· · · · · ·	500.00]								
s	UBTOTAL of Receipts This Page (optional)								• •	12	50.0	0]
	OTAL This Period (last page this line number on				. [

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 53						
			or each category of the	(check only one)						
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	y information copied from such Reports and Sta for commercial purposes, other than using the n									
\sum	NAME OF COMMITTEE (In Full)									
\rangle	College of American Pathologists Polition	cal Action (Committee							
Α.	Full Name (Last, First, Middle Initial) E Julio Badin, Dr.	Date of Receipt								
	Mailing Address 401 S Ballenger Hwy			05 [′] 25 [′] 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24460						
	<u>Flint</u>	MI	48532-3638	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer McLaren Regional Medical	Occupation Patholog								
	Center Receipt For:		e Year-to-Date V							
	Primary General			1						
	Other (specify)	0 0	300.00							
в.	Full Name (Last, First, Middle Initial) Lou Melissa Beal, Dr.			Date of Receipt						
	Mailing Address 665 Winter St SE PO Box 14001			05 10 Y Y Y Y 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24471						
	Salem	OR	97301-3959	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Pacific Pathology Assoc Inc	Occupation Patholog								
	Receipt For:		e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	250.00]						
<u></u>	Full Name (Last, First, Middle Initial) C Joseph Bergeron, Dr.			Date of Receipt						
	Mailing Address 5 Huckleberry Ln			05 11 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24478						
	Acton	MA	01720	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer Harvard Vanguard Med Asso-	Occupation								
	ciates	Patholog								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-						
	Other (specify)	0.0	300.00							
s	UBTOTAL of Receipts This Page (optional)			850.00						
Т	OTAL This Period (last page this line number of	nly)								

SCHEDULE A (FEC Form 3X)		E A (FEC Form 3X) Use separate schedule(s)		FOR LINE NUMBER: PAGE 9 / 53				
ITEMIZED RECEIPTS		FCFIPTS or each category of the		(check only one)				
			Detailed Summary Page					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\geq	College of American Pathologists Politic	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) H Susan Bowers, Dr.			Date of Receipt				
	Mailing Address Dept of Path 6500 Excelsior Blvd			05 / 14 / Y Y Y Y 007				
	City	State	Zip Code	Transaction ID: SA11A1.24485				
	Saint Louis Park	MN	55426-4700	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Methodist Hosp	Occupation	1					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)		500.00	1				
		0 0	0 0 0 0 0 0 0					
в.	Full Name (Last, First, Middle Initial) A. Philip Branton, Dr.			Date of Receipt				
	Mailing Address Laboratory Services 3300 Gallows Road			05 / D D / Y Y Y Y 05 10 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24486				
	Falls Church	VA	22042-3300	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Inova Fairfax Hosp	Occupation Patholog		_				
	Receipt For:	· ·	Year-to-Date V					
	Primary General Other (specify) ▼	0 0	1000.00]				
<u>с.</u>	Full Name (Last, First, Middle Initial) Daniel Thomas Brucker, Dr.			Date of Receipt				
	Mailing Address Dept of Pathology 252 McHenry St			M M / D D / Y Y Y Y 05 03 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24490				
	Burlington	WI	53105	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Memorial Hosp of Burlingt- on	Occupation Patholog						
	Receipt For:		e Year-to-Date 🔻	7				
	Primary General		250.00	1				
	Other (specify)			1				
s	UBTOTAL of Receipts This Page (optional)			1750.00				
т	OTAL This Period (last page this line number or	nly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 53 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	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 soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	College of American Pathologists Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Victor Casas			Date of Receipt
	Mailing Address Dept of Path 65 James St			05 14 Y Y Y Y 05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.24510
	Edison	NJ	08818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer John F. Kennedy Med Ctr	Occupation Patholog		
	Receipt For:	- · ·	e Year-to-Date V	_
	Primary General Other (specify) v	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) T. Parakrama Chandrasoma, Dr.			Date of Receipt
	Mailing Address Department of Patholog 1200 N. State Street	у		05 / 14 / Y Y Y Y 025 / 14
	City	State	Zip Code	Transaction ID: SA11A1.24511
	Los Angeles	CA	90033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LAC + USC Med Ctr	Occupation Patholog		
	Receipt For:	· ·	e Year-to-Date V	_
	Primary General Other (specify)	0 0	250.00]
с.	Full Name (Last, First, Middle Initial) S. Gregory Collins, Dr.			Date of Receipt
	Mailing Address Department of Patholog One Genesys Parkway	y		M M / D D / Y Y Y Y 05 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.24515
	Grand Blanc	MI	48439-3699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Genesys Regional Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 53 (check only one) 11a X 11a 13 14 15 16 17					
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
\geq	College of American Pathologists Politic	al Action (Committee					
Α.	Full Name (Last, First, Middle Initial) E. Steven Collum, Dr.			Date of Receipt				
	Mailing Address Department of Pathology 1235 East Cherokee Stre			05 25 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24516				
	Springfield	MO	65804-2263	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer St. John's Reg Health Ctr	Occupation Patholog		_				
	Receipt For:	· · ·	e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	250.00]				
в.	Full Name (Last, First, Middle Initial) M James Crawford, Dr.			Date of Receipt				
	Mailing Address Dept of Path 1600 SW Archer Rd Rm	M649		M · M / D · D / Y · Y · Y Y Y · Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.24523				
	Gainesville	FL	32610-0275	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		2500.00				
	Name of Employer Univ of Florida	Occupation Patholog						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	2500.00]				
с.	Full Name (Last, First, Middle Initial) J Elillian Daugherty, Dr.			Date of Receipt				
	Mailing Address Dept of Path 2615 E High St			M - M / D - D / Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y Y Y - Y - Y - Y Y - Y - Y - Y Y - Y - Y - Y Y - Y - Y - Y Y - Y - Y - Y - Y Y - Y - Y - Y - Y Y - Y - Y - Y - Y - Y - Y - Y - Y - Y -				
	City	State	Zip Code	Transaction ID: SA11A1.24529				
	Springfield	ОН	45505	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		535.00				
			e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼	0 0	535.00]				
s	UBTOTAL of Receipts This Page (optional)			3285.00				
Т	OTAL This Period (last page this line number on	ly)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/53 (check only one) I1a X 11a 11b					
			, ,	13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full)								
\geq	College of American Pathologists Politic	al Action (Committee						
Α.	Full Name (Last, First, Middle Initial) James Vincent DeRisio, Dr.			Date of Receipt					
	Mailing Address 6700 Steger			M M / D D / Y Y Y Y 05 10 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24533					
	<u>Cincinnati</u>	OH	45237	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		535.00					
	Name of Employer LabOne of Ohio, Inc	Occupatio		-					
	Receipt For:	Patholog Aggregate	ISt e Year-to-Date ▼	-1					
	Primary General	33. 59410		1					
	Other (specify)	0 0	535.00]					
в.	Full Name (Last, First, Middle Initial) A Darcy Duncan, Dr.			Date of Receipt					
	Mailing Address Dept of Path 1414 S Kuhl Ave			M M / D D / Y Y Y Y 05 16 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24539					
	Orlando	FL	32806-2008	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Florida Hosp Cancer Inst	Occupation Patholog							
	Receipt For:	· ·	e Year-to-Date V	-					
	Primary General Other (specify) ▼	0 0	1000.00]					
<u>с.</u>	Full Name (Last, First, Middle Initial) W. Jordan Eggers, Dr.			Date of Receipt					
	Mailing Address 38 Woodland Dr			05 11 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24543					
	Boyce	LA	71409-9611	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Rapides Regional Med Ctr	Occupation Patholog							
	Receipt For:		e Year-to-Date V	-					
	Primary General		500.00	1					
	Other (specify)								
s	UBTOTAL of Receipts This Page (optional)			2035.00					
Т	OTAL This Period (last page this line number or	וy)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 53 (check only one) X X 11a 11b 11c 12					
		Detailed Summary Page						
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements 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 oscillations solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
College of American Pathologists Polit	tical Action (Committee						
Full Name (Last, First, Middle Initial) A. J. Andrew Evanger, Dr.			Date of Receipt					
Mailing Address Department of Patholo 1650 Cowles Street	gy		05 08 YYYY 05 08					
City	State	Zip Code	Transaction ID: SA11A1.24548					
Fairbanks	AK	99701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Fairbanks Memorial Hosp	Occupation Patholog							
Receipt For:	, I – – – – – – – – – – – – – – – – – –	e Year-to-Date V	_					
Primary General Other (specify) ▼	0 0	250.00]					
Full Name (Last, First, Middle Initial) B. G Patricia Fenderson, Dr.			Date of Receipt					
Mailing Address Dept of Path 1401 Pennsylvania Ave	e		M M / D D / Y Y Y Y Y 05 25 2007					
City	State	Zip Code	Transaction ID: SA11A1.24556					
<u>Ft Worth</u>	TX	76104	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer Harris Methodist Ft Worth Hospital	Occupation Patholog							
Receipt For:	, I	e Year-to-Date 🔻						
Other (specify)	0 0	300.00]					
Full Name (Last, First, Middle Initial) C. Therese Karen Ferrer, Dr.	I		Date of Receipt					
Mailing Address 1521 West Harrison			05 04 2007					
City	State	Zip Code	Transaction ID: SA11A1.24557					
Chicago	IL	60607	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Stroger Hospital of Cook County	Occupation Patholog							
ocant		e Year-to-Date 🔻						
Other (specify)		250.00]					
SUBTOTAL of Receipts This Page (optional)	I		800.00					
TOTAL This Period (last page this line number								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 53 (check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	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.						
\sum	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	College of American Pathologists Politic	al Action C	Committee	_						
A.	Full Name (Last, First, Middle Initial) Desiree Mary Fiel-Gan, Dr.			Date of Receipt						
	Mailing Address PO Box 5037 80 Seymour St			M M / D D / Y						
	City	State	Zip Code	Transaction ID: SA11A1.24559						
	Hartford	CT	06102-5037	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		535.00						
	Name of Employer Hartford Hosp	Occupation Patholog		_						
	Receipt For:	· · ·	Year-to-Date V	_						
	Primary General		535.00	1						
	Other (specify) v	0 0								
в.	Full Name (Last, First, Middle Initial) E. Cynthia Flynn, Dr.			Date of Receipt						
	Mailing Address Department of Pathology 4755 Ogletown-Stanton			05 11 YYYY 07 05 11 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24562						
	Newark	DE	19718-6001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		550.00						
	Name of Employer Christiana Hosp	Occupation Patholog								
	Receipt For:	· · ·	Year-to-Date V							
	Primary General Other (specify) ▼	0 0	550.00]						
 C.	Full Name (Last, First, Middle Initial) J. Steve Galatzan, Dr.			Date of Receipt						
	Mailing Address Doctors Regional Lab 3315 S Alameda			05 16 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24567						
	Corpus Christi	TX	78411	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
			n ist							
			Year-to-Date V	1						
	Primary General Other (specify) ▼		500.00	1						
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s	UBTOTAL of Receipts This Page (optional)		······	1585.00						
т	OTAL This Period (last page this line number or	nly)								

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 53 (check only one)							
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)									
\rangle	College of American Pathologists Politic	al Action (Committee							
Α.	Full Name (Last, First, Middle Initial) A. Stephen Geller, Dr.			Date of Receipt						
	Mailing Address Dept of Pathology & Lab 8700 Beverly Blvd	Med		05 / 04 / Y Y Y Y 005 / 04						
	City	State	Zip Code	Transaction ID: SA11A1.24575						
	Los Angeles	CA	90048-0750	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Cedars-Sinai Med Ctr	Occupatio Patholog		-						
	Receipt For:	- ·	e Year-to-Date ▼	_						
	Primary General Other (specify) ▼	0 0	250.00]						
В.	Full Name (Last, First, Middle Initial) W. Fredrick Gilkey, Dr.			Date of Receipt						
	Mailing Address Department of Patholog 2401 W Belvedere Ave	у		M - M / D - D / Y - Y - Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.24578						
	Baltimore	MD	21215-5271	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Sinai Hosp of Baltimore	Occupatio Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	250.00]						
<u>с.</u>	Full Name (Last, First, Middle Initial) D. Jeffrey Goldstein, Dr.			Date of Receipt						
	Mailing Address Department of Patholog 800 Prudential Drive	у		0 5 / 1 1 2 0 0 7						
	City	State	Zip Code	Transaction ID: SA11A1.24579						
	Jacksonville	FL	32207	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Occu Path									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]						
s	UBTOTAL of Receipts This Page (optional)			750.00						
Т	OTAL This Period (last page this line number or	רוא)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 53 (check only one)				
	y information copied from such Reports and Sta		y not be sold or used by any perso					
or	for commercial purposes, other than using the n	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Buntyn Paul Googe, Dr.			Date of Receipt				
	Mailing Address 315 Erin Dr			05 / 10 / Y Y Y Y 05 / 10 / 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24581				
	Knoxville	TN	37919-6202	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Knoxville Dermatopathology	Occupation						
	Laboratorie Receipt For:	Patholog Aggregate	e Year-to-Date V	-				
	Primary General Other (specify) ▼		500.00]				
в.	Full Name (Last, First, Middle Initial) A Lauren Hammock, Dr.			Date of Receipt				
	Mailing Address 455 St Michaels Dr			M M / D D / Y Y Y Y 05 25 2007				
	City	State	Zip Code	Transaction ID: SA11A1.24585				
	Santa Fe	NM	87505-7601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer St. Vincent Hosp	Occupation Patholog						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	300.00]				
с.	Full Name (Last, First, Middle Initial) S Azra Haque, Dr.			Date of Receipt				
	Mailing Address Dept of Path 2233 N Division St			0 5 / 1 0 / Y Y Y Y 0 5 / 1 0 / 2 0 0 7				
	City	State IL	Zip Code	Transaction ID: SA11A1.24587				
	Chicago FEC ID number of contributing	C	60622	Amount of Each Receipt this Period				
	federal political committee.							
	Name of Employer St. Mary of Nazareth Hosp Ctr	Occupation	n					
	Receipt For:		e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼	0 0	250.00					
s	UBTOTAL of Receipts This Page (optional)		······	1050.00				
\vdash	OTAL This Period (last page this line number or		•					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 53 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the na										
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)		,								
\geq	College of American Pathologists Politic	al Action (Committee	_							
Α.	Full Name (Last, First, Middle Initial) T Clarke Harding, Dr.			Date of Receipt							
	Mailing Address Dept of Path 2111 E Dakota Ave			05 [/] 11 ² 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24589							
	Fresno	CA	93726-4805	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Pathology Associates	Occupation Patholog									
	Receipt For:	Aggregate	e Year-to-Date V								
	Primary General Other (specify) ▼	0 0	250.00]							
в.	Full Name (Last, First, Middle Initial) M. Kathleen Harms, Dr.			Date of Receipt							
	Mailing Address Ontario Pathology Group 351 SW 9th St			05 / 08 / Y Y Y Y 007							
	City	State OR	Zip Code	Transaction ID: SA11A1.24592							
	Ontario		97914	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C									
	Name of Employer Holy Rosary Med Ctr	Occupation Patholog									
	Receipt For:		e Year-to-Date V								
	Primary General Other (specify) ▼		250.00]							
	Full Name (Last, First, Middle Initial) V. William Harrer, Dr.			Date of Receipt							
0.	Mailing Address 129 The Mews			05 18 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24593							
	Haddonfield	NJ	08033-1344	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			2500.00							
	Name of Employer Our Lady of Lourdes Med Ctr	Occupation Patholog	ist								
	Receipt For:		e Year-to-Date 🔻								
	Primary General Other (specify) ▼										
s	SUBTOTAL of Receipts This Page (optional)										
	OTAL This Period (last page this line number or			-							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 18 / 53 (check only one)						
	y information copied from such Reports and Stat for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	College of American Pathologists Politic	al Action (Committee							
Α.	Full Name (Last, First, Middle Initial) Edward Kent Harshbarger, Dr.			Date of Receipt						
	Mailing Address 361 W Third St			05 10 Y Y Y Y 05 10 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24597						
	Dayton	OH	45402	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		535.00						
	Name of Employer Montgomery County Coroner- 's Office	Occupation Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	535.00							
в.	Full Name (Last, First, Middle Initial) E. James Haswell, Dr.			Date of Receipt						
	Mailing Address Dept of Pathology 130 Division Street			05 / D D / Y Y Y Y 005 / 10 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24598						
	Derby	CT	06418	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1000.00						
	Name of Employer Griffin Hosp	Occupation Patholog								
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼		1000.00]						
<u>с.</u>	Full Name (Last, First, Middle Initial) D Lawrence Henry, Dr.			Date of Receipt						
	Mailing Address Dept of Path 200 Portland			M M / D D / Y						
	City	State	Zip Code	Transaction ID: SA11A1.24601						
	Columbia	MO	65205	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Boyce & Bynum Pathology Labs PC	Occupation Patholog								
	Receipt For:		e Year-to-Date V	1						
	Primary General Other (specify) ▼]								
s	UBTOTAL of Receipts This Page (optional)			1785.00						
т	OTAL This Period (last page this line number or	ıly)	· · ·							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		tome-t-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 53 (check only one) 11a X 11a 11b 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	College of American Pathologists Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) S David Hewitt, Dr.			Date of Receipt
	Mailing Address Dept of Path 126 S Floral			05 / 11 / Y Y Y Y 005 / 11 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.24603
	Visalia	CA	93291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Visalia Pathology Group	Occupation Patholog		
	Receipt For:	- · ·	e Year-to-Date V	1
	Primary General Other (specify) ▼	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) G. Robert Huber, Dr.			Date of Receipt
	Mailing Address Laboratory 707 S Mills St			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.24611
	Madison	WI	53715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary's Hospital	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		500.00]
<u></u>	Full Name (Last, First, Middle Initial) S. Mehraboon Irani, Dr.			Date of Receipt
	Mailing Address 1100 Central Ave S.E.			M M / D D / Y Y Y Y 05 25 2007
	City Albuaueraue	State NM	Zip Code 87106	Transaction ID: SA11A1.24615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Presbyterian Hosp	Occupation Patholog		-
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2000.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 20 / 53 (check only one) 11c 12 X 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\}$	NAME OF COMMITTEE (In Full)										
\rangle	College of American Pathologists Politic	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) R. Duren Johnson			Date of Receipt							
	Mailing Address 2643 Great Falls Hwy.			05 [/] /18 [/] /2007							
	City	State	Zip Code	Transaction ID: SA11A1.24623							
	Lancaster	SC	29720	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer Springs Memorial Hosp	Occupation Patholog									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	 Primary General Other (specify) ▼ 		1000.00]							
в.	Full Name (Last, First, Middle Initial) L. Jon Keller, Dr.			Date of Receipt							
	Mailing Address 92 Highland St			M M / D D / Y							
	City	State	Zip Code	Transaction ID: SA11A1.24631							
	Milton	MA	02186	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Milton Hosp	Occupation									
	Receipt For:	Patholog Aggregate	e Year-to-Date V	-							
	Primary General Other (specify) ▼		250.00]							
с.	Full Name (Last, First, Middle Initial) Thaddeus Khachaturian			Date of Receipt							
	Mailing Address 6532 E Redfield Road			05 / 18 / Y Y Y Y 0 5 / 18							
	City	State	Zip Code	Transaction ID: SA11A1.24632							
	Scottsdale	AZ	85254	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		535.00							
	Name of Employer St. Luke's Med Ctr	Occupation Patholog	ist								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	 Primary General Other (specify) ▼ 										
s	UBTOTAL of Receipts This Page (optional)			1785.00							
т	OTAL This Period (last page this line number or	nly)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 53 (check only one) 11c 12 X 11a 11b 11c 12					
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)								
	College of American Pathologists Politie	cal Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Pamela Sony Kilgore, Dr.			Date of Receipt					
	Mailing Address Dept of Path 6780 Mayfield Rd			05 / 25 / Y Y Y Y 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24634					
	Mayfield Heights	OH	44124	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00					
	Name of Employer Hillcrest Hosp	Occupation							
	Receipt For:	Patholog Aggregate	e Year-to-Date V	-					
	Primary General	33 3	300.00	1					
	Other (specify)	0 0	300.00						
В.	Full Name (Last, First, Middle Initial) H Richard Knierim, Dr.			Date of Receipt					
	Mailing Address 1229 Madison St Ste 50	00		05 14 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24637					
	Seattle	WA	98104	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer CellNetix Pathology PLLC	Occupation Patholog							
	Receipt For:		e Year-to-Date V						
	Primary General Other (specify) ▼		1000.00]					
<u>с.</u>	Full Name (Last, First, Middle Initial) A. Thomas Kocoshis, Dr.			Date of Receipt					
	Mailing Address Ball Memorial Hosp 2401 University Ave			05 08 2007					
	City	State	Zip Code	Transaction ID: SA11A1.24639					
	Muncie	IN	47303	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer PA Labs LLC	Occupation Patholog							
			e Year-to-Date V						
			250.00	1					
		1							
s	UBTOTAL of Receipts This Page (optional)			1550.00					
Т	OTAL This Period (last page this line number o	nly)							

SCHEDULE A (FEC Form 3X)		[FOR LINE NUMBER: PAGE 22/53								
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the		(check only one)								
11			Detailed Summary Page		Х	11a 13	Д	11b	\square	11c		12	
Any information copied from such Reports and Sta			, ,					14		15		16	17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	r not be sold or used by any p lress of any political committe	erson e to so	for th olicit	ne purp contrib	oose	of so ns fro	licitir m su	ng cor uch co	omm	ittee.	
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)												
\langle	College of American Pathologists Politic	al Action C	Committee										
Α.	Full Name (Last, First, Middle Initial) Saran Kraichoke					Date of	Rec	ceipt					
	Mailing Address Dept of Path 390 E Longview St					^м 5	/		D / 4	Y		0 0	
	City	State	Zip Code		т	ransa	ctio	n ID:	SA1	1A1	.246	644	
	Fayetteville	AR	72703-4618		4	Amoun	t of I	Each	Rece	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C									5	35.0	0
	Name of Employer NWA Path Assoc	Occupation Pathologi											
	Receipt For:		Year-to-Date V		1								
	Primary General		535.00										
	Other (specify)												
в.	Full Name (Last, First, Middle Initial) S. Jonathan Krauss, Dr.					Date of	Rec	ceipt					
	Mailing Address 3005 Vassar Dr		M · M / D · D / Y · Y · Y · Y Y										
	City	State	Zip Code		т	ransa	ctio	n ID:	SA1	1A1	.246	646	
	Augusta	GA	30909		4	Amoun	t of I	Each	Rece	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C									2	50.0	0
	Name of Employer Unaffiliated	Occupation Pathologi											
	Receipt For:	· ·	Year-to-Date ▼										
	Primary General												
	Other (specify)		250.00	0									
с.	Full Name (Last, First, Middle Initial) A Robert Kurtzman, Dr.					Date of	Rec	ceipt					
	Mailing Address Main Lab 2021 N 12th St				Γ	м м 05	_	D	D /	Y		0 0	
	City	State	Zip Code		т	ransa	ctior	n ID:	SA1	1A1	.246	652	
	Grand Junction	CO	81501-2999		4	Amoun	t of I	Each	Rece	eipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C									2	50.0	0
	Name of Employer Community Hosp Occupation Patholog Receipt For: Aggregate Primary General				1								
			Year-to-Date ▼										
	Other (specify) ▼		250.00										
s	UBTOTAL of Receipts This Page (optional)			►	[0	10	35.0	0
т	OTAL This Period (last page this line number or	ıly)		►	[

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 53							
ITEMIZED RECEIPTS			or each category of the								
			Detailed Summary Page								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	v not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee							
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	College of American Pathologists Politic	al Action C	Committee								
Α.	Full Name (Last, First, Middle Initial) L Dennis Laffay, Dr.			Date of Receipt							
	Mailing Address 18856 North Valley			0 5 / 1 0 / Y Y Y Y 0 5 / 1 0 / 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.24656							
	Fairview Park	OH	44126	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		750.00							
	Name of Employer Hillcrest Hosp	Occupation Pathologi									
	Receipt For:	· ·	Year-to-Date ▼	_							
	Primary General Other (specify) ▼	0 0	750.00]							
в.	Full Name (Last, First, Middle Initial) A Ruth Macke, Dr.			Date of Receipt							
	Mailing Address Dept of Pathology St. Luke's Hospital			M M M / D D / Y Y Y Y <							
	City	State	Zip Code	Transaction ID: SA11A1.24679							
	Cedar Rapids	IA	52402-5036	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer St Luke's Hosp	Occupation Patholog									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)	0 0	500.00]							
<u></u>	Full Name (Last, First, Middle Initial) Luisa Marlene Magrini-Greyson, Dr.			Date of Receipt							
	Mailing Address Path Lab 1000 N Lee Ave			M M / D D / Y Y Y Y 05 18 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24683							
	Oklahoma City	OK	73102-1080	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer St. Anthony Hosp	Occupation Patholog									
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 250.00]							
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) A. Deborah Maisel, Dr. Mailing Address Dept of Path 809 University Blvd E			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11A1.24685
	Tuscaloosa	AL	35401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DCH Reg Med Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	250.00]
в.	Full Name (Last, First, Middle Initial) Lee Abby Maizel, Dr.			Date of Receipt
	Mailing Address Path and Lab Med 825 Chalkstone Ave	Chatta	7in Orde	
	City Providence	State RI	Zip Code	Transaction ID: SA11A1.24687
	FEC ID number of contributing federal political committee.	C	02908-4728	Amount of Each Receipt this Period
	Name of Employer Brown Univ	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
C.	Full Name (Last, First, Middle Initial) Felix Martinez			Date of Receipt
	Mailing Address 13103 E Mansfield Ave			05 / D D / Y Y Y Y 05 / 14 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.24690
	Spokane Valley	WA	99216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer InCyte Path PS	Occupation Patholog	ist	
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Α.	Full Name (Last, First, Middle Initial) J. Calixto Maso, Dr.				Date of Receipt								
	Mailing Address Department of Pathology 2900 N, Lake Shore	у			^м 5	/		^D /4	Y		0 [°] 0		
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	Primary General		250.00	1									
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в.	Full Name (Last, First, Middle Initial) Wayne Larry Massie, Dr.				Date of	Rec	eipt						
	Mailing Address 1501 San Pedro, SE			05 [/] 25 [/] 2007									
	City	State	Zip Code	1	Transaction ID: SA11A1.24696 Amount of Each Receipt this Period								
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	Name of Employer New Mexico VA Health Care	Occupation											
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	Other (specify) ▼	0 0	500.00										
<u></u>	Full Name (Last, First, Middle Initial) S Thomas Mego, Dr.				Date of	Rec	eipt						
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Α.	Full Name (Last, First, Middle Initial) J Don Merryman, Dr.			Date of Receipt							
	Mailing Address 500 E Market St			05 14 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24713							
	lowa City	IA	52245	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Mercy Hosp	Occupation Patholog									
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	Primary General Other (specify) ▼	0 0	500.00]							
в.	Full Name (Last, First, Middle Initial) D. John Milam, Dr.			Date of Receipt							
	Mailing Address Dept of Path and Lab M 6431 Fannin St	led		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y <thy< th=""></thy<>							
	City	State	Zip Code	Transaction ID: SA11A1.24715							
	Houston	TX	77030	Amount of Each Receipt this Period							
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	Name of Employer Unaffiliated	Occupation Patholog									
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	Primary General	1 1	500.00	1							
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C.	Full Name (Last, First, Middle Initial) R. James Miller, Dr.			Date of Receipt							
	Mailing Address 2916 S Brentwood Blvd			05 08 Y Y Y Y 025 08							
	City	State	Zip Code	Transaction ID: SA11A1.24716							
	Brentwood	MO	63144	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Pathology Services	Occupation Patholog									
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Ν	NAME OF COMMITTEE (In Full)															
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A.	Full Name (Last, First, Middle Initial) A Jeffrey Mossler, Dr.				Date of Receipt											
	Mailing Address Dept of Path 2650 N Shadeland Ave S			05 / 30 / Y Y Y Y 05 / 30 / 2007												
	City	State	Zip Code		Transaction ID: SA11A1.24724 Amount of Each Receipt this Period											
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	Name of Employer AmeriPath Indiana	Occupation Pathologi														
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В.	Full Name (Last, First, Middle Initial) Sami Nadia Nashid, Dr.				Date o	of Re	ceint									
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	Other (specify)	0 0	535.00	0												
с.	Full Name (Last, First, Middle Initial) Suhail Nasim				Date o	of Re	ceipt									
	Mailing Address 600 Gresham Dr				05	N /		D / 6	Y		0 [°] 07					
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	Norfolk	VA	23507-1999		Amou	nt of	Each	Recei	ot this	s Pe	riod					
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Α.	Full Name (Last, First, Middle Initial) Joseph James Navin, Dr.				Date of Receipt										
	Mailing Address 5287 Poola St				^м 5	/	^D 2	^D /5	Y		2007				
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В.	Full Name (Last, First, Middle Initial) O. Robert Newbury, Dr.				Date o	f Rec	eipt								
		Department of Pathology 3020 Childrens Way MC 5007						M M / D D / Y Y Y Y 05 10 2007							
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	San Diego	CA	92123-4282	Transaction ID: S Amount of Each Re											
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	Name of Employer Children's Hosp-San Diego	Occupation Pathologi													
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C.	E. Lucien Nochomovitz, Dr.				Date o		•								
	Mailing Address Path 300 Community Dr				05	/		D / 0	Y		0 [°] 07				
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	Name of Employer North Shore Univ Hosp	Occupation Pathologi													
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) College of American Pathologists Politic	al Action (Committee	
<u>∠</u>	Full Name (Last, First, Middle Initial) Irene Lauren O'Brien, Dr.			Date of Receipt
	Mailing Address Path Clin Lab 100 W California Blvd			05 / 25 / Y Y Y Y 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.24745
	Pasadena	CA	91105-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Huntington Memorial Hospi-	Occupation Patholog		
	tal Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify)	0 0	1000.00]
в.	Full Name (Last, First, Middle Initial) S Eugene Olsowka, Dr.			Date of Receipt
	Mailing Address Lab Svcs 1000 Houghton Ave			M M / D D / Y Y Y Y 05 / 16 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.24749
	Saginaw	MI	48602-5303	Amount of Each Receipt this Period
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	Name of Employer Covenant HealthCare System	Occupation Patholog		
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<u></u>	Full Name (Last, First, Middle Initial) W Thomas Panke, Dr.			Date of Receipt
	Mailing Address Department of Pathology 375 Dixmyth Ave	/		M M / D D / Y Y Y Y 0 5 11 2007
	City Cincinnati	State OH	Zip Code 45220-2489	Transaction ID: SA11A1.24755 Amount of Each Receipt this Period
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	Name of Employer Good Samaritan Hosp	Occupation Patholog		
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Α.	Full Name (Last, First, Middle Initial) L. Britton Pilcher, Dr.				Date o	f Rec	ceipt						
	Mailing Address Laboratory 1601 Watson Blvd				^м 5	/		D 4	/ Y		0 [°] 07		
	City	State	Zip Code		Transa								
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	Name of Employer Houston Med Ctr	Occupation Pathologi											
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в.	Full Name (Last, First, Middle Initial) A. Robert Quirey, Dr.				Date o	f Rec	ceipt						
	Mailing Address 2560 N Shadeland Ave	Ste A		05 / 14 / Y Y Y Y 05 / 14									
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	Other (specify)	0 0	250.00										
с.	Full Name (Last, First, Middle Initial) A. Edwin Raines, Dr.				Date o	f Rec	ceipt						
	Mailing Address 1211 Union Avenue				0 5	/	D 3	D 0	/ Y		0 0 7		
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Α.	Full Name (Last, First, Middle Initial) M David Reardon, Dr.				Date of Receipt									
	Mailing Address Lab 1620 Med Ln Ste 100			05 16 2								2007		
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 R	Full Name (Last, First, Middle Initial) Mazhar Rishi				Date of	f Bec	oint							
υ.	Mailing Address 701 N Clayton St				$\begin{array}{c c} M & M \\ 0 & 5 \end{array} \begin{array}{c} D & D \\ 1 & 0 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \end{array}$									
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C.	Full Name (Last, First, Middle Initial) S David Risner, Dr.				Date of	f Rec	eipt							
	Mailing Address Dept of Path 600 Mary St				^м 5	11	2	5		2	0 [°] 07			
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or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit o	contrib	utions f	rom s	uch c	omm	ittee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	al Aatian C											
\square	College of American Pathologists Politic	al Action C	Jommiliee										
Α.	Full Name (Last, First, Middle Initial) R John Rogers, Dr.				Date of Receipt								
	Mailing Address Dept of Path 4401 S Western Ave				05 11 Y Y Y Y 2007								
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	Oklahoma City	OK	73109-3413	A	Amount	of Eac	n Rec	eipt th	nis Pe	eriod			
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в.	Full Name (Last, First, Middle Initial) L Gerald Schall, Dr.				Date of	Receip	t						
	Mailing Address 1st FIr Lab 900 Hyde St			05 / D D / Y Y Y Y 05 / 10 / 2007									
	City	State Zip Code							.247	794			
	San Francisco	CA	94109-4809	A	Amount of Each Receipt this Period								
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	Name of Employer St. Francis Memorial Hosp	Occupation Pathologi											
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<u> </u>	Full Name (Last, First, Middle Initial) E Hoyle Setzer, Dr.				Date of	Receip	:						
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	NAME OF COMMITTEE (In Full)									
\geq	College of American Pathologists Politic	cal Action (Committee	_						
Α.	Full Name (Last, First, Middle Initial) Suash Sharma			Date of Receipt						
	Mailing Address Dept of Pathology, BAE 1120 15th St	2575		05 / 16 / Y Y Y Y 0 5 / 1 6						
	City	State	Zip Code	Transaction ID: SA11A1.24808						
	Augusta	GA	30912	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer Med College of Georgia	Occupation Patholog								
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼	0 0	300.00]						
в.	Full Name (Last, First, Middle Initial) Carol Susan Sharp, Dr.			Date of Receipt						
	Mailing Address Dept of Path 2210 Troy Rd			05 / ^D D D / <u>Y Y Y Y</u> 30 / <u>2007</u>						
	City	State	Zip Code	Transaction ID: SA11A1.24810						
	Niskayuna	NY	12309	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer Bellevue Woman's Hosp	Occupation Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	300.00]						
<u></u> с.	Full Name (Last, First, Middle Initial) C Mark Sheiko, Dr.			Date of Receipt						
	Mailing Address Path Dept 2800 10th Ave N			M M / D D / Y						
	City	State	Zip Code	Transaction ID: SA11A1.24812						
	Billings	MT	59101-0703	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer Billings Clin	Occupation Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	300.00]						
s	UBTOTAL of Receipts This Page (optional)			900.00						
Т	OTAL This Period (last page this line number or	nly)								

S	CHEDULE A (FEC Form 3X)	[FOR LINE NUMBER: PAGE 34 / 53							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
Δr	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	13 14 15 16 17							
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.							
Ν	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	College of American Pathologists Politic	al Action C	Committee								
A.	Full Name (Last, First, Middle Initial) W Ross Simpson, Dr.			Date of Receipt							
	Mailing Address Dept of Path 6500 Excelsior Blvd			05 / 14 / Y Y Y Y 05 / 14							
	City	State	Zip Code	Transaction ID: SA11A1.24814							
	<u>St Louis Pk</u>	MN	55426-4700	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		535.00							
	Name of Employer Methodist Hosp	Occupation Pathologi									
	Receipt For:		Year-to-Date V	-							
	Primary General		535.00	1							
	Other (specify)		555.00								
в.	Full Name (Last, First, Middle Initial) Kent Smith			Date of Receipt							
	Mailing Address 8404 Mile Tree Dr			0 5 2 5 2 0 0 7 Transaction ID: SA11A1.24818							
	City	State Zip Code									
	Fort Smith	AR	72903-4319	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Laboratory Medicine Assoc-	Occupation Pathologi									
	iates Receipt For:	, v	Year-to-Date V	-							
	Primary General		250.00	1							
	Other (specify)	0 0	250.00								
С.	Full Name (Last, First, Middle Initial) Andrew Richard Smith, Dr.			Date of Receipt							
	Mailing Address Dept of Path 211 Park St			05 / Y Y Y Y 0 5 / 16 / 2007							
	City	State	Zip Code	Transaction ID: SA11A1.24820							
	Attleboro	MA	02703-3137	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		535.00							
	Name of Employer Sturdy Mem Hosp	Occupatior Pathologi									
	Receipt For:		Year-to-Date V								
	Primary General		525.00	1							
	Other (specify)	0 0	535.00								
s	UBTOTAL of Receipts This Page (optional)			1320.00							
т	OTAL This Period (last page this line number or	ıly)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 53 (check only one) X X 11a 11b 11c 12						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
	NAME OF COMMITTEE (In Full)		areas or any pointical committee to	Solicit contributions from such committee.						
$\left \right\rangle$	College of American Pathologists Politic	al Action (Committee							
Α.	Full Name (Last, First, Middle Initial) O. V. Speights, Dr.			Date of Receipt						
	Mailing Address Department of Pathology 2401 S. 31st Street	ý		05 / 29 / Y Y Y Y 05 / 29						
	City	State	Zip Code	Transaction ID: SA11A1.24825						
	Temple	TX	76508-6508	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Scott and White Memorial	Occupation								
	Hosp Receipt For:	Patholog Aggregate	ISt e Year-to-Date ▼	-						
	Primary General	, igg. ogait		1						
	Other (specify)	0 0	500.00							
В.	Full Name (Last, First, Middle Initial) J Joseph Sreenan, Dr.			Date of Receipt						
	Mailing Address Dept of Path			M M / D D / Y Y Y Y						
	750 W High St Ste 400	State	Zip Code	05142007 Transaction ID: SA11A1.24829						
	Lima	OILLO	45801-2967	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer St Rita's Med Ctr	Occupation Patholog								
	Receipt For:	, v	e Year-to-Date V	_						
	Primary General Other (specify) ▼	0 0	250.00]						
<u></u>	Full Name (Last, First, Middle Initial) Cyril James Steinmetz, Dr.			Date of Receipt						
	Mailing Address PO Box 1270			M M / D D / Y Y Y Y 05 03 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24832						
	Scranton	PA	18501-1270	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		535.00						
	Name of Employer Moses Taylor Hosp	Occupation Patholog								
	Receipt For:		e Year-to-Date 🔻							
	Other (specify) ▼	0 0	535.00]						
s	UBTOTAL of Receipts This Page (optional)		•	1285.00						
Т	OTAL This Period (last page this line number or	ıly)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 53 (check only one)
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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				
Α.	Full Name (Last, First, Middle Initial) S. Charles Stevens, Dr.			Date of Receipt
	Mailing Address 1122 Austin Hwy			05 18 Y Y Y Y 05 18 2007
	City State		Zip Code	Transaction ID: SA11A1.24834
	San Antonio	ТХ	78209-4844	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Texas Dermatopathol- ogy Lab	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) K. Brian Stewart, Dr.			Date of Receipt
	Mailing Address 1348 NE Cushing Drive			05 11 Y Y Y Y 05 11 1 2007
	City	State	Zip Code	Transaction ID: SA11A1.24835
	Bend	OR	97701-3876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Central Oregon Path Cnslt	Occupation Patholog		
	PC Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) 🔻	0 0	500.00]
C.	Full Name (Last, First, Middle Initial) E Stephen Sturdivant, Dr. Mailing Address Dept of Path 500 S University Ave Ste 411			Date of Receipt
				M M / D D / Y Y Y Y Y 05 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.24838
	Little Rock	AR	72205-5329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Arkansas Path Assoc	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	500.00]
SUBTOTAL of Receipts This Page (optional)				
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S	CHEDULE A (FEC Form 3X)		Lloo concrete cohedula(a)	FOR LINE NUMBER: PAGE 37/53									
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)									
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	for commercial purposes, other than using the n												
\sum	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	College of American Pathologists Politic	cal Action C	Committee										
Α.	Full Name (Last, First, Middle Initial) Raman V Sukumar, Dr.			Date of Receipt									
	Mailing Address 1253 College Park Dr			05 / 25 / Y Y Y 2007									
	City	State	Zip Code	Transaction ID: SA11A1.24840									
	Dover	DE	19904-8713	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		535.00									
	Name of Employer Doctors Path Svcs	Occupation Patholog											
	Receipt For:	- ·	Year-to-Date V	_									
	Primary General		535.00	1									
	Other (specify)	0 8	555.00										
В.	Full Name (Last, First, Middle Initial) A. James Terzian, Dr.			Date of Receipt									
	Mailing Address 2512 Oak Hollow Road			M M / D D / Y Y Y Y 05 11 2007									
	City	State	Zip Code	Transaction ID: SA11A1.24848									
	Vestal	NY	13850-2949	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Lourdes Hospital	Occupation Patholog											
	Receipt For:	· ·	Year-to-Date ▼										
	Primary General			1									
	Other (specify)	0 0	250.00										
с.	Full Name (Last, First, Middle Initial) L. William Thelmo, Dr.			Date of Receipt									
	Mailing Address Dept of Path 374 Stockholm St			M M / D D / Y Y Y Y 05 30 2007									
	City	State	Zip Code	Transaction ID: SA11A1.24850									
	Brooklyn	NY	11237	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		535.00									
	Name of Employer Wyckoff Heights Hosp	Occupation Patholog											
	Receipt For:	Ŭ	Year-to-Date V	1									
	Primary General		535.00	1									
	Other (specify)		535.00										
s	JBTOTAL of Receipts This Page (optional)			1320.00									
Т	OTAL This Period (last page this line number or	nly)	·										

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38/53								
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)								
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
\geq	College of American Pathologists Politic	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) S. Thomas Traweek			Date of Receipt								
	Mailing Address 9215 Silver Pine Cove			05 16 Y Y Y Y 005 16								
	City	State	Zip Code	Transaction ID: SA11A1.24855								
	Austin	TX	78733	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		300.00								
	Name of Employer North Austin Med Ctr	Occupation										
	Receipt For:	Patholog	ISt e Year-to-Date ▼	-								
	Primary General	, iggi ogaio		1								
	Other (specify)	0 0	300.00									
в.	Full Name (Last, First, Middle Initial) E Maureen Trotter, Dr.			Date of Receipt								
	Mailing Address 1818 Pine St Ste 123			M M / D D / Y Y Y Y 05 25 2007								
	City	State	Zip Code	Transaction ID: SA11A1.24857								
	Abilene	ТХ	79601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Clinical Pathology Associ-	Occupation										
	ates Receipt For:	Patholog	ISt e Year-to-Date ▼									
	Primary General	Aggregate		1								
	Other (specify) v	0 0	250.00									
с.	Full Name (Last, First, Middle Initial) Lea Andrea Volk, Dr.			Date of Receipt								
	Mailing Address 4225 E Fowler Ave			M M / D D / Y Y Y Y 05 14 2007								
	City	State	Zip Code	Transaction ID: SA11A1.24868								
	Tampa	FL	33617	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		535.00								
	Name of Employer Quest Diagnostics Inc	Occupation Patholog										
	Receipt For:	· ·	e Year-to-Date V	-								
	Primary General Other (specify)	0 0	535.00]								
s	UBTOTAL of Receipts This Page (optional)			1085.00								
т	OTAL This Period (last page this line number or	nly)										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 53 (check only one)						
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12						
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\sum	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	College of American Pathologists Politic	cal Action (Committee							
Α.	Full Name (Last, First, Middle Initial) H Gail Walker, Dr.			Date of Receipt						
	Mailing Address 1354 Drakie Ct			05 16 Y Y Y Y Y 12007						
	City	State	Zip Code	Transaction ID: SA11A1.24870						
	Lilburn	GA	30047	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Emory Eastside Med Ctr	Occupation Patholog								
	Receipt For:	- ·	Year-to-Date ▼	_						
	Primary General		250.00	1						
	Other (specify) v	0 0								
в.	Full Name (Last, First, Middle Initial) Michael Francis Walsh, Dr.			Date of Receipt						
	Mailing Address Dept of Path 3170 W Central Ave			05 10 Y Y Y Y 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24872						
	Toledo	OH	43606-2945	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		1500.00						
	Name of Employer Consultants in Laboratory	Occupation								
	Medicine Receipt For:	Patholog Aggregate	e Year-to-Date ▼	_						
	Primary General	7.99.09u.0		1						
	Other (specify)	0 0	1500.00							
с.	Full Name (Last, First, Middle Initial) L. Frank White, Dr.			Date of Receipt						
	Mailing Address 1211 Union Ave Ste 300)		M M / D D / Y Y Y Y 05 30 2007						
	City	State	Zip Code	Transaction ID: SA11A1.24878						
	Memphis	TN	38104	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Duckworth Pathology Group	Occupation Patholog								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Other (specify) ▼		500.00	1						
_		8								
s	UBTOTAL of Receipts This Page (optional)			2250.00						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 53 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	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 soliciting contributions o solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
	College of American Pathologists Politic			
Α.	Full Name (Last, First, Middle Initial) John Andrew Wilson, Dr.			Date of Receipt
	Mailing Address 820 Park Tow PMB 688			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.24880
	Salinas	CA	93901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		535.00
	Name of Employer Salinas Pathology Services	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		535.00	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Henry Steven Wilson, Dr.			Date of Receipt
	Mailing Address 835 Hospital Rd PO Box 788			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.24882
	Indiana	PA	15701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Indiana Reg Medical Ctr	Occupation Patholog		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		250.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) F. George Worsham, Dr.			Date of Receipt
	Mailing Address Department of Patholog 316 S. Calhoun St.	у		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11A1.24886
	Charleston	SC	29401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Roper Hosp	Occupation Patholog		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	1
		0 0	<u> </u>	1
s	UBTOTAL of Receipts This Page (optional)			1285.00
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S	CHEDULE B (FEC Form 3X)	Use seperate scriedule(s)					NE NUMBER: PAGE 41 / 53 only one)							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(cneck X 211 27		one) 22 28a		23 28b	24 28c		25 29	26 30b		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			any pers		r the pu	rpose	e of so	blicating of		bution			
	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	College of American Pathologists Political	Action Committee												
Α.	Full Name (Last, First, Middle Initial) Sun Trust Bank					Date	of Dis	burse			-			
	Mailing Address PO Box 85024					0 [™] 5	M /	^D 0	D / 1	Ź	0 ð 7	, [*]		
	,	State Zip Code VA 23285-5024				Amou	nt of	Each	Disburse	emen				
	Purpose of Disbursement Amex Chrgs					L.			<u> </u>		30.0	J2		
	Candidate Name Office Sought: House Disburse	mont For:		ategory/ Type										
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	State: District: Full Name (Last, First, Middle Initial)					_			000/0					
В.	Sun Trust Bank					Date			SB21B			Y		
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	Richmond	State Zip Code VA 23285-5024				Amou	nt of	Each	Disburse	0	t this F			
	Purpose of Disbursement Moneris ACH chrgs				1	L.					1390.	57		
	Candidate Name			ategory/ Type										
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼												
	State: District:													
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	Purpose of Disbursement Amex Chrgs				1	L.	0				31.9	90		
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	LINE NUMBER: PAGE 42 / k only one)									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Х	21b 27	22 28a		23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name											;
	NAME OF COMMITTEE (In Full)		CON				ibuti			COMIN		
$\langle \rangle$	College of American Pathologists Political	Action Committee										
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	Mailing Address PO Box 85024					0 5	M /	^D 1	D / `	ź	0 ð 7	Y
	Richmond	State Zip Code VA 23285-5024				Amou	nt of	Each	Disburse	ement		
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В.	Sun Trust Bank					Date		sburse				Y
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	Richmond	State Zip Code VA 23285-5024				Amou	nt of	Each	Disburse	ement		
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	Mailing Address PO Box 85024					[™] 5	M /	^D 1	5	ź	0 ð 7	Ŷ
	Richmond	State Zip Code VA 23285-5024				Amou	nt of	Each	Disburse	ement		
	Purpose of Disbursement Amex Chrgs										43.5	0
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	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) V										
S	JBTOTAL of Disbursements This Page (optional)				•					1	31.9	5
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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 43 check only one)									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21	b [22 28a	\square	23 28b	24 28c	\square	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											S
<u>,</u>	NAME OF COMMITTEE (In Full)		0011				iouti					
$\langle \rangle$	College of American Pathologists Political	Action Committee										
Α.	Full Name (Last, First, Middle Initial) Sun Trust Bank							sburse		.249	44	
	Mailing Address PO Box 85024					0 ^M 5	M	1	B /	Ý 2	0 ð 7	, Y
	Richmond	State Zip Code VA 23285-5024				Amou	int of	Each	Disburse	ement		
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		ment For:		ategory. Type								
	Senate President	Primary General Other (specify)										
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	Mailing Address PO Box 85024					0 5		1	B /	2	0 ð 7	, '
	Richmond	State Zip Code VA 23285-5024				Amou	int of	Each	Disburse	ement	this F 50.5	
	Purpose of Disbursement Suntrust Acct Analysis Fee						0				50.0	
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) (chec	LINE NUMBER: PAGE 44 / 53 k only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1b 22 23 24 25 26 7 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
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		Model Description Descrinter <thdescription< th=""> <t< th=""></t<></thdescription<>
2	State Zip Code VA 23285-5024	Amount of Each Disbursement this Period
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FEC Schedule B (Form 3X) Rev. 02/2003		

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	NAME OF COMMITTEE (In Full)			/////		Solicit	contin	buti	5113 114		COIII	muce	
\rangle	College of American Pathologists Political	Action Committee											
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	Mailing Address 15 E Street NW					- [[™] 5	VI /	۵2	^D /	² ż	2 0 ò 7	7 Y
	,	State Zip Code DC 20001				A	Mou	nt of	Each	Disburs	emer	nt this F	Period
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	Candidate Name Bart Gordon for Congress		C		egory/ /pe								
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	State: TN District: 6 Other Full Name (Last, First, Middle Initial)												
В.	BLUE DOG POLITICAL ACTION COMMIT	TEE					Date c		sburse	D /			Y
	Mailing Address 236 Massachusetts Ave., Suite 508						05		2	1		2 0 ò 7	
		State Zip Code DC 20002				A	\mou	nt of	Each	Disburs	emer	nt this F	Period
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C.	Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS						Date c	of Di	sburse	SB23. ement			
	Mailing Address P.O. Box 15703						0″5 ′	M /	□2	^D /	Ż	2 0 Ò 7	7 ^Ŷ
	Tallahassee	StateZip CodeFL32317				A	Mou	nt of	Each	Disburs			
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name NAME OF COMMITTEE (In Full) College of American Pathologists Political	and address of any political								
Α.	Denton Purpose of Disbursement Candidate Name Office Sought: House Disburse	State Zip Code TX 76202 ment For: 2008 Primary General	ategory/ Type	Date of Disb	^D 2 1 [/] ^Y 2 0 ach Disbursement	0 0 7 [×]				
В.	President State: District: Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMM Mailing Address P O BOX 2008	Other (specify) V		Transaction Date of Disb		٥ ð ⁊ ř				
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Α.	CONGRESSMAN BILL YOUNG CAMPAIG	N COMMITTEE				Date	of Disbur			_	X
	Mailing Address P. O. Box 47025					0 5		2 1 [′]	2	2007	7
		State Zip Code				Amou	int of Eac	ch Disbur	semer	nt this I	Period
		FL 33743								1000.	0
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Ъ.	EARL POMEROY FOR CONGRESS					Date	of Disbur				N/
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A. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE WELDON Mailing Address P.O. Box 16021			Transaction ID: SB23.24908 Date of Disbursement
City Alexandria Purpose of Disbursement	State Zip Code VA 22302		Amount of Each Disbursement this Period
Candidate Name Office Sought: X House Disbu Senate President State: FL District: 15	sement For: 2008 X Primary General Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) B. Friends of Mary Landrieu Mailing Address 503 Capital CT NE Suite 100			Transaction ID: SB23.24909Date of Disbursement0 5 M/2 1/2 2 0 0 7
City Washington Purpose of Disbursement Candidate Name Office Sought: House Disbu X Senate President State: LA District: 00	State Zip Code DC 20002 sement For: 2008 X Primary Other (specify)	Category/ Type	Amount of Each Disbursement this Period
C. FRIENDS OF MAX BAUCUS Mailing Address PO BOX 586			Transaction ID: SB23.24910 Date of Disbursement 05^{M} / 21^{D} / 2007^{Y}
City HELENA Purpose of Disbursement Candidate Name Office Sought: House Disbu X Senate President State: MT District: 00	State Zip Code MT 59624 sement For: 2008 Primary X General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 4000.00
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		State VA	Zip Code 22306-0193					Amou	nt o	fEac	h Di	sburse	ement	t this I	Period
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C.	Full Name (Last, First, Middle Initial) KENNEDY - KENNEDY COMMITTEE							Date	of D	isbur	sem				
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C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS						Trans Date of	of D	isburs	seme					
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	NAME OF COMMITTEE (In Full) College of American Pathologists Political												
<u>к</u> .	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE Mailing Address PO BOX 8331	E					Date o		on ID: sburse			6 0 ở 7	, Y
		Nete Zie O											
	FREMONT	State Zip C CA 9453					Amou	nt of	Each	Disburs			
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В.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS CON	IMITTEE					Date o		on ID: sburse	SB23.2 ement			Y
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C.	Senate Majority Fund								sburse	SB23.2 ement			
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	Mailing Address 333 North Fairfax Street							0 5			2 ^D		2	0 ò 7	7	
	,	State /A	Zip Code 22314					Amou	nt o	f Each	ו Di	sburse	emen	-		bd
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В.	Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC	;						Trans Date o		sburs	eme	ent	_	-	V	
	Mailing Address PO BOX 1859							0 5			2 ^D		2	0 ò 7	7	
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	College of American Pathologists Politic	al Action Cor	mmillee		
<u> </u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.24936
Α.	Whitehead for Congress				Date of Disbursement
					05 ^M /21 ^Y YYYY 2007
	Mailing Address P.O. Box 619				05 21 2007
	City	State	Zip Code		Amount of Each Disbursement this Period
	Evans	GA	30809		
	Purpose of Disbursement				2500.00
	Candidate Name			Category/	
				Туре	
		Irsement For:	2007		
	Senate President	PrimaryXOther (specified)	General		
		ial-General	ciiy) 🔻		
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В.	WHITFIELD FOR CONGRESS COMMI	TTEE			Transaction ID: SB23.24920 Date of Disbursement
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	President	Other (spec			
	State: KY District: 01		;) 🔻		

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SUBTOTAL of Disbursements This Page (optional)	►	3500.00
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