

SECRETARY OF  
06 MAR 13 PM

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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# LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name			
Prefix	Mr.	First	James E
		Last	Boland
2. Address <input type="checkbox"/> Check if different than previously reported			
Address1	51 LOUISIANA AVENUE, NW		
City	Washington	State	DC
		Zip Code	20001
			Country USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
			Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Dana Harris	202-347-3900	dh@sundquistanthony.us
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
College of American Pathologists			6655-253
			6. House ID #
			33104017

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying Activity

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of option:</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Cor

Printed Name and Title Dana Harris, Office Manager

*Dana Harris* 2/14/06

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Printed Name and Title Dana Harris, Office Manager

LD-2DS (Rev. 4.06MAC)

Page 2

Registrant Name James E Boland

Client Name College of American Pathologists

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name	Last Name	Suffix	First Name	Last Name	Suffix
<b>1</b>			<b>3</b>		
<b>2</b>			<b>4</b>		

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

<b>1</b>	<b>2</b>	<b>3</b>
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**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owner percer client
	City	State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

<b>1</b>	<b>3</b>	<b>5</b>
<b>2</b>	<b>4</b>	<b>6</b>

Add a page for more up

Printed Name and Title Dana Harris, Office Manager

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