

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)

1350 I Street, NW

Suite 590

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274944

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

X Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12G)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

11

01

2005

through

11

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Alfred Wray Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Wray Campbell

Date

12

19

2005

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 FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>11 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>11 <sup>D</sup>30 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period .....	5155.44	
(c) Total Receipts (from Line 19) .....	37994.00	199556.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43149.44	248055.70
<hr/>		
7. Total Disbursements (from Line 31) .....	27561.75	232468.01
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15587.69	15587.69
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>11 <sup>-</sup>01 <sup>-</sup>2005<sup>Y</sup> To: <sup>M</sup>11 <sup>-</sup>30 <sup>-</sup>2005<sup>Y</sup>

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	24279.00	147612.00
(ii) Unitemized .....	13715.00	51944.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	37994.00	199556.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	37994.00	199556.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37994.00	199556.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37994.00	199556.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61.75	2268.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	61.75	2268.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	230200.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27561.75	232468.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	27561.75	232468.01

**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) .....	37994.00	199556.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37994.00	199556.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61.75	2268.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	61.75	2268.01

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

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

FOR LINE NUMBER: PAGE 6 / 41

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. M. Emanuel Abrams, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 924 Hillis Avenue		Transaction ID: SA11A1.19004
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Brookman Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. M. Kenneth Algino, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1055 N Curtis Road		Transaction ID: SA11A1.19005
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. F. Dale Andree, Dr.</b>		Date of Receipt M / D / Y 11 / 12 / 2005
Mailing Address Department of Pathology 1000 4th Street SW		Transaction ID: SA11A1.18982
City Mason City	State IA	Zip Code 50401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) <b>A. B. Mark Austin, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Department of Pathology 1521 Gull Road		Transaction ID: SA11A1.19181
City State Zip Code Kalamazoo MI 49048	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Borgess Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Carl Barnes, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address PO Box 1179		Transaction ID: SA11A1.19013
City State Zip Code Florence AL 35631-1179	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eliza Coffee Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. A. Carl Barnes, Dr.</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address PO Box 1179		Transaction ID: SA11A1.19137
City State Zip Code Florence AL 35631-1179	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eliza Coffee Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8/41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. W. Stephen Bell, Dr.		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address Department of Pathology 800 East Carpenter		Transaction ID: SA11A1.18954
City Springfield	State IL	Zip Code 62769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. John's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Peter Benson, Dr.		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address Pathology Department 3300 Oakdale North		Transaction ID: SA11A1.18933
City Robbinsdale	State MN	Zip Code 55422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Memorial Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Laurence Berg, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1900 South Ave		Transaction ID: SA11A1.19018
City La Crosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Gundersen Lutheran Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	890.00
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. L. Robert Bernstein, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology PO Box 3370		Transaction ID: SA11A1.19019
City Oshkosh	State WI	Zip Code 54903-3370
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M. Robert Bradley, Dr.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 3384 Joffre Avenue		Transaction ID: SA11A1.19249
City Memphis	State TN	Zip Code 38111-4557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. David Brinker, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 7801 Osler Dr		Transaction ID: SA11A1.19022
City Towson	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer St. Joseph Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>400.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Z. Rafael Campanini, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1044 N Francisco St		Transaction ID: SA11A1.19033
City Chicago	State IL	Zip Code 60622-2794
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Norwegian American Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. L. Gary Cooper, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Laboratory 1801 Clinch Ave		Transaction ID: SA11A1.19243
City Knoxville	State TN	Zip Code 37916
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ft Sanders Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. P. James Craig, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Pathology Department 900 East Oak Hill Avenue		Transaction ID: SA11A1.18990
City Knoxville	State TN	Zip Code 37917
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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FOR LINE NUMBER: PAGE 11 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. S. Gretchen Gray, Dr.		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address Dept of Pathology 701 Park Ave		Transaction ID: SA11A1.18936
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. E.G. Georgan DeBlois, Dr.		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Department of Pathology 1401 Johnston-Willis Dr.		Transaction ID: SA11A1.18997
City Richmond	State VA	Zip Code 23235-4789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Commonwealth Lab Consulta- nts	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H. Phillip Deas, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 2825 Coffee Road		Transaction ID: SA11A1.19042
City Modesto	State CA	Zip Code 95355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Yosemite Pathology Med Grp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. L. Cynthia Douglas, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 11 / 2005
Mailing Address 3701 S Higuera St Ste 200		Transaction ID: SA11A1.18959
City San Luis Obispo	State CA	Zip Code 93401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Central Coast Path Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. P. William Douglass, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 18 / 2005
Mailing Address Department of Pathology 303 N. Clyde Morris Blvd		Transaction ID: SA11A1.19044
City Daytona Beach	State FL	Zip Code 32114-2732
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Halifax Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. Gerald Eggers, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 18 / 2005
Mailing Address Department of Pathology 3333 Silas Creek Parkway		Transaction ID: SA11A1.19047
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Forsyth Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. L. Jan Fagre, Dr.		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 1015 N. Duff Avenue		Transaction ID: SA11A1.18948
City Ames	State IA	Zip Code 50010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Therese Karen Ferrer, Dr.		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 1521 West Harrison		Transaction ID: SA11A1.19194
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Stroger Hospital of Cook County	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. G. Kenneth Flanagan, Dr.		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Clinical Lab 1003 Willow Creek Road		Transaction ID: SA11A1.18999
City Prescott	State AZ	Zip Code 86301-1645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Yavapai Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>700.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. M. Margaret Flanagan, Dr.</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 50 Kenwood Road		Transaction ID: SA11A1.18961
City Chambersburg	State PA	Zip Code 17201-1256
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer The Chambersburg Hospital	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jane Marie Franks, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Laboratory 3850 Austell Road		Transaction ID: SA11A1.19051
City Austell	State GA	Zip Code 30106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wellstar Cobb Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. F. Alan Frigg, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1800 East Lakeshore Drive		Transaction ID: SA11A1.19052
City Decatur	State IL	Zip Code 62521-2521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	550.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. H. Keith Fuling, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Department of Lab Medicine 615 South New Ballas Road		Transaction ID: SA11A1.19195
City State Zip Code St Louis MO 63141-8277	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Johns Mercy Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Manuel Gomez, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 202 Maplewood Avenue PO Box 497		Transaction ID: SA11A1.19055
City State Zip Code Ronceverte WV 24970-0497	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Greenbrier Valley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. D. Lary Grant, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Dept of Pathology Taylor at Marion St		Transaction ID: SA11A1.19058
City State Zip Code Columbia SC 29201	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Palmetto Health Baptist Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Rafael David Guillen, Dr.</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 514 Woodside Oaks Apt 4		Transaction ID: SA11A1.19256
City Sacramento	State CA	Zip Code 95825-4833
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Path Med Group Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Jedd Hagen, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address West Central Pathology PO Box 841		Transaction ID: SA11A1.19057
City Carroll	State IA	Zip Code 51401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. E. Richard Halbert, Dr.</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 453D W. 14th Street		Transaction ID: SA11A1.19257
City Greeley	State CO	Zip Code 80634-5145
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer North Colorado Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. E. Allen Hallquist, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Laboratory Pathology One Medical Village Dr		Transaction ID: SA11A1.19200
City Edgewood	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Forbes John Hamilton, Dr.</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address Department of Pathology 4440 West 95th Street		Transaction ID: SA11A1.18962
City Oak Lawn	State IL	Zip Code 60453
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Advocate Christ Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. H. M. Elizabeth Hammond, Dr.</b>		Date of Receipt M / D / Y 11 / 23 / 2005
Mailing Address Dept of Pathology 8th Ave and C St		Transaction ID: SA11A1.19163
City Salt Lake City	State UT	Zip Code 84143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer LDS Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. T. Clarke Harding, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 2007 Greenbrier Drive		Transaction ID: SA11A1.19058
City	State	Zip Code
Collinsville	IL	62234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. Michael Hitchcock, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Pathology Diagnostic Services 3333 Silas Creek Parkway		Transaction ID: SA11A1.19062
City	State	Zip Code
Winston-Salem	NC	27103-7103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Forsyth Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Christine Hobbs, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 7136 Holt Run Drive		Transaction ID: SA11A1.19064
City	State	Zip Code
Nashville	TN	37211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Associated Pathologists, PLC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>650.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. E. A. Shirley Howard, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address PD Box B11		Transaction ID: SA11A1.19086
City Coarsegold	State CA	Zip Code 93614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. F. Keith Izban, Dr.		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 707 Windermere Lane		Transaction ID: SA11A1.19205
City Carol Stream	State IL	Zip Code 60188-2926
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F. Peter Jelsma, Dr.		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 1059 Deep Woods Trl		Transaction ID: SA11A1.19209
City Brentwood	State TN	Zip Code 37027-6310
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer St. Thomas Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>650.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Edward Joseph</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1000 Harrington Blvd		Transaction ID: SA11A1.19089
City State Zip Code Mt Clemens MI 48043	Amount of Each Receipt this Period 99.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mount Clemens General Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 298.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ewin Marc Kean, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Director of Clinical Laboratory One Atkinson Drive		Transaction ID: SA11A1.19210
City State Zip Code Ludington MI 49431-9431	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Med Ctr of W Mich-Nigan	Occupation Pathologist	Aggregate Year-to-Date ▼ 2750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles Patrick Kippenbrock, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 2015 Jackson Street		Transaction ID: SA11A1.19070
City State Zip Code Anderson IN 46010	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. John's Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1199.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Albert Edward Klein, Dr.</b>		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address Path and Lab Consult of LI 200 Belle Terre Rd		Transaction ID: SA11A1.19155
City Port Jefferson	State NY	Zip Code 11777
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Charles Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. R. Paula Larson, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.19211
City San Antonio	State TX	Zip Code 78230-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. H. Won Lee, Dr.</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 32371 Regency Court		Transaction ID: SA11A1.19140
City Avon Lake	State OH	Zip Code 44012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Community Health Partners West Campus	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ..... ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Marlene Magrini-Greyson</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Department of Pathology 1000 North Lee St		Transaction ID: SA11A1.19214
City Oklahoma City	State OK	Zip Code 73102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. R. Thomas Mattison, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 4108 86th Street		Transaction ID: SA11A1.19085
City Lubbock	State TX	Zip Code 79423-2914
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Mattison Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. T. Rodney Miller, Dr.</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address Immunohistochemistry Division 8287 Elmbrook Drive		Transaction ID: SA11A1.18950
City Dallas	State TX	Zip Code 75247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 41

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. V Shinn Nash, Dr.		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address Department of Pathology 289 Carew Street		Transaction ID: SA11A1.19218
City Springfield	State MA	Zip Code 01104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Ogburn		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 2504 County Rd 4B25		Transaction ID: SA11A1.19096
City Athens	State TX	Zip Code 75752-5157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer East Texas Med Ctr-Athens	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. P. Steven Olson, Dr.		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 1000 E 21st Suite 4100		Transaction ID: SA11A1.18972
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 41  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Cheng Yao Ong, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 4712 Grandview Avenue		Transaction ID: SA11A1.19097
City New Port Richey	State FL	Zip Code 34652-1039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gulf Coast Pathologists	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. E. James Orr, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Pathology Department 7435 West Talcott Avenue		Transaction ID: SA11A1.19098
City Chicago	State IL	Zip Code 60631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Resurrection Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. A. Luke Perkoche, Dr.</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 50 Fanning Way		Transaction ID: SA11A1.19221
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 760.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. L. James Puckett, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 1 Hospital Drive		Transaction ID: SA11A1.19103
City Clarion	State PA	Zip Code 16214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Clarion Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mick Reish		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 4974 Robb Hwy		Transaction ID: SA11A1.18932
City Palmyra	State MI	Zip Code 49268
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Vacheta Pathology	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Wilton Reeves, Dr.		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 1835 Lakeland Hills Boulevard		Transaction ID: SA11A1.19224
City Lakeland	State FL	Zip Code 33804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Micro Path Laboratories	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. P. Richard Regan, Dr.		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 25w155 Setauket Ave.		Transaction ID: SA11A1.18942
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Linda Riley, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 1116 138th Ave NW		Transaction ID: SA11A1.19106
City Andover	State MN	Zip Code 55304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer United Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F. Michael Scheldanbrand, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 29770 Fox Club Dr.		Transaction ID: SA11A1.19113
City Farmington Hills	State MI	Zip Code 48331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Oakwood Hosp & Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. L. Howard Siegel, Dr.		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Department of Pathology 6701 N. Charles St.		Transaction ID: SA11A1.19003
City Baltimore	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. C. William Silberman, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address PO Box 1668		Transaction ID: SA11A1.19115
City Leesburg	State VA	Zip Code 20177-1668
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Arthur Stelman		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 7 East Orangerwood Ave		Transaction ID: SA11A1.18943
City Phoenix	State AZ	Zip Code 85020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Phoenix Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Lowell David Slater, Dr.</b>		Date of Receipt M / D / Y 11 / 20 / 2005
Mailing Address Department of Pathology PO Box 1232		Transaction ID: SA11A1.19247
City Fresno	State CA	Zip Code 93715-1232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Medical Center- Fresno	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. L. Susan Speaks, Dr.</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 1133 College Avenue Building B		Transaction ID: SA11A1.18975
City Manhattan	State KS	Zip Code 66502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. O. V. Speights, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 2401 S. 31st Street		Transaction ID: SA11A1.19121
City Temple	State TX	Zip Code 76508-6508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Scott and White Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Robert James Spencer, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 18 / 2005
Mailing Address 2001 Webber St.		Transaction ID: SA11A1.19122
City	State	Zip Code
Sarasota	FL	34239-4239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Sarasota Pathology	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. I. Robert Sprague, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005
Mailing Address Laboratory 8280 Abee Rd.		Transaction ID: SA11A1.19229
City	State	Zip Code
Mechanicsville	VA	23116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Memorial Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Wade Paul Stout, Dr.		Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005
Mailing Address One St Vincent Cir Ste 160		Transaction ID: SA11A1.19231
City	State	Zip Code
Little Rock	AR	72205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Arkansas Pathology Associ- ates	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1400.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. R. John Swirbely, Dr.</b>		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address Clinical Laboratory 110 N. Poplar Street		Transaction ID: SA11A1.18978
City Oxford	State OH	Zip Code 45056
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer McCullough-Hyde Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. V. Devendra Trivedi, Dr.</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address Peoria-Tazewell Pathology Group 221 NE Glen Oak Avenue		Transaction ID: SA11A1.18947
City Peoria	State IL	Zip Code 61636
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Methodist Med Ctr of Illi- nois	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. Michael Waldron, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Department of Pathology 8287 Elmbrook		Transaction ID: SA11A1.19128
City Dallas	State TX	Zip Code 75247-5247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 41  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. M. Timothy Wallace, Dr.</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 21155 Ann Rita Dr		Transaction ID: SA11A1.18951
City Brookfield	State WI	Zip Code 53045-4035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer St. Luke's South Shore	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Thomas Webb, Dr.</b>		Date of Receipt M / D / Y 11 / 21 / 2005
Mailing Address 811D North Oak Leaf Court		Transaction ID: SA11A1.19147
City Peoria	State IL	Zip Code 61615-2240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Graham Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Allen William Wesehe, Dr.</b>		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Dept of Pathology 2915 Missouri Ave		Transaction ID: SA11A1.19129
City Shreveport	State LA	Zip Code 71109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Delta Pathology Group, LLC	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 41

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Luke Wilborn		Date of Receipt M / D / Y 11 / 23 / 2005
Mailing Address Department of Pathology 1 Wyoming Street		Transaction ID: SA11A1.19171
City Dayton	State OH	Zip Code 45409
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Miami Valley Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Arthur Williams, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Pathology Department 438 W Las Tunas Dr		Transaction ID: SA11A1.19130
City San Gabriel	State CA	Zip Code 91776
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer San Gabriel Valley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Davis Carl Winberg, Dr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 211 S Orange Grove Blvd #12		Transaction ID: SA11A1.19133
City Pasadena	State CA	Zip Code 91105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Providence St. Joseph Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	750.00
TOTAL This Period (last page this line number only) .....	24279.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Merchant Service fee

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.19311

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

61.75

SUBTOTAL of Disbursements This Page (optional) ▶

61.75

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

61.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 41

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

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

Full Name (Last, First, Middle Initial)  
**A. CONGRESSMAN BART GORDON COMMITTEE**

Mailing Address P O BOX 2008

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: D6  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19262

Date of Disbursement

11 / 03 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)  
**B. CULBERSON FOR CONGRESS**

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TX District: D7  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19268

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. ENGEL FOR CONGRESS**

Mailing Address 482 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 17  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19271

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶

**2500.00**

**TOTAL** This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)  
A. FRIENDS OF JOHN TANNER

Mailing Address POST OFFICE BOX 3301

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: D8

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19273  
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. FRIENDS OF JOHN TANNER

Mailing Address POST OFFICE BOX 3301

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: TN District: D8

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19274  
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)  
C. Friends of Tim Holden

Mailing Address P.O. Box 37

City St. Clair State PA Zip Code 17970

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: PA District: 17

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19293  
Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. HARVEST PAC**

Mailing Address 236 MASSACHUSETTS AVENUE NE #508

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2005  
Primary General  
 Other (specify) ▼

Other

Category/  
Type

Transaction ID: SB23.19275  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. HOOSIERS SUPPORTING BUYER FOR CONGRESS**

Mailing Address 200 North Main St P.O. Box 712

City Monticello State IN Zip Code 47060

Purpose of Disbursement

Candidate Name

Office Sought:  House Senate President  
State: IN District D4

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19277  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. JIM RAMSTAD VOLUNTEER COMMITTEE**

Mailing Address 1809 Plymouth Road South #310

City Minnetanka State MN Zip Code 55305

Purpose of Disbursement

Candidate Name

Office Sought:  House Senate President  
State: MN District D3

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19292  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
A. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Transaction ID: SB23.19278

Date of Disbursement

11 / 28 / 2005

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: MI District: 15

Full Name (Last, First, Middle Initial)  
B. JUDGE JOHN CARTER FOR CONGRESS COMMITTEE

Transaction ID: SB23.19279

Date of Disbursement

11 / 28 / 2005

Mailing Address P O BOX 6930

City ROUND ROCK State TX Zip Code 78683

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: TX District: 31

Full Name (Last, First, Middle Initial)  
C. KENNEDY FOR SENATE 2006

Transaction ID: SB23.19281

Date of Disbursement

11 / 28 / 2005

Mailing Address 301 4TH ST NE SUITE 202

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought: House  
 Senate  
President  
Disbursement For: 2006  
 Primary General  
Other (specify) ▼

State: MA District: 00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. Lonestar Leadership PAC**

Mailing Address 217 Third St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2005 Primary General X Other (specify) ▼

Other

Category/  
Type

Transaction ID: SB23.19285  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. PAULA HOLLINGER FOR CONGRESS**

Mailing Address PO BOX 5861

City BALTIMORE State MD Zip Code 21282

Purpose of Disbursement

Candidate Name

Office Sought: X House Senate President State: MD District 03

Disbursement For: 2006 Primary General X Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19309  
Date of Disbursement  
11 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Price for Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

Office Sought: X House Senate President State: GA District 6

Disbursement For: 2006 Primary General X Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19289  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)**  
Mailing Address PO BOX 26366

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2005  
Primary General  
 Other (specify) ▼  
Other

Category/Type

Transaction ID: SB23.19264  
Date of Disbursement  
11 / 03 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)**  
Mailing Address PO BOX 26366

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: 2005  
Primary General  
 Other (specify) ▼  
Other

Category/Type

Transaction ID: SB23.19268  
Date of Disbursement  
11 / 28 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. PRYCE FOR CONGRESS**  
Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Office Sought:  House Senate President  
State: OH District 15

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.19263  
Date of Disbursement  
11 / 03 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)  
A. RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For: 2010  
 Senate X Primary General  
 President  
 State: NC District: D0 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.1929D

Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. ROGERS FOR CONGRESS

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name

Office Sought:  House Disbursement For: 2006  
 Senate X Primary General  
 President  
 State: MI District: D8 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19294

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. SUE MYRICK FOR CONGRESS

Mailing Address 1850 East 3rd St, #350

City Charlotte State NC Zip Code 28204

Purpose of Disbursement

Candidate Name

Office Sought:  House Disbursement For: 2006  
 Senate X Primary General  
 President  
 State: NC District: 9 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19295

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2005 Primary General  
X Other (specify) ▼

State: District Other

Category/  
Type

Transaction ID: SB23.19296

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

27500.00