

**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:

X Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

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

01

01

2005

through

01

31

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

02

17

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: ^M01 ^{: :}01 ^{Y (Y)}2005 To: ^M01 ^{: :}31 ^{Y (Y)}2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period	48499.70	
(c) Total Receipts (from Line 19)	11430.00	11430.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59929.70	59929.70
<hr/>		
7. Total Disbursements (from Line 31)	25623.83	25623.83
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34305.87	34305.87
<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: ^M01 ⁻01 ⁻2005^Y To: ^M01 ⁻31 ⁻2005^Y

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)	7750.00	7750.00
(ii) Unitemized	3680.00	3680.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	11430.00	11430.00
(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)	11430.00	11430.00
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))	11430.00	11430.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11430.00	11430.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	123.83	123.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	123.83	123.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	25500.00
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))..	25623.83	25623.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	25623.83	25623.83

DETAILED SUMMARY PAGE
of Disbursements

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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)	11430.00	11430.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11430.00	11430.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	123.83	123.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123.83	123.83

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

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

FOR LINE NUMBER: PAGE 6 / 14

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

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

Full Name (Last, First, Middle Initial) A. P. Eleri Bourcos, Dr.		Date of Receipt M / D / Y 01 / 13 / 2005
Mailing Address Department of Pathology 120 N. Oak Street		Transaction ID: SA11A1.17439
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DuPage Pathology Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MacKinnon James Crawford, Dr.		Date of Receipt M / D / Y 01 / 10 / 2005
Mailing Address Dept of Pathology PO Box 100275 Rm M64B JHMHC		Transaction ID: SA11A1.17422
City Gainesville	State FL	Zip Code 32610-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Univ of Florida	Occupation Pathologist	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Gary Gochman, Dr.		Date of Receipt M / D / Y 01 / 14 / 2005
Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue		Transaction ID: SA11A1.17404
City Bellflower	State CA	Zip Code 90708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 7/14
(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. E. Richard Herbert, Dr.		Date of Receipt M / D / Y 01 / 13 / 2005
Mailing Address 453D W. 14th Street		Transaction ID: SA11A1.17392
City Grealey	State CO	Zip Code 80634-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Colorado Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. John Hilsenbeck, Dr.		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address Department of Pathology 1824 Alcoa Hwy		Transaction ID: SA11A1.17376
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. John Mason, Dr.		Date of Receipt M / D / Y 01 / 13 / 2005
Mailing Address 1 Beach Dr SE #2702		Transaction ID: SA11A1.17360
City St Petersburg	State FL	Zip Code 33701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer VA Med Ctr-Bay Pines	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8/14

(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. Joseph James Navin, Dr.		Date of Receipt M / D / Y 01 / 14 / 2005
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.17416
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jo Amy Owen, Dr.		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 803 B Meadowbrook Drive		Transaction ID: SA11A1.17437
City Clinton	State MO	Zip Code 64735
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physicians Reference Laboratory	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ross Donald Pewen, Dr.		Date of Receipt M / D / Y 01 / 27 / 2005
Mailing Address Dept of Pathology 44405 Woodward Ave		Transaction ID: SA11A1.17401
City Pontiac	State MI	Zip Code 48341-2585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph Mercy Oakland	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)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 14
(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. D. Mark Pool, Dr.		Date of Receipt M / D / Y 01 / 06 / 2005
Mailing Address Department of Pathology 350 N Wall Street		Transaction ID: SA11A1.17426
City Kankakee	State IL	Zip Code 60901-2801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Riverside Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. F. Thomas Puckett, Dr.		Date of Receipt M / D / Y 01 / 07 / 2005
Mailing Address 1107 S 34th Ave		Transaction ID: SA11A1.17363
City Hattiesburg	State MS	Zip Code 39402-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Unaffiliated	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. H. Thomas Rymalski, Dr.		Date of Receipt M / D / Y 01 / 20 / 2005
Mailing Address Department of Pathology PO Box 413029		Transaction ID: SA11A1.17388
City Naples	State FL	Zip Code 33941-3029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Naples Community Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
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 10 / 14
(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. J. Michael Teaford, Dr.		Date of Receipt M / D / Y 01 / 02 / 2005	
Mailing Address Department of Pathology 509 Biltmore Ave		Transaction ID: SA11A1.17994	
City Asheville	State NC	Zip Code 28801	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mission St. Joseph's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	7750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<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. COMMITTEE TO RE-ELECT VITO FOSSELLA

Mailing Address PO BOX 131403

City STATEN ISLAND State NY Zip Code 10313

Purpose of Disbursement

Candidate Name
Vito Fossella

Office Sought: House
Senate
President
State: NY District 13

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17464

Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 09302

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

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

Category/
Type

Transaction ID: SB23.17500

Date of Disbursement

01 / 27 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF MARK FOLEY

Mailing Address 1316 LAKE VICTORIA DR

City LAKE WORTH State FL Zip Code 33461

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: FL District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17456

Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<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. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Nancy Johnson

Office Sought: House
Senate
President
State: CT District: D5

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17462

Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP PAC 2006

Mailing Address 675 N. Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For: 2006
Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.17467

Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. LINC PAC

Mailing Address B18 Connecticut Ave, NW
Suite 1100

City Washington State DC Zip Code 20008

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For: 2005
Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.17478

Date of Disbursement

01 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<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. ROGERS FOR CONGRESS

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.17476

Date of Disbursement

01 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. The Pryce Project

Mailing Address 2042 Peach Orchard Drive
Suite 316

City Falls Church State VA Zip Code 22043

Purpose of Disbursement

PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.17459

Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. TDM PAC

Mailing Address P.O. Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement

PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2005
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.17472

Date of Disbursement

01 / 27 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<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. WHITFIELD FOR CONGRESS COMMITTEE

Transaction ID: SB23.1746D

Date of Disbursement

01 / 19 / 2005

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: KY District: D1

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

25500.00