

**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)

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

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

10

01

2004

through

10

13

2004

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 Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Campbell

Date

10

21

2004

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: ^M10 ^{: :}01 ^{Y (Y) Y}2004 To: ^M10 ^{: :}13 ^{Y (Y) Y}2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y) Y} 2004		77643.13
(b) Cash on Hand at Beginning of Reporting Period	29066.18	
(c) Total Receipts (from Line 19)	30385.00	185897.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59473.18	263540.13
<hr/>		
7. Total Disbursements (from Line 31)	13784.82	217851.77
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45688.36	45688.36
<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: ^M10 ⁻01 ⁻2004 To: ^M10 ⁻13 ⁻2004

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)	21000.00	
(ii) Unitemized	9385.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30385.00	185897.00
(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)	30385.00	185897.00
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))	30385.00	185897.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30385.00	185897.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	264.82	2530.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	284.82	2530.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	215321.00
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))..	13764.82	217851.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	13764.82	217851.77

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)	30385.00	185897.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30385.00	185897.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	284.82	2530.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	284.82	2530.77

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

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

FOR LINE NUMBER: PAGE 6 / 25

(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) A. H Rao Andavolu, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 253 Witherspoon Street		Transaction ID: SA11A1.16654
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ Med Ctr at Princeton	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey Mark Barcelo, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address Department of Pathology 38000 Euclid Avenue		Transaction ID: SA11A1.16655
City State Zip Code Willoughby OH 44094-4625	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Hosp System - Lakewas-	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. David Bernard, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address Department of Pathology 8565 Fannin		Transaction ID: SA11A1.16671
City State Zip Code Houston TX 77030-7030	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1100.00
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 7 / 25

(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. Williams Paul Biddinger, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 231 Albert Sabin Way		Transaction ID: SA11A1.16390
City State Zip Code Cincinnati OH 45267-0529	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Cincinnati Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph Karl Blessinger, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 172 4th Street SE		Transaction ID: SA11A1.16392
City State Zip Code Huron SD 57350	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Huron Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Peter Burke, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Laboratory Director PO Box 137D 133 Fairfield St		Transaction ID: SA11A1.16858
City State Zip Code St Albans VT 05478	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern 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)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 25

(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. L. Gary Cooper, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Laboratory 1801 Clinch Ave		Transaction ID: SA11A1.16404
City Knoxville	State TN	Zip Code 37816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Ft Sanders Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. P. Robert DeCresce, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 839 W. Belden Ave.		Transaction ID: SA11A1.16583
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rush University Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Craig Dize, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 99 Beauvoir Ave		Transaction ID: SA11A1.16880
City Summit	State NJ	Zip Code 07902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Overlook Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2100.00
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 9 / 25

(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 10 / 01 / 2004
Mailing Address 3701 S Higuera St Ste 200		Transaction ID: SA11A1.16410
City San Luis Obispo	State CA	Zip Code 93401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Central Coast Path Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Lawrence Fanally, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 4750 Corey Road		Transaction ID: SA11A1.16414
City Toledo	State OH	Zip Code 43623-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Charles Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. William Fogarty, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Lab Director Box 103 4007 Estate Diamond Ruby		Transaction ID: SA11A1.16417
City Christiansted	State VI	Zip Code 00820-4421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Governor Juan F Luis Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 10 / 25

(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. Frank Fass		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 304 Belle Ave		Transaction ID: SA11A1.16419
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LCM Pathologists PC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Foxles		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 524 E 20th St Apt 1G		Transaction ID: SA11A1.16420
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Bellevue Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Patricia Gregg, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 704 E. Grand Highway		Transaction ID: SA11A1.16430
City Clermont	State FL	Zip Code 34711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AmenPath Central FL - Cl- ermont Office	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(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. James Haswell, Dr.		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address Dept of Pathology 130 Division Street		Transaction ID: SA11A1.16666
City Derby	State CT	Zip Code 06418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Griffin Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M. Michelle Hebart, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address PO Box 4001 110 Memorial Hospital Dr		Transaction ID: SA11A1.16436
City Huntsville	State TX	Zip Code 77342-4001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Huntsville Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lane Daniel Hood, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 6845 Penridge Rd		Transaction ID: SA11A1.16438
City Centerville	State OH	Zip Code 45458-6804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Valley Pathology Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 12 / 25

(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. Andrew Horvath, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology PO Box 26666		Transaction ID: SA11A1.16440
City Albuquerque	State NM	Zip Code 87125-6666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. N. Anthony Hui, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Dept of Pathology 380 E Longview St		Transaction ID: SA11A1.16444
City Fayetteville	State AR	Zip Code 72709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NWA Path Assoc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D.K. Clarke Lamba, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address Department of Pathology 250 E. Dunlap Avenue		Transaction ID: SA11A1.16809
City Phoenix	State AZ	Zip Code 85020-2825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer John C Lincoln Hosp-North Mountain	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 13 / 25
(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. H. Arthur McTighe, Dr.		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2004
Mailing Address Chief, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.16459
City Baltimore	State MD	Zip Code 21218-2895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Arthur McTighe, Dr.		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2004
Mailing Address Chief, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.16460
City Baltimore	State MD	Zip Code 21218-2895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Karen Miller, Dr.		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2004
Mailing Address Lab 1255 W Washington St		Transaction ID: SA11A1.16462
City Tempe	State AZ	Zip Code 85281-1210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 14 / 25
(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) A. E. Julia Mooney, Dr.		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2004
Mailing Address 2145 Court Street		Transaction ID: SA11A1.16618
City	State	Zip Code
Redding	CA	96001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Diagnostic Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sonya Naryshkin		Date of Receipt M / D / Y Y Y Y 10 / 01 / 2004
Mailing Address Department of Pathology 1000 Mineral Point Avenue		Transaction ID: SA11A1.16466
City	State	Zip Code
Janesville	WI	53547-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. G. John Nawby, Dr.		Date of Receipt M / D / Y Y Y Y 10 / 01 / 2004
Mailing Address Dept of Pathology 11110 Medical Campus Rd Sba 230		Transaction ID: SA11A1.16468
City	State	Zip Code
Hagerstown	MD	21742-6727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Washington County Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This 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 15 / 25
(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. L. Mary Nielsen, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 7820 East Rockhill Building 400		Transaction ID: SA11A1.16472
City Wichita	State KS	Zip Code 67206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Kansas Pathology Consultants PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. F. Thomas O'Brien, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Dept of Pathology 1211 Union Ave Ste 300		Transaction ID: SA11A1.16476
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Jonathan Oppenheimer, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address PO Box 58190		Transaction ID: SA11A1.16480
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Our Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
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 16 / 25

(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. C. Joseph Parker, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address Dept of Pathology and Lab Medicine 530 South Jackson Street		Transaction ID: SA11A1.16626
City Louisville	State KY	Zip Code 40292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Louisville	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Michael Reilly, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 223 N. Van Dien Avenue		Transaction ID: SA11A1.16487
City Ridgewood	State NJ	Zip Code 07450-2736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Valley Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. James Robb, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Medical Director IRL-Florida		Transaction ID: SA11A1.16489
City Et Lauderdale	State FL	Zip Code 33309-6313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Integrated Regional Labs	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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 17 / 25

(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. R. Donald Rogers, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 921 Old Klatt Road		Transaction ID: SA11A1.16631
City Anchorage	State AK	Zip Code 99515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rene' Valerie Rona, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 301 N Frio Street		Transaction ID: SA11A1.16495
City San Antonio	State TX	Zip Code 78207-3034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ameripath South Texas	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ann Mary Sens, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 501 N Columbia Rd		Transaction ID: SA11A1.16501
City Grand Forks	State ND	Zip Code 58202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of North Dakota School of Medicine	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1350.00
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 18 / 25
(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. <u>Perry Daniel Snower, Dr.</u>		Date of Receipt M / D / Y <u>10 / 08 / 2004</u>
Mailing Address <u>Laboratory</u> <u>22101 Moross Road</u>		Transaction ID: <u>SA11A1.16638</u>
City <u>Detroit</u>	State <u>MI</u>	Zip Code <u>48236</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>St. John Hosp and Med Ctr</u>	Occupation <u>Pathologist</u>	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. <u>J. Joseph Sreenan, Dr.</u>		Date of Receipt M / D / Y <u>10 / 01 / 2004</u>
Mailing Address <u>730 W Market Street</u>		Transaction ID: <u>SA11A1.16520</u>
City <u>Lima</u>	State <u>OH</u>	Zip Code <u>45801</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer <u>St. Rita's Medical Center</u>	Occupation <u>Pathologist</u>	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. <u>T. David Stewart, Dr.</u>		Date of Receipt M / D / Y <u>10 / 01 / 2004</u>
Mailing Address <u>1899 Eider Court</u>		Transaction ID: <u>SA11A1.16530</u>
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32308</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer <u>KWB Pathology Associates</u>	Occupation <u>Pathologist</u>	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
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 / 25
(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. Gerald Stolz, Dr.		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address Department of Pathology 1800 W Main St		Transaction ID: SA11A1.16644
City Russellville	State AR	Zip Code 72801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) E. Scott Wang, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address Department of Pathology 11 Friendship Street		Transaction ID: SA11A1.16548
City Newport	State RI	Zip Code 02840-2239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Newport Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) Quincy James Whitaker, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address PO Box 2343 1808 Watson Blvd		Transaction ID: SA11A1.16554
City Warner Robins	State GA	Zip Code 31069-2343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Middle Georgia Lab, Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 20 / 25

(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. H. Laura Williams, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004	
Mailing Address 834 McKenzie Ave		Transaction ID: SA11A1.16556	
City Watsonville	State CA	Zip Code 95076	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Watsonville Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. J. Harry Zemel, Dr.		Date of Receipt M / D / Y 10 / 01 / 2004	
Mailing Address 10332 N 101st St		Transaction ID: SA11A1.16560	
City Scottsdale	State AZ	Zip Code 85258	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	21000.00

**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
Bank Service Charges

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21B.16689

Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

284.82

SUBTOTAL of Disbursements This Page (optional) ▶

284.82

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

284.82

**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 22 / 25

<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. CRANE FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8534

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District: D8
Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.1688D

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

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: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.16897

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 85788

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement

PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.16878

Date of Disbursement

10 / 07 / 2004

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<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. HAWKEYE PAC, THE

Mailing Address PO BOX 7255

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary General
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.16677

Date of Disbursement

10 / 06 / 2004

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: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.16681

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 330 112TH AVENUE NE SUITE 101

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: WA District 00

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.16700

Date of Disbursement

10 / 05 / 2004

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

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. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)

Mailing Address 104 East Hume Ave.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary General
 Other (specify) ▼

Other

Category/
Type

Transaction ID: SB23.16886
Date of Disbursement
10 / 13 / 2004

Amount of Each Disbursement this Period
1000.00

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

Mailing Address 733 - 42nd Street NW

City Canton State OH Zip Code 44708

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District 16

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.16882
Date of Disbursement
10 / 13 / 2004

Amount of Each Disbursement this Period
2000.00

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

Mailing Address POST OFFICE BOX 5828

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NC District 00

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.16875
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
3500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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 25 / 25

<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. STUPAK FOR CONGRESS

Mailing Address PO BOX 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: MI District: D1

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18883

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

13500.00