

**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)

X

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

04

01

2005

through

04

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

05

18

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: ^M04 ^Y01 ^Y2005 To: ^M04 ^Y30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period	58017.03	
(c) Total Receipts (from Line 19)	31764.00	98252.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89781.03	146751.70
<hr/>		
7. Total Disbursements (from Line 31)	46827.01	103797.68
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42954.02	42954.02
<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: ^M04 ⁻01 ⁻2005 To: ^M04 ⁻30 ⁻2005

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)	21600.00	73149.00
(ii) Unitemized	9964.00	25103.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	31764.00	98252.00
(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)	31764.00	98252.00
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))	31764.00	98252.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31764.00	98252.00

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.....	627.01	1097.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	827.01	1097.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	102700.00
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))..	46627.01	103797.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	46627.01	103797.68

DETAILED SUMMARY PAGE
of Disbursements

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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)	31764.00	98252.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31764.00	98252.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	827.01	1097.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	827.01	1097.68

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

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

FOR LINE NUMBER: PAGE 6 / 33
(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. D. Ganett, Alcom, Dr.		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address Department of Pathology 16251 Sylvester Road, SW		Transaction ID: SA11A1.18129
City State Zip Code Seattle WA 98166	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Highline Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M Kenneth Algino, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Department of Pathology 1055 N Curtis Road		Transaction ID: SA11A1.17909
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steven Gary Assafian, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Department of Pathology 23775 Northwestern Hwy		Transaction ID: SA11A1.18043
City State Zip Code Southfield MI 48075	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Professional Lab Management	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
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 / 33

(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. Paul Bachner		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address Dept of Pathology & Lab Medicine 800 Rose Street		Transaction ID: SA11A1.18010
City Lexington	State KY	Zip Code 40536-0298
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Kentucky Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. B Donald Beerline, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Dept of Pathology 2540 East Street		Transaction ID: SA11A1.18045
City Concord	State CA	Zip Code 94524-4110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mt. Diablo Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. L. Kenneth Bangson, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Dept of Pathology 8100 Chancellor Dr Ste 130		Transaction ID: SA11A1.17913
City Orlando	State FL	Zip Code 32809-7688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AmenPath	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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FOR LINE NUMBER: PAGE 8 / 33
(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. C. Joseph Bergeron, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 5 Huckleberry Ln		Transaction ID: SA11A1.18148
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gugley Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Paul Biggs, Dr.		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 5008 Grand Rock Rd.		Transaction ID: SA11A1.18014
City Birmingham	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lee Gordon Bills, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 9293 Witherbone Court		Transaction ID: SA11A1.17915
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Good Samaritan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 33
(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. R. Peter Burke, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address Laboratory Director PO Box 1370 133 Fairfield St		Transaction ID: SA11A1.18157
City St Albans	State VT	Zip Code 05478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. Jeff Byrd, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005
Mailing Address Laboratory Gordon Ave at Mimosa Dr PO Box 101		Transaction ID: SA11A1.18049
City Thomasville	State GA	Zip Code 31799-1018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer John D. Archbold Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Z. Rafael Camperini, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 21 / 2005
Mailing Address Department of Pathology 1044 N Francisco St		Transaction ID: SA11A1.18095
City Chicago	State IL	Zip Code 60622-2794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Norwegian American Hosp	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(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. Desiree Carlson, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Chief of Pathology 680 Centre Street		Transaction ID: SA11A1.18051
City Brockton	State MA	Zip Code 02302-3395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brockton Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) David Douglas Congdon, Dr.		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.18016
City Elm	State MI	Zip Code 48503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hurley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) E.G. Georgeen DeBlota, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Department of Pathology 1401 Johnston-Willis Dr.		Transaction ID: SA11A1.17927
City Richmond	State VA	Zip Code 23235-4789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Commonwealth Lab Consulta- nts	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 11 / 33

(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. E. Frederick Denmark, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 21 / 2005	
Mailing Address Dept of Pathology 951 N Washington Ave		Transaction ID: SA11A1.18097	
City State Zip Code Titusville FL 32796-2194	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Parish Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. C. Richard Friedberg, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2005	
Mailing Address Chairman, Dept of Pathology 759 Chestnut St		Transaction ID: SA11A1.18146	
City State Zip Code Springfield MA 01199	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baystate Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. F. Alan Frigg, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005	
Mailing Address Department of Pathology 1800 East Lakeshore Drive		Transaction ID: SA11A1.18058	
City State Zip Code Decatur IL 62521-2521	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 33

(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. Keith Fuling, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Department of Lab Medicine 615 South New Ballas Road		Transaction ID: SA11A1.17934
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. C		
Name of Employer St. Johns Mercy Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. Gary Gochman, Dr.		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue		Transaction ID: SA11A1.18108
City State Zip Code Bellflower CA 90706	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D. Jeffrey Goldstein, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Dept of Pathology 800 Prudential Dr		Transaction ID: SA11A1.17938
City State Zip Code Jacksonville FL 32207	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Med Ctr/Wolfson Children's Hos	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(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. John Harrison, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Department of Pathology 101 Sivley road		Transaction ID: SA11A1.18091
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Huntsville Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Neil Ernest Holbut, Dr.		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Laboratory 1887 S Mission Rd E		Transaction ID: SA11A1.18099
City Fallbrook	State CA	Zip Code 92028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Med Lab Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Thomas James, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Dept of Pathology 4343 N Josey Ln		Transaction ID: SA11A1.17955
City Carrollton	State TX	Zip Code 75010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trinity Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 / 33
(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. Nancy Karpinski, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 1577 E. Holly St		Transaction ID: SA11A1.17958
City Boise	State ID	Zip Code 83712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Alphonsus Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Patrick Kippenbrock, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 2015 Jackson Street		Transaction ID: SA11A1.18066
City Anderson	State IN	Zip Code 46016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. John's Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Keith Krabill, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Laboratory Administration 100 High St		Transaction ID: SA11A1.18068
City Buffalo	State NY	Zip Code 14203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Buffalo General Hosp	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 15 / 33

(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. Thomas William Leeburg, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 8774 West R Avenue		Transaction ID: SA11A1.17982
City Kalamazoo	State MI	Zip Code 49009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bronson Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Morton Levitt, Dr.		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 135 Thistlewood Court		Transaction ID: SA11A1.18027
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Florida State Univ	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Bradley Linds, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Lab Medicine and Pathology P4 7D1 Park Ave		Transaction ID: SA11A1.17983
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hennepin County 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 16 / 33

(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. Rodney Miller, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address Immunohistochemistry Division 8267 Elmbrook Drive		Transaction ID: SA11A1.17989
City Dallas	State TX	Zip Code 75247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. K. Karla Murphy, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 1000 E 21st St Ste 4100		Transaction ID: SA11A1.17970
City Sioux Falls	State SD	Zip Code 57117-5050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Joseph James Nevitt, Dr.		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.18111
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33
(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. G. Dennis O'Neill, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address Department of Pathology 71 Haynes St		Transaction ID: SA11A1.18159
City Manchester	State CT	Zip Code 06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Manchester Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Chang Yao Ong, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005
Mailing Address 4712 Grandview Avenue		Transaction ID: SA11A1.18072
City New Port Richey	State FL	Zip Code 34652-1039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gulf Coast Pathologists	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. A. Luke Perkoche, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2005
Mailing Address 50 Fanning Way		Transaction ID: SA11A1.18112
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Peninsula Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 18 / 33

(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. Scott Michael Rabkin, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 522 Alpha Drive		Transaction ID: SA11A1.17972
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rabkin Dermatopathology Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. D. Dennis Reinke, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 1627 11th St		Transaction ID: SA11A1.18076
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Felipe A. Edward Santos, Dr.		Date of Receipt M / D / Y 04 / 21 / 2005
Mailing Address Department of Pathology 695 N Kellogg Street		Transaction ID: SA11A1.18103
City Galesburg	State IL	Zip Code 61401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Galesburg Cottage Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33
(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. Mark Shertzer, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005
Mailing Address 25 Harrington Lane		Transaction ID: SA11A1.18078
City	State	Zip Code
Dothan	AL	36305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeast Alabama Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Arthur Sibelman		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005
Mailing Address 7 E. Orangewood Ave.		Transaction ID: SA11A1.18080
City	State	Zip Code
Phoenix	AZ	85020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Maryvale Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. John Skinner, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 05 / 2005
Mailing Address Baptist Campus 2700 Napoleon Avenue		Transaction ID: SA11A1.17985
City	State	Zip Code
New Orleans	LA	70115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Med Ctr Baptist Campus	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

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(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. Perry Daniel Snower, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Laboratory 22101 Moross Road		Transaction ID: SA11A1.18081
City Detroit	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. John Hosp and Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. E. Susan Spires, Dr.		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address 840 Tally Rd		Transaction ID: SA11A1.18114
City Lexington	State KY	Zip Code 40502-2727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ameripath	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F. Janet Stashy, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 2400 Susannah St PO Box 2484		Transaction ID: SA11A1.17989
City Johnson City	State TN	Zip Code 37601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Outpatient Cytopathology Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1000.00
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

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(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 Stern, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 1255 W Washington Street		Transaction ID: SA11A1.18086
City	State	Zip Code
Tempe	AZ	85281-1210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cln-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. K. Brian Stewart, Dr.		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 1348 NE Cushing Drive		Transaction ID: SA11A1.18086
City	State	Zip Code
Bend	OR	97701-3876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Oregon Path Cnsl PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Toupa David Stewart, Dr.		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 1899 Eider Court		Transaction ID: SA11A1.17991
City	State	Zip Code
Tallahassee	FL	32317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KWB Pathology Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 22 / 33
(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. Justin Eric Thompson, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address 3701 W Broadway		Transaction ID: SA11A1.18035
City Muskogee	State OK	Zip Code 74401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Muskogee Clinical Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. E. Maureen Trotter, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 05 / 2005
Mailing Address PO Box 3138		Transaction ID: SA11A1.17998
City Abilene	State TX	Zip Code 79604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Pathology Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. G. Daryl Vogel, Dr.		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2005
Mailing Address PMB 208 934 S. Burlington Blvd		Transaction ID: SA11A1.18092
City Burlington	State WA	Zip Code 98233-5310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00
Name of Employer Skagit Pathology Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 1750.00
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 23 / 33

(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. Arthur Williams, Dr.		Date of Receipt M / D / Y 04 / 22 / 2005	
Mailing Address Pathology Department 438 W Las Tunas Dr		Transaction ID: SA11A1.18120	
City San Gabriel	State CA	Zip Code 91776	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer San Gabriel Valley Med Ctr	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)	▶	21800.00

**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

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. 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) ▼			Transaction ID: SB21B.1B209 Date of Disbursement 04 / 04 / 2005 Amount of Each Disbursement this Period 694.11
Full Name (Last, First, Middle Initial) B. Sun Trust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024 Purpose of Disbursement Check order charge Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼			Transaction ID: SB21B.1B211 Date of Disbursement 04 / 21 / 2005 Amount of Each Disbursement this Period 32.40

SUBTOTAL of Disbursements This Page (optional)	▶	726.51
TOTAL This Period (last page this line number only)	▶	726.51

**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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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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Transaction ID: SB23.18174
Date of Disbursement

Mailing Address PO BOX 18210

04 / 12 / 2005

City ALBUQUERQUE State NM Zip Code 87191

Amount of Each Disbursement this Period

Purpose of Disbursement

3000.00

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NM District: D0 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE

Transaction ID: SB23.18197
Date of Disbursement

Mailing Address P.O. Box 65314

04 / 26 / 2005

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC Contribution

4000.00

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)
C. DEWINE, RICHARD MICHAEL

Transaction ID: SB23.18188
Date of Disbursement

Mailing Address P.O. Box 340188

04 / 04 / 2005

City Columbus State OH Zip Code 43234

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: OH District: D0 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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 26 / 33

<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 DAVE WELDON

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 15
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.1819D

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF GEORGE ALLEN

Mailing Address 1805 Monument Avenue
Suite 203

City Richmond State VA Zip Code 23220

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: VA District: 00
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18177

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JOHN PETERSON

Mailing Address PO BOX 295

City PLEASANTVILLE State PA Zip Code 16341

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District: 05
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18221

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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	<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. FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: SB23.18179
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 1316 Lake Victoria Dr

City State Zip Code
Lake Worth FL 33461

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: FL District: 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: SB23.18182
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF MIKE FERGUSON

Mailing Address c/o Ron Gravino P.O. Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: NJ District: 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: SB23.18178
Date of Disbursement

04 / 12 / 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)
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<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. FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18173

Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. GLACIER PAC

Mailing Address 818 Connecticut Ave., NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
PAC Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18180

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address B2 West Columbia

City Springfield State OH Zip Code 45503

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18183

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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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<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. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Transaction ID: SB23.18164

Date of Disbursement

04 / 04 / 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

2000.00

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. JOHN SHADEGGS FRIENDS

Transaction ID: SB23.18168

Date of Disbursement

04 / 18 / 2005

Mailing Address PO BOX 45444

City Phoenix State AZ Zip Code 85064

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: AZ District: 03

Full Name (Last, First, Middle Initial)
C. JOHNSON FOR CONGRESS COMMITTEE

Transaction ID: SB23.18165

Date of Disbursement

04 / 04 / 2005

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

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: CT District: 05

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
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<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. KEEP OUR MAJORITY PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2005
Primary General
 Other (specify) ▼

Other

Transaction ID: SB23.18182
Date of Disbursement
04 / 18 / 2005

Amount of Each Disbursement this Period
5000.00

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

Mailing Address 301 4TH ST NE SUITE 202

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MA District 00

Disbursement For: 2006
Primary General
 Other (specify) ▼

Transaction ID: SB23.18175
Date of Disbursement
04 / 12 / 2005

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)
C. PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District 13

Disbursement For: 2006
Primary General
Other (specify) ▼

Transaction ID: SB23.18170
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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

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

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

Full Name (Last, First, Middle Initial)

A. Pioneer PAC

Mailing Address 412 First Street, SE, Suite 100

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
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.18193

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. POMEROY, EARL RALPH

Mailing Address PO BOX 746

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: ND District 00

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18183

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

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: SB23.18171

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
A. 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: SB23.18195

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. 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 Senate President
State: NC District: 9
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18196

Date of Disbursement

04 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 147 N MERAMEC SUITE 100

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MO District: 00
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18192

Date of Disbursement

04 / 25 / 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. TED STRICKLAND FOR CONGRESS

Mailing Address PO BOX 255

City Milford State OH Zip Code 45853

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18172

Date of Disbursement

04 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

PAC Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18186

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. The MikeR Fund

Mailing Address P.O. Box 2778

City Arlington State VA Zip Code 22202

Purpose of Disbursement

2005 Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18184

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

46000.00