

**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)

X 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

03

01

2005

through

03

31

2005

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

Type or Print Name of Treasurer

Dr. Alfred Wray Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Wray Campbell

Date

04

19

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M03 ^D01 ^Y2005 To: ^M03 ^D31 ^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	31120.39	
(c) Total Receipts (from Line 19)	49163.00	66488.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80283.39	114987.70
<hr/>		
7. Total Disbursements (from Line 31)	22266.36	56970.67
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58017.03	58017.03
<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: ^M03 ⁻01 ⁻2005 To: ^M03 ⁻31 ⁻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)	40248.00	51349.00
(ii) Unitemized	8915.00	15139.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	49163.00	66488.00
(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)	49163.00	66488.00
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))	49163.00	66488.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49163.00	66488.00

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.....	66.36	270.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	66.36	270.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22200.00	56700.00
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))..	22266.36	56970.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	22266.36	56970.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	49163.00	66488.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49163.00	66488.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	66.36	270.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66.36	270.67

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

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

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. F. Dale Andres, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 1000 4th Street SW		Transaction ID: SA11A1.17725
City Mason City	State IA	Zip Code 50401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Ariano		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 25 North Winfield Road		Transaction ID: SA11A1.17614
City Winfield	State IL	Zip Code 60190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2499.00
Name of Employer Central DuPage Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 2499.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. N. Balasubramanian		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 1101 Nott St Laboratory		Transaction ID: SA11A1.17730
City Schenectady	State NY	Zip Code 12308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ellis Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3999.00
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 / 37

(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. Jeffrey Mark Barcela, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 36000 Euclid Avenue		Transaction ID: SA11A1.17731
City Willoughby	State OH	Zip Code 44094-4625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lake Hosp System - Lakewood	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. Ronald Bardwil, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 275 Sandwich Street		Transaction ID: SA11A1.17850
City Plymouth	State MA	Zip Code 02360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 349.00
Name of Employer Jordan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 349.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Carl Barnes, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address PO Box 1179		Transaction ID: SA11A1.17815
City Florence	State AL	Zip Code 35631-1179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eliza Coffee Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	749.00
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 / 37
(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. W. Stephen Bell, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 800 East Carpenter		Transaction ID: SA11A1.17732
City State Zip Code Springfield IL 62769	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer St. John's Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. David Brent Benjamin, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 400 South 43rd Street		Transaction ID: SA11A1.17617
City State Zip Code Renton WA 98055	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Valley Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. K. James Billmar, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1520 7th St 6th Floor		Transaction ID: SA11A1.17619
City State Zip Code Moline IL 61265-2588	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Metropolitan Medical Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 9 / 37

(check only one)

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

Full Name (Last, First, Middle Initial) A. Joseph Karl Blessinger, Dr.		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address Department of Pathology 172 4th Street SE		Transaction ID: SA11A1.17715
City Huron	State SD	Zip Code 57350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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) B. O. Cathy Blight, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.17736
City Elint	State MI	Zip Code 48503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hurley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. David Blomberg, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 1314 South Ridge Rd		Transaction ID: SA11A1.17736
City Duluth	State MN	Zip Code 55804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arrowhead Pathologists PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(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. Philip Branton, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Laboratory Services 3300 Gallows Road		Transaction ID: SA11A1.17622
City Falls Church	State VA	Zip Code 22042-3300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Inova Fairfax Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) L. Robert Breckenridge, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 2750 Clay Edwards Dr Ste 42D		Transaction ID: SA11A1.17623
City North Kansas City	State MO	Zip Code 64116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MAWD Pathology Group Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) A. David Brinker, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 7801 Osler Dr		Transaction ID: SA11A1.17741
City Towson	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph Med Ctr	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 11 / 37

(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. (Pete) A. G. Candel, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology and Lab Me One Ingalls Drive		Transaction ID: SA11A1.17627
City Harvey	State IL	Zip Code 60426-0426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Ingalls Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. Alvarez Candel, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Dept of Pathology 200 Bertrbeau Avenue		Transaction ID: SA11A1.17628
City Elmhurst	State IL	Zip Code 60126-2966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. Edward Catalano, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 5 Richland Medical Park Dr		Transaction ID: SA11A1.17744
City Columbia	State SC	Zip Code 29203-9203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Palmetto Richland Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
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 / 37

(check only one)

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

Full Name (Last, First, Middle Initial) A. S. Gretchen Gray, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Dept of Pathology 701 Park Ave		Transaction ID: SA11A1.17748
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) ▼		

Full Name (Last, First, Middle Initial) B. L. Philip Day, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3990 Lago Vista Drive		Transaction ID: SA11A1.17637
City Belton	State TX	Zip Code 76513-7258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Metroplex Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gaston Jeffrey Datweiler, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Laboratory 6100 Harris Parkway		Transaction ID: SA11A1.17638
City Ft Worth	State TX	Zip Code 76132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Harris Methodist Southwest	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)
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FOR LINE NUMBER: PAGE 13 / 37
(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. Rosemary DeWeiler, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 6100 Harris Pkwy		Transaction ID: SA11A1.17640
City State Zip Code Ft Worth TX 76132	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harris Methodist Southwest	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. L. Cynthia Douglas, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3701 S Higuera St Ste 200		Transaction ID: SA11A1.17641
City State Zip Code San Luis Obispo CA 93401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Central Coast Path Consultants	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. W. Gerald Eggers, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 3333 Silas Creek Parkway		Transaction ID: SA11A1.17752
City State Zip Code Winston-Salem NC 27103	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Forsyth Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 14 / 37

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. E. Janice Erick, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 346 East River Road		Transaction ID: SA11A1.17753
City Grand Island	State NY	Zip Code 14072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Lockport Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J Frank Fass		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 304 Belle Ave		Transaction ID: SA11A1.17646
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) C. A. William Gardner, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address American Registry of Pathology PO Box 818B		Transaction ID: SA11A1.17780
City Silver Spring	State MD	Zip Code 20907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 / 37

(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. Alexandra Gillespie, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 3111 Beverly Dr		Transaction ID: SA11A1.17762
City Dallas	State TX	Zip Code 75205-2822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PathAdvantage Assoc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. R. Richard Gomez, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 1500 SW 10th St		Transaction ID: SA11A1.17764
City Topeka	State KS	Zip Code 66604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. J. Phillip Heberman, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 2301 House Ave. Suite 108		Transaction ID: SA11A1.17771
City Cheyenne	State WY	Zip Code 82001-3177
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 16 / 37

(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. Jedd Hagen, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address West Central Pathology PO Box 841		Transaction ID: SA11A1.17772
City Carroll	State IA	Zip Code 51401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) E. Allan Halquist, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 8241 Woodcreek Dr		Transaction ID: SA11A1.17853
City Florence	State KY	Zip Code 41042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Elizabeth Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) Forbes John Hamilton, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 4440 West 95th Street		Transaction ID: SA11A1.17855
City Oak Lawn	State IL	Zip Code 60453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Advocate Christ Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 37

(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. V. William Hauer, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 129 The Mews		Transaction ID: SA11A1.17776
City Haddonfield	State NJ	Zip Code 08033-1344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Our Lady of Lourdes Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Ronald Heame, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology PO Box 830171		Transaction ID: SA11A1.17778
City Nacogdoches	State TX	Zip Code 75863-0171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nacogdoches Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. N. James Ho, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 7122 Tern Place		Transaction ID: SA11A1.17782
City Carlsbad	State CA	Zip Code 92009-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scripps Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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 18 / 37
(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. Bruce Horten, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 521 W 57th St 6th Fl		Transaction ID: SA11A1.17784
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Genzyme/Impath Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. Melvin Hoshiko, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Pathology Department 2801 Atlantic Ave		Transaction ID: SA11A1.17785
City Long Beach	State CA	Zip Code 90801-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Long Beach Memorial Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. L. Gordon Johnson, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 1D101 Forest Hill Blvd		Transaction ID: SA11A1.17792
City West Palm Beach	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wellington Regional Med Ctr	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 / 37
(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. P. Michael Johnson, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Dept of Pathology 503 E Thomason Cir		Transaction ID: SA11A1.17880
City Opelika	State AL	Zip Code 36801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lee Pathology Lab, PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Rebecca Johnson, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Pathology & Clinical Labs 725 North Street		Transaction ID: SA11A1.17856
City Pittsfield	State MA	Zip Code 01201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D. Mark Kolhs, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Dept of Labs 44201 Dequindre Rd		Transaction ID: SA11A1.17798
City Troy	State MI	Zip Code 48065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William Beaumont 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(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. M.Y. Ronald Lam, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 200 Berteau Ave		Transaction ID: SA11A1.17689
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. Kenneth Lidonnici, Dr.		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Laboratory 101 Hospital Rd		Transaction ID: SA11A1.17688
City Patchogue	State NY	Zip Code 11772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Brookhaven Memorial Hosp Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Paul McCarthy, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 400 W. 18th St.		Transaction ID: SA11A1.17675
City Pueblo	State CO	Zip Code 81003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Parkview Med Ctr	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 21 / 37
(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. Edward Jonathan Musicant, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Laboratory 6501 Coyle Avenue		Transaction ID: SA11A1.17809
City Carmichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy San Juan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph James Nevin, Dr.		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.17804
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph James Nevin, Dr.		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.17805
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Straub Clinic & Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1500.00
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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37
(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. Joseph James Navin, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.17680
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	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Gary Navland, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department Of Pathology 2825 Barnett Rd		Transaction ID: SA11A1.17683
City Medford	State OR	Zip Code 97504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medford Pathologists	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F. Thomas O'Brien, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Dept of Pathology 1211 Union Ave Ste 300		Transaction ID: SA11A1.17810
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's 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 23 / 37

(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. Ann Barbara O'Malley, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 10137 Horseshoe Circle		Transaction ID: SA11A1.17814
City Clarkston	State MI	Zip Code 48348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer William Beaumont Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Frank Steven O'Sheal, Dr.		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1974 Chandalar Drive		Transaction ID: SA11A1.17723
City Pelham	State AL	Zip Code 35124-5124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cytology & Pathology Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Ogburn		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 2504 County Rd 4B25		Transaction ID: SA11A1.17811
City Athens	State TX	Zip Code 75752-5157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Texas Med Ctr-Athens	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 24 / 37
(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. P. Steven Olson, Dr.		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 1000 E 21st Suite 4100		Transaction ID: SA11A1.17812
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. R. Jonathan Oppenheimer, Dr.		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address PO Box 58190		Transaction ID: SA11A1.17815
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Our Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dean C. Pappas, Dr.		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address Department of Pathology 170 Governors Ave		Transaction ID: SA11A1.17857
City Medford	State MA	Zip Code 02155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lawrence Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's 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 25 / 37
(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. J. Robert Pappi, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 4300 Alton Road		Transaction ID: SA11A1.17817
City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mt Sinai Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Mark Pudwil, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 3913 SW Stonybrook Dr		Transaction ID: SA11A1.17819
City State Zip Code Topeka KS 66610-1385	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Health Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Lester Raff, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 100 N River Rd		Transaction ID: SA11A1.17890
City State Zip Code Des Plaines IL 60018-0018	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Holy Family Med Ctr	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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(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. Michael Reilly, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 223 N. Van Dien Avenue		Transaction ID: SA11A1.17824
City Ridgewood	State NJ	Zip Code 07450-2736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Valley Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. James Rabb, Dr.		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address Medical Director IRL-Florida		Transaction ID: SA11A1.17806
City Et Lauderdale	State FL	Zip Code 33309-6313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Integrated Regional Labs	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. T. Jeffrey Schleusener, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Dept of Pathology 2805 Fifth St		Transaction ID: SA11A1.17898
City Rapid City	State SD	Zip Code 57701-7308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Lab of the Black Hills	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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Peter Scully, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Laboratory 4230 Burnham Ave		Transaction ID: SA11A1.17832
City Las Vegas	State NV	Zip Code 89119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Associated Pathologists Chartered	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert James Spencer, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 2001 Webber St.		Transaction ID: SA11A1.17898
City Sarasota	State FL	Zip Code 34239-4239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sarasota Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Synovec, Dr.		Date of Receipt M / D / Y 03 / 22 / 2005
Mailing Address Laboratory 1500 SW 10th Street		Transaction ID: SA11A1.17720
City Topeka	State KS	Zip Code 66608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 37

(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 Paula Seyka, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 1485 Double Creek Dr		Transaction ID: SA11A1.17702
City Lewisville	State NC	Zip Code 27023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer High Point Regional Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Michael Trump, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 9712 Xylon Ct		Transaction ID: SA11A1.17837
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer United Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Arthur Vogel, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 6825 216th Street SW Suite E		Transaction ID: SA11A1.17708
City Lynnwood	State WA	Zip Code 98038-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cytolab Pathology Svcs, Inc PS	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
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 28 / 37

(check only one)

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

Full Name (Last, First, Middle Initial) A. J. Michael Waldron, Dr.		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Department of Pathology 8257 Elmbrook		Transaction ID: SA11A1.17711
City Dallas	State TX	Zip Code 75247-5247
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	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. William West, Dr.		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Dept of Path/Microbiology 983135 Nebraska Med Ctr		Transaction ID: SA11A1.17843
City Omaha	State NE	Zip Code 68198-3135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Nebraska Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D. Douglas Wilson		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address Department of Pathology 1924 Alcoa Highway		Transaction ID: SA11A1.17845
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1250.00
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 30 / 37
(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. G. Kent Zimmerman, Dr.	Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 2802 S. Gaucha	Transaction ID: SA11A1.17847
City State Zip Code Mesa AZ 85202	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Cln-Path Associates, P.C.	Occupation Pathologist
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	40248.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 37

<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
Account analysis fee

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21B.17884

Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

50.50

SUBTOTAL of Disbursements This Page (optional) ▶

50.50

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

50.50

**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 32 / 37

<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. CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address Post Office Box 80126

City State Zip Code
Lafayette LA 70508

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: LA District: D7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17874

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DAVE WELDON

Mailing Address PO Box 968

City State Zip Code
Melbourne FL 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: SB23.17886

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

Candidate Name
Phil Gingrey

Office Sought: House Senate President
State: GA District: 11

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17884

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 37

<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. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District: D5
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17885
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.17871
Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P O BOX 45444

City PHOENIX, State AZ Zip Code 85084

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: AZ District: D4
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17891
Date of Disbursement

03 / 15 / 2005

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 37

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

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

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

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17873

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District: 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17884

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO Box 71

City State Zip Code
Clarion IA 50525

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IA District: 04

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17876

Date of Disbursement

03 / 08 / 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 37

<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. NORWOOD FOR CONGRESS

Mailing Address PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: D9
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17872

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
B. PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15000

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District: D4
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17868

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. 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) ▼

Category/
Type

Transaction ID: SB23.17878

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 37

<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. REGULA FOR CONGRESS COMMITTEE

Mailing Address 733 - 42nd Street NW

City Canton State OH Zip Code 44709

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17883

Date of Disbursement

03 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. 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: SB23.17886

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 11468 HWY 105

City BANNER ELK State NC Zip Code 28804

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NC District: 05

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17881

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

2700.00

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 37 / 37

<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. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: IL District 19

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17867

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 750176

City Petaluma State CA Zip Code 04675

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: CA District 06

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.17879

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

22200.00