

**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)

X

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

05

01

2004

through

05

31

2004

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

Type or Print Name of Treasurer

Dr. Alfred Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Campbell

Date

06

16

2004

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

Office Use Only

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>05 <sup>Y</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>05 <sup>Y</sup>31 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		77643.13
(b) Cash on Hand at Beginning of Reporting Period .....	30516.98	
(c) Total Receipts (from Line 19) .....	72533.00	96729.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	103051.98	174372.13
<hr/>		
7. Total Disbursements (from Line 31) .....	4081.26	75401.41
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96970.72	96970.72
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

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Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>05 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>05 <sup>-</sup>31 <sup>-</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	56799.00	
(ii) Unitemized .....	15734.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	72533.00	96729.00
(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) .....	72533.00	96729.00
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)) .....	72533.00	96729.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	72533.00	96729.00

**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.....	81.26	501.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	81.26	501.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	74900.00
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))..	4081.26	75401.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	4081.26	75401.41

**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) .....	72533.00	96729.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72533.00	96729.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	81.26	501.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	81.26	501.41

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

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

FOR LINE NUMBER: PAGE 6 / 46

(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) <b>A. Dr. Kenneth M. Algino</b>		Date of Receipt M / D / Y 05 / 21 / 2004	
Mailing Address Department of Pathology 1055 N Curtis Road		Transaction ID: SA11A1.14680	
City State Zip Code Boise ID 83706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Dr. James P. Almas</b>		Date of Receipt M / D / Y 05 / 14 / 2004	
Mailing Address Department of Pathology 989 Lakeland Drive		Transaction ID: SA11A1.14817	
City State Zip Code Jackson MS 39216	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Dominic Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. Howard B. Altman</b>		Date of Receipt M / D / Y 05 / 21 / 2004	
Mailing Address 457D Vera Cruz Road		Transaction ID: SA11A1.14961	
City State Zip Code Emmaus PA 18049-9588	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Warren 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Lawrence Ariano</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 25 North Winfield Road		Transaction ID: SA11A1.14520
City Winfield	State IL	Zip Code 60180
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Dr. Janis M. Atkinson</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 3514 Riverside Drive		Transaction ID: SA11A1.14522
City Wilmette	State IL	Zip Code 60091-1050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer North Shore Path Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Carl A. Barnes</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address PO Box 1179		Transaction ID: SA11A1.14535
City Florence	State AL	Zip Code 35631-1179
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>2999.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Bryan L. Bartlett</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology PO Box 31		Transaction ID: SA11A1.14562
City State Zip Code Ft Worth TX 76101	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Baylor-Al Saints	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen W. Bel</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 800 East Carpenter		Transaction ID: SA11A1.14649
City State Zip Code Springfield IL 62769	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. John's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Brent David Benjamin</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 400 South 43rd Street		Transaction ID: SA11A1.14881
City State Zip Code Renton WA 98055	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Valley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul J. Biggs</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 500B Grand Rock Rd.		Transaction ID: SA11A1.14825
City	State	Zip Code
Birmingham	AL	35223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James K. Billman</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 152D 7th Street 8th Floor		Transaction ID: SA11A1.14815
City	State	Zip Code
Moline	IL	61265-2986
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>C. Dr. John A. Blakeman</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address PO Box 2717		Transaction ID: SA11A1.14855
City	State	Zip Code
Thomasville	GA	31759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Assoc PC	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 46  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard J. Boatsman</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 3401 W. Gore Boulevard		Transaction ID: SA11A1.14473
City State Zip Code Lawton OK 73505	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen M. Bologna</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 1408 8th Avenue, North		Transaction ID: SA11A1.14879
City State Zip Code St Cloud MN 56303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Cloud Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David L. Booker</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 2280 Wrightsboro Rd.		Transaction ID: SA11A1.14588
City State Zip Code Augusta GA 30504	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Philip A. Branton</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Laboratory Services 3300 Gallows Road		Transaction ID: SA11A1.14684
City Falls Church	State VA	Zip Code 22042-3300
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Dr. David A. Brinker</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 7801 Osler Dr		Transaction ID: SA11A1.14704
City Towson	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard C. Burgess</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address PO Box 1468		Transaction ID: SA11A1.14534
City Lewisville	State TX	Zip Code 75057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ProPath Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 46  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeff W. Byrd</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Dept. of Pathology PO Box 2717		Transaction ID: SA11A1.14487
City Thomasville	State GA	Zip Code 31788
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer J. D. Archbold Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Lee L. Caffery</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Department of Pathology 301 SW Becker Avenue		Transaction ID: SA11A1.14639
City Willmar	State MN	Zip Code 56201-5017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Rice Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Alfred Wray Campbell</b>		Date of Receipt M / D / Y 05 / 03 / 2004
Mailing Address Department of Pathology PO Box 12948		Transaction ID: SA11A1.14991
City Roanoke	State VA	Zip Code 24029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Carilion Roanoke Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. A. G. Candel</b>		Date of Receipt M / D / Y 05 / 21 / 2004	
Mailing Address Department of Pathology One Ingalls Drive		Transaction ID: SA11A1.14957	
City State Zip Code Harvey IL 60426-0426	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ingalls Memorial Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Alvaro G. Candel</b>		Date of Receipt M / D / Y 05 / 14 / 2004	
Mailing Address 200 Berbeau Avenue 200 Berbeau Avenue		Transaction ID: SA11A1.14957	
City State Zip Code Elmhurst IL 60126-2966	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Doree A. Carlson</b>		Date of Receipt M / D / Y 05 / 28 / 2004	
Mailing Address Chief of Pathology 680 Centre Street		Transaction ID: SA11A1.14857	
City State Zip Code Brockton MA 02302-5365	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Brockton Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4500.00**

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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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. Dr. James B. Cash		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 1705 South Tarboro Street		Transaction ID: SA11A1.14497
City Wilson	State NC	Zip Code 27888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward W. Cabiano		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 5 Richland Medical Park Dr		Transaction ID: SA11A1.14796
City Columbia	State SC	Zip Code 29203-9203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Richland Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James H. Clark		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 477D Regent Blvd		Transaction ID: SA11A1.15010
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Douglas David Congdon</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.14645
City State Zip Code Flint MI 48502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B. Dr. Primitia A. Corpus</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Department of Pathology 1305 North Elms Street		Transaction ID: SA11A1.14161
City State Zip Code Henderson KY 42420	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Methodist Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Barbara A. Crothers</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 6815 Mebear Pl Apt 401		Transaction ID: SA11A1.14108
City State Zip Code Springfield VA 22150	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Frederick E. Demstedt</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 1503 Black Bear Court		Transaction ID: SA11A1.14844
City Winter Springs	State FL	Zip Code 32708-2708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
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>B. Dr. Jeffrey Gaston Dabwiler</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 810D Harris Pky		Transaction ID: SA11A1.14844
City Et Worth	State TX	Zip Code 76132
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Harris Methodist Forth Worth	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rosemary E. Dabwiler</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 1500 S Main		Transaction ID: SA11A1.14848
City Et Worth	State TX	Zip Code 76104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer John Peter Smith Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 17 / 46  
(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. Dr. William R. Dito		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address PD Box 12538		Transaction ID: SA11A1.14756
City La Jolla	State CA	Zip Code 92039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Dr. Linda Adkins Eskew		Date of Receipt M / D / Y Y Y Y 05 / 14 / 2004
Mailing Address Department of Pathology PO Box 151		Transaction ID: SA11A1.14565
City Ashland	State KY	Zip Code 41105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kings Daughters Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth B. Farris		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address Department of Pathology 1101 Medical Center Boulevard		Transaction ID: SA11A1.14820
City Marrero	State LA	Zip Code 70072
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer West Jefferson Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Christopher Michael Flynn</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 175 College St		Transaction ID: SA11A1.14710
City Battle Creek	State MI	Zip Code 49017-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Maria Jane Franks</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Laboratory 3950 Austell Road		Transaction ID: SA11A1.14892
City Austell	State GA	Zip Code 30106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wellstar Cobb Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert A. Frazer</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 1017 Brandon Road		Transaction ID: SA11A1.14955
City Virginia Beach	State VA	Zip Code 23451-3724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard C. Friedberg</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Chairman, Dept of Pathology 759 Chestnut St		Transaction ID: SA11A1.14043
City Springfield	State MA	Zip Code 01109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Baystate Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan F. Frigg</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 1800 East Lakeshore Drive		Transaction ID: SA11A1.14555
City Decatur	State IL	Zip Code 62521-2521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard M. Fultz</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 157B Clark Rd		Transaction ID: SA11A1.14518
City Charleston	State WV	Zip Code 25314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer HJ Thomas Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Keith H. Fuling</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Lab Medicine 615 South New Ballas Road		Transaction ID: SA11A1.14803
City State Zip Code St Louis MO 63141-8277	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Johns Mercy Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph Frank Golubski</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 2232 N 7th St		Transaction ID: SA11A1.14888
City State Zip Code Sheboygan WI 53083	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sheboygan Memorial Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard R. Gomez</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 1700 SW 7th St		Transaction ID: SA11A1.14922
City State Zip Code Topeka KS 66608-1690	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Francis Hosp & Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Terrence E. Gimm</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 737 Broadway PO Box MC		Transaction ID: SA11A1.14509
City Fargo	State ND	Zip Code 58122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Philip J. Haberman</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 2301 House Ave Suite 108		Transaction ID: SA11A1.14654
City Cheyenne	State WY	Zip Code 82001-3177
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jedd A. Hagen</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 2313 Skyline Dr		Transaction ID: SA11A1.14977
City Carroll	State IA	Zip Code 51401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 22 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. J. Cameron Hall</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 8048 Knight Arnold Rd Suite 101		Transaction ID: SA11A1.14894
City Memphis	State TN	Zip Code 38115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Trumbull Laboratories, LLC	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. James B. Hensh</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 3701 South Higuera Street		Transaction ID: SA11A1.14619
City San Luis Obispo	State CA	Zip Code 93401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Path Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gerald R. Hanson</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 2801 Atlantic Ave.		Transaction ID: SA11A1.14253
City Long Beach	State CA	Zip Code 90801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hosp Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard J. Hausner</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 8524 Highway B North #278		Transaction ID: SA11A1.14814
City Houston	State TX	Zip Code 77065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James N. Ho</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 7122 Tern Place		Transaction ID: SA11A1.14657
City Carlsbad	State CA	Zip Code 92008-5001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David J. Huddleston</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department Of Pathology 1800 E Lake shore Dr		Transaction ID: SA11A1.14945
City Decatur	State IL	Zip Code 62521-5883
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jerry L. Hudson</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 1001 Gause Blvd.		Transaction ID: SA11A1.14628
City Slidell	State LA	Zip Code 70458
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Douglas M. Hughes</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 284D Electric Rd Suite 111		Transaction ID: SA11A1.14674
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dominion Pathology Assoc PC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Carmen J. Julius</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Laboratory 911 East Brady Street		Transaction ID: SA11A1.14935
City Butler	State PA	Zip Code 16001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Butler Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 25 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Marc Ekin Keen</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Director of Clinical Laboratory One Atkinson Drive		Transaction ID: SA11A1.14503
City Ludington	State MI	Zip Code 49431-9431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00
Name of Employer Memorial Med Ctr of W Michigan	Occupation Pathologist	Aggregate Year-to-Date ▼ 1750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. David F. Keen</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 5025 Venture Drive		Transaction ID: SA11A1.14909
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wards Med Laboratory	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Lynn L. Kleopfer</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address PO Box 7408		Transaction ID: SA11A1.14540
City Columbia	State MO	Zip Code 65205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Prof. Services Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Keith A. Krabill</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 849B Old Post Cr		Transaction ID: SA11A1.14881
City East Amherst	State NY	Zip Code 14051-1513
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Keleida Health	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Clarke D.K. Lamba</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 250 E. Dunlap Avenue		Transaction ID: SA11A1.14884
City Phoenix	State AZ	Zip Code 85020-2825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer John C. Lincoln Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kathy B. Lampracht</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 710 FM 1960 West Ste C		Transaction ID: SA11A1.14550
City Houston	State TX	Zip Code 77060
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mocega, Askew & Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 27 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Rosanna L. Lapham</b>		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address 101 East Wood Street		Transaction ID: SA11A1.14982
City	State	Zip Code
Spartanburg	SC	29303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Spartanburg Path. Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paula R. Larson</b>		Date of Receipt M / D / Y Y Y Y 05 / 14 / 2004
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.14839
City	State	Zip Code
San Antonio	TX	78230-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Won H. Lee</b>		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 32371 Regency Court		Transaction ID: SA11A1.14471
City	State	Zip Code
Avon Lake	OH	44012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Alan Levin</b>		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address Laboratory 1800 SE Tiffany		Transaction ID: SA11A1.14837
City Port St Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Lucia Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Bradley M. Linsie</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 701 Park Ave S MC 812		Transaction ID: SA11A1.14838
City Minneapolis	State MN	Zip Code 55415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hennepin County Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Karl F. Loomis</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 603 N Kalamazoo Av		Transaction ID: SA11A1.14838
City Marshall	State MI	Zip Code 49068-9068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Regional Med Laboratories	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 46

(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. Dr. John W. Mason		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 1 Beach Dr SE #2702		Transaction ID: SA11A1.14742
City St Petersburg	State FL	Zip Code 33701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer VA Med Ctr-Bay Pines	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul J. McCarthy		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 400 W. 16th St.		Transaction ID: SA11A1.14999
City Pueblo	State CO	Zip Code 81003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Parkview Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard E. McLendon		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 1211 Union Ave Suite 250		Transaction ID: SA11A1.14827
City Memphis	State TN	Zip Code 38104-6800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 30 / 46

(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. Dr. James R. Miller		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 2918 S Brentwood Blvd		Transaction ID: SA11A1.14761
City Brentwood	State MO	Zip Code 63144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Services	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Dina R. Mody		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Department of Pathology 8565 Fannin		Transaction ID: SA11A1.14860
City Houston	State TX	Zip Code 77030-2707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan Edward Mustcam		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 8501 Coyle Avenue		Transaction ID: SA11A1.14278
City Camichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lauren Irene O'Brien</b>		Date of Receipt M / D / Y Y Y Y 05 / 14 / 2004
Mailing Address 2322 California Avenue		Transaction ID: SA11A1.14912
City State Zip Code Santa Monica CA 90403-4526	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Pasadena Cytopathology Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas F. O'Brien</b>		Date of Receipt M / D / Y Y Y Y 05 / 14 / 2004
Mailing Address Dept of Pathology 1211 Union Ave Ste 300		Transaction ID: SA11A1.14924
City State Zip Code Memphis TN 38104	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. G. Dean Pappas</b>		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address Department of Pathology 170 Governors Ave		Transaction ID: SA11A1.14501
City State Zip Code Medford MA 02155	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 46

(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) <b>A. Dr. Ila Marie Peterson</b>		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address 501 Anthony's Drive		Transaction ID: SA11A1.14888
City Exton	State PA	Zip Code 19341-2349
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Pamela D. Pierce</b>		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address Department of Pathology 1701 E 23rd St		Transaction ID: SA11A1.14888
City Hutchinson	State KS	Zip Code 67502-7502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hutchinson Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Vernon A. Pilon</b>		Date of Receipt M / D / Y Y Y Y 05 / 14 / 2004
Mailing Address Director of Pathology 800 Northern Blvd.		Transaction ID: SA11A1.14810
City Albany	State NY	Zip Code 12204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Albany Memorial Hosp Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	

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



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

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

FOR LINE NUMBER: PAGE 33 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark L. Pudvil</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 3913 SW Stonybrook Dr		Transaction ID: SA11A1.14981
City Topeka	State KS	Zip Code 66610-1385
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Stromont-Vail Reg Health Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Scott Rabkin</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 522 Alpha Drive		Transaction ID: SA11A1.14978
City Pittsburgh	State PA	Zip Code 15228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rabkin Dermatopathology Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Lester J. Raff</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 100 N River Rd		Transaction ID: SA11A1.14853
City Des Plaines	State IL	Zip Code 60018-0018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Holy Family Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 34 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Rafael R. Ramirez-Weiser</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address G. PO Box 38-6258		Transaction ID: SA11A1.14408
City San Juan	State PR	Zip Code 00836
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul A. Rashevius</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Lab for Clinical Medicine 200 Corporate Place #7		Transaction ID: SA11A1.14778
City Peabody	State MA	Zip Code 01960-3840
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas H. Roberts</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 200 Sandpiper Drive		Transaction ID: SA11A1.14449
City Chesterton	State IN	Zip Code 46304-2352
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 35 / 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ronald E. Rocha</b>		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2004
Mailing Address 1147 Fuller Road		Transaction ID: SA11A1.14890
City San Luis Obispo	State CA	Zip Code 93401-7642
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James R. Rullage</b>		Date of Receipt M / D / Y Y Y Y 05 / 07 / 2004
Mailing Address PO Box 2131		Transaction ID: SA11A1.14865
City Jasper	State AL	Zip Code 35502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Louis S. Sarback</b>		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2004
Mailing Address PO Box 14389		Transaction ID: SA11A1.14831
City Tallahassee	State FL	Zip Code 32317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Associates	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 36 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ralph M. Shihida</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 4077 5th Avenue		Transaction ID: SA11A1.14434
City San Diego	State CA	Zip Code 92103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Scripps Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Howard L. Siegel</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 8701 N. Charles St.		Transaction ID: SA11A1.14461
City Baltimore	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Greater Baltimore Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gregory J. Skarulla</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Dept. of Pathology 208 Second Street East		Transaction ID: SA11A1.14489
City Bradenton	State FL	Zip Code 34208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Manatee Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 37 / 46

(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. Dr. Carl Taylor Smedberg		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 1801 Airport Blvd Suite 1		Transaction ID: SA11A1.14566
City Melbourne	State FL	Zip Code 32801-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Space Coast Pathologists, PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel Perry Snover		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 22101 Moross Road		Transaction ID: SA11A1.14900
City Detroit	State MI	Zip Code 48226
FEC ID number of contributing federal political committee. <b>C</b>		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) C. Dr. Janet F. Stashy		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 2400 Susannah St PO Box 2484		Transaction ID: SA11A1.14932
City Johnson City	State TN	Zip Code 37605-2484
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 46

(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. Dr. James Cyril Steinmetz		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Laboratory 25 Church St		Transaction ID: SA11A1.14596
City Wilkes Barre	State PA	Zip Code 18765
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Slam		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 1255 W Washington Street		Transaction ID: SA11A1.14677
City Tempe	State AZ	Zip Code 85281-1210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark G. Symovee		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 1500 SW 10th Street		Transaction ID: SA11A1.14825
City Topeka	State KS	Zip Code 66604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Topeka Pathology Group, PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 38 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul E. Szypko</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 1401 Thornhill Lane		Transaction ID: SA11A1.14923
City Winston-Salem	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer North State Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. James R. Taylor</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address Department of Pathology 1823 S Ullica Ave		Transaction ID: SA11A1.14815
City Tulsa	State OK	Zip Code 74104-6520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Laboratory Assoc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert J. Teeers</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Department of Pathology 190 East Bannock		Transaction ID: SA11A1.14818
City Boise	State ID	Zip Code 83712
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 46

(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. Dr. Warren G. Tucker		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address Department of Pathology 316 Calhoun Street		Transaction ID: SA11A1.14706
City Charleston	State SC	Zip Code 29401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stuart E. VanMeter		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 1824 Alcoa Highway		Transaction ID: SA11A1.14926
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Don B. Vollman		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 411 E Matthews Ave		Transaction ID: SA11A1.14785
City Jonesboro	State AR	Zip Code 72401-5142
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Doctors' Anatomic Path. Svcs.	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 41 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael J. Waldron</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 8257 Elmbrook		Transaction ID: SA11A1.14821
City Dallas	State TX	Zip Code 75247-5247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ProPath Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Scott E. Wang</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address Department of Pathology 11 Friendship Street		Transaction ID: SA11A1.14880
City Newport	State RI	Zip Code 02840-2239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Newport Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert B. Wells</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 901 Turtle Creek Drive		Transaction ID: SA11A1.14853
City Tyler	State TX	Zip Code 75701-5701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer Pathology Associates of Tyler	Occupation Pathologist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>2200.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 42 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William Allen Wesche</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 8048 Knight Arnold Road Suite 101		Transaction ID: SA11A1.14986
City Memphis	State TN	Zip Code 38115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Trumbull Laboratories, LLC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Frank L. White</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 1211 Union Ave., Ste. 20D		Transaction ID: SA11A1.14789
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph T. Wilton</b>		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 830 Cobb Street		Transaction ID: SA11A1.14784
City Jonesboro	State AR	Zip Code 72401-4110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Doctors' Anatomic Path. Svcs.	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 43 / 46

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David R. Yates</b>		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 4733 Andrew Jackson Parkway PO Box 58		Transaction ID: SA11A1.14417
City	State	Zip Code
Hermitage	TN	37076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathologists Laboratory. PC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Karl G. Zimmerman</b>		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 2802 S. Gaucho		Transaction ID: SA11A1.14841
City	State	Zip Code
Mesa	AZ	85202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Clin-Path Associates. P.C.	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	750.00
TOTAL This Period (last page this line number only) .....	▶	56799.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Activity fee

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.15630

Date of Disbursement

05 / 28 / 2004

Amount of Each Disbursement this Period

5.40

SUBTOTAL of Disbursements This Page (optional) ▶

5.40

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

5.40

**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	<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

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. BURNS FOR CONGRESS**

Mailing Address PO BOX 1965

City SYLVANIA State GA Zip Code 30467

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: GA District: 12

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.15626  
Date of Disbursement  
05 / 26 / 2004

Amount of Each Disbursement this Period  
1000.00

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

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement

Candidate Name  
Dave Weldon

Office Sought:  House  Senate  President  
State: FL District: 15

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/Type

Transaction ID: SB23.15825  
Date of Disbursement  
05 / 19 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. NRCC**

Mailing Address c/o Epiphany Productions  
104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For: 2004  
 Other (specify) ▼

Category/Type

Transaction ID: SB23.15824  
Date of Disbursement  
05 / 10 / 2004

Amount of Each Disbursement this Period  
1000.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Transaction ID: SB23.15627  
Date of Disbursement

Mailing Address P.O. Box 2004

05 / 26 / 2004

City FINDLAY State OH Zip Code 45839

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: OH District: D4

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4000.00