

**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)

X

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2005

through

10

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

11

18

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M10 ^{: :}01 ^{Y (Y)}2005 To: ^M10 ^{: :}31 ^{Y (Y)}2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period	7370.84	
(c) Total Receipts (from Line 19)	910.00	161562.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8280.84	210061.70
<hr/>		
7. Total Disbursements (from Line 31)	3125.40	204906.26
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5155.44	5155.44
<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**

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Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M10 ⁻01 ⁻2005 To: ^M10 ⁻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)	500.00	123333.00
(ii) Unitemized	410.00	38229.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	910.00	161562.00
(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)	910.00	161562.00
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))	910.00	161562.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	910.00	161562.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	125.40	2206.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	125.40	2206.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	202700.00
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))..	3125.40	204906.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	3125.40	204906.26

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	910.00	161562.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	910.00	161562.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	125.40	2206.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125.40	2206.26

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

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

FOR LINE NUMBER: PAGE 6 / 8

(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. Laurel Krause, Dr.		Date of Receipt M / D / Y 10 / 14 / 2005	
Mailing Address Allina Medical Laboratory 800 E 28th St		Transaction ID: SA11A1.18908	
City Minneapolis	State MN	Zip Code 55407-3799	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Abbott Northwestern Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

**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 7 / 8

<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
<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. Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Merchant service charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.18919
Date of Disbursement
10 / 04 / 2005

Amount of Each Disbursement this Period
15.00

Full Name (Last, First, Middle Initial)
B. Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Bank service charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.18920
Date of Disbursement
10 / 04 / 2005

Amount of Each Disbursement this Period
95.90

Full Name (Last, First, Middle Initial)
C. 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.18923
Date of Disbursement
10 / 21 / 2005

Amount of Each Disbursement this Period
14.50

SUBTOTAL of Disbursements This Page (optional) ▶ **125.40**

TOTAL This Period (last page this line number only) ▶ **125.40**

**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

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

Full Name (Last, First, Middle Initial)
A. CHAFEE FOR SENATE

Mailing Address PO BOX 7329

City WARWICK State RI Zip Code 02887

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18917

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18914

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00