

**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

NEW (N) OR

X

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)

X Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

07

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

10

11

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>07 <sup>D</sup>31 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN 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 .....	66650.00	
(c) Total Receipts (from Line 19) .....	9310.00	129911.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97960.00	207554.13
7. Total Disbursements (from Line 31) .....	18405.30	127999.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79554.70	79554.70
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>07 <sup>D</sup>31 <sup>Y</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) .....	7800.00	
(ii) Unitemized .....	1510.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	9310.00	129911.00
(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) .....	9310.00	129911.00
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)) .....	9310.00	129911.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9310.00	129911.00

## 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.....	505.30	1778.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	505.30	1778.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17900.00	126221.00
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))..	16405.30	127999.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	16405.30	127999.43

**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) .....	9310.00	129911.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9310.00	129911.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	505.30	1776.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	505.30	1776.43

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

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

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

11a  11b  11c  12  
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. D. Garrett-Alcorn, Dr.</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address Department of Pathology 16251 Sylvester Road, SW		Transaction ID: SA11A1.15941
City Seattle	State WA	Zip Code 98166
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Highline Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nadarajah Behasubramaniam</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address Dept. of Pathology 1101 Nott St.		Transaction ID: SA11A1.15945
City Schenectady	State NY	Zip Code 12308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ellis Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Farnham</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address Department of Pathology PO Box 33549		Transaction ID: SA11A1.15948
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
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)  
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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. S. Robert Freedman</b>		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2004
Mailing Address Department of Pathology 225 North Jackson Avenue		Transaction ID: SA11A1.15950
City State Zip Code San Jose CA 95116	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Jabal, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2004
Mailing Address 3701 S Higuera St Ste 200		Transaction ID: SA11A1.15954
City State Zip Code San Luis Obispo CA 93401-7462	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Coast Path Consultants	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Marlene Magrin-Grayson</b>		Date of Receipt M / D / Y Y Y Y 07 / 23 / 2004
Mailing Address Department of Pathology 1000 North Lee St		Transaction ID: SA11A1.15979
City State Zip Code Oklahoma City OK 73102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Anthony Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts TNs 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  
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FOR LINE NUMBER: PAGE 8 / 16

(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. Patrice Anne Marshall, Dr.</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address Dept of Pathology 290 Big Run Rd		Transaction ID: SA11A1.15956
City Lexington	State KY	Zip Code 40503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology & Cytology Labs Inc.	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. K. Karla Murphy, Dr.</b>		Date of Receipt M / D / Y 07 / 23 / 2004
Mailing Address 1000 E 21st St Ste 4100		Transaction ID: SA11A1.15961
City Sioux Falls	State SD	Zip Code 57117-5050
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. A. James Paulson, Dr.</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address 425 Anthwyn Road		Transaction ID: SA11A1.15960
City Narberth	State PA	Zip Code 19072-2301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lankenau 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)  
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Detailed Summary Page

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(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. C. James Quigley, Dr.</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address Department of Pathology PO Box 2923		Transaction ID: SA11A1.15998
City State Zip Code Shawnee Mission KS 66201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Shawnee Mission Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. H. Michael Reilly, Dr.</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address Department of Pathology 223 N. Van Dien Avenue		Transaction ID: SA11A1.15998
City State Zip Code Ridgewood NJ 07450-2736	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Valley Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. D. Dennis Reinke, Dr.</b>		Date of Receipt M / D / Y 07 / 16 / 2004
Mailing Address 1827 11th St		Transaction ID: SA11A1.15982
City State Zip Code Wichita Falls TX 76301	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Med Ctr One	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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  
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FOR LINE NUMBER: PAGE 10 / 16

(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. F. Jay Schenberg, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2004
Mailing Address 8901 W Lincoln Ave		Transaction ID: SA11A1.15964
City Milwaukee	State WI	Zip Code 53227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ACL Laboratories	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M. Thomas Sodaman, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 16 / 2004
Mailing Address Chairman Laboratory Medicine 10 Nevada Dr		Transaction ID: SA11A1.15966
City Lake Success	State NY	Zip Code 11042-1114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer North Shore LIJ HS	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. G. Norman Sudduth, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 23 / 2004
Mailing Address Department of Pathology 5301 South Congress Avenue		Transaction ID: SA11A1.15985
City Atlantis	State FL	Zip Code 33462-1149
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer JFK 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>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 11 / 16

(check only one)

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

Full Name (Last, First, Middle Initial) A. H. Steven Wilson, Dr.		Date of Receipt 07 / 21 / 2004	
Mailing Address 2323 9th Ave, North		Transaction ID: SA11A1.15971	
City St Petersburg	State FL	Zip Code 33713	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ed White Hospital	Occupation Pathologist		
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	300.00
TOTAL This Period (last page this line number only) .....	▶	7800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Bank service charges

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.16019  
Date of Disbursement  
07 / 02 / 2004

Amount of Each Disbursement this Period  
475.30

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 Account analysis fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.16020  
Date of Disbursement  
07 / 22 / 2004

Amount of Each Disbursement this Period  
30.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>505.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>505.30</b>

**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. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 8665 WILSHIRE BLVD #220

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 29

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.16021  
Date of Disbursement  
07 / 08 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. ESHOO, ANNA**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: CA District: 14

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.16006  
Date of Disbursement  
07 / 08 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. HAWKEYE PAC, THE**

Mailing Address PO BOX 7255

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
PAC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District

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

Category/  
Type

Transaction ID: SB23.16015  
Date of Disbursement  
07 / 20 / 2004

Amount of Each Disbursement this Period  
1500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. HOOSIERS SUPPORTING BUYER FOR CONGRESS**

Transaction ID: SB23.16016  
Date of Disbursement

Mailing Address 200 North Main St P.O. Box 712

07 / 20 / 2004

City Monticello State IN Zip Code 47960

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: IN District: D4

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

Transaction ID: SB23.16017  
Date of Disbursement

Mailing Address P.O. Box 8

07 / 20 / 2004

City Winnetka State IL Zip Code 60003

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: IL District: 10

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

Transaction ID: SB23.16012  
Date of Disbursement

Mailing Address P.O. Box 247

07 / 14 / 2004

City Redlands State CA Zip Code 92373

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: CA District: 41

**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. LINC PAC

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
PAC Contribution

Candidate Name

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

State: District Other

Category/  
Type

Transaction ID: SB23.16011  
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 498

City Evans State GA Zip Code 30808

Purpose of Disbursement

Candidate Name

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

State: GA District 08

Category/  
Type

Transaction ID: SB23.16010  
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 320 First St.  
SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Contribution

Candidate Name

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

State: District Other

Category/  
Type

Transaction ID: SB23.16023  
Date of Disbursement

07 / 16 / 2004

Amount of Each Disbursement this Period

8500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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	<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) <b>A. Pomeroy for Congress</b>		Transaction ID: SB23.16009 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO BOX 746		Amount of Each Disbursement this Period 1500.00	
City BISMARCK State ND Zip Code 58502	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND      District: D0	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PRYCE FOR CONGRESS</b>		Transaction ID: SB23.16005 Date of Disbursement 07 / 06 / 2004	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 400.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 15	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The MikeR Fund</b>		Transaction ID: SB23.16018 Date of Disbursement 07 / 20 / 2004	
Mailing Address P.O. Box 2778		Amount of Each Disbursement this Period 1000.00	
City Arlington State VA Zip Code 22202	Purpose of Disbursement PAC Contribution	Candidate Name	Category/ Type
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President State:                  District	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>17900.00</b>