

**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)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

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

11

29

2004

through

12

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

01

27

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: ^M11 ^D23 ^Y2004 To: ^M12 ^D31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		77643.13
(b) Cash on Hand at Beginning of Reporting Period	27157.33	
(c) Total Receipts (from Line 19)	25438.00	241835.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52595.33	319478.13
<hr/>		
7. Total Disbursements (from Line 31)	4095.63	270978.43
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48499.70	48499.70
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M11 ^D23 ^Y2004 To: ^M12 ^D31 ^Y2004

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)	15710.00	
(ii) Unitemized	9728.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	25438.00	241835.00
(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)	25438.00	241835.00
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))	25438.00	241835.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25438.00	241835.00

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.....	95.63	3657.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	95.63	3657.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	267321.00
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))..	4095.63	270978.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4095.63	270978.43

DETAILED SUMMARY PAGE
of Disbursements

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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)	25438.00	241835.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25438.00	241835.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95.63	3657.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95.63	3657.43

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. H Rao Andavolu, Dr.		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address Department of Pathology 253 Witherspoon Street		Transaction ID: SA11A1.17321
City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Univ Med Ctr at Princeton	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Boelsman, Dr.		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address Department of Pathology Box 129		Transaction ID: SA11A1.17059
City State Zip Code Lawton OK 73502	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. B. James Cash, Dr.		Date of Receipt M / D / Y 11 / 24 / 2004
Mailing Address Laboratory Po Box 3898		Transaction ID: SA11A1.17097
City State Zip Code Wilson NC 27855	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastern Carolina Patholog- y, Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 7 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Joseph Thomas Cooper, Dr.		Date of Receipt M / D / Y 12 / 20 / 2004
Mailing Address 5620 East El Parque Street		Transaction ID: SA11A1.17285
City Long Beach	State CA	Zip Code 90815-4129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cenitelis Hosp Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. E. Nancy Carish, Dr.		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address Dept of Pathology 8303 Dodge St		Transaction ID: SA11A1.17065
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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) C. R. William Dito, Dr.		Date of Receipt M / D / Y 11 / 29 / 2004
Mailing Address PO Box 12538		Transaction ID: SA11A1.17048
City La Jolla	State CA	Zip Code 92039
FEC ID number of contributing federal political committee. C		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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(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. A. Darcy Duncan, Dr.		Date of Receipt M / D / Y 12 / 08 / 2004
Mailing Address 4211 Conway Place Circle		Transaction ID: SA11A1.17157
City Orlando	State FL	Zip Code 32812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer Orlando Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. Robert Frazier, Dr.		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 801 Boush St		Transaction ID: SA11A1.17087
City Norfolk	State VA	Zip Code 23510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dominion Pathology Laboratories	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. P. Steven Goetz, Dr.		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 8 Arrowwood		Transaction ID: SA11A1.17351
City Mason City	State IA	Zip Code 50401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1480.00
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20
(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. D. Lury Grant, Dr.		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address Dept of Pathology Taylor at Marion St		Transaction ID: SA11A1.17907
City Columbia	State SC	Zip Code 29201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Painetto Health Baptist Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S. Joseph Heard, Dr.		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address Dept of Pathology 2815 Missouri		Transaction ID: SA11A1.17089
City Shreveport	State LA	Zip Code 71109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Delta Pathology Group. LLP	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H. Ronald Heame, Dr.		Date of Receipt M / D / Y 12 / 29 / 2004
Mailing Address Department of Pathology PO Box 830171		Transaction ID: SA11A1.17291
City Nacogdoches	State TX	Zip Code 75563-0171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nacogdoches Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 10 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. S. Herman Hurwitz, Dr.		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 1004 Annapolis Lane		Transaction ID: SA11A1.17101
City Cherry Hill	State NJ	Zip Code 08003-8003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. F. David Jedwin, Dr.		Date of Receipt M / D / Y 12 / 18 / 2004
Mailing Address 4450 California Ave Ste K 281		Transaction ID: SA11A1.17208
City Bakersfield	State CA	Zip Code 93309-1196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kern Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marlene Magrini-Grayson		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address Department of Pathology 1000 North Lee St		Transaction ID: SA11A1.17173
City Oklahoma City	State OK	Zip Code 73102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer St. Anthony Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 20
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 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. S. Thomas Mega, Dr.		Date of Receipt M / D / Y Y Y Y 12 / 15 / 2004
Mailing Address Department of Pathology 611 St. Landry Street		Transaction ID: SA11A1.17200
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Our Lady of Lourdes Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. Dwight Morrow, Dr.		Date of Receipt M / D / Y Y Y Y 12 / 08 / 2004
Mailing Address Department of Pathology 801 S Washington		Transaction ID: SA11A1.17117
City Naperville	State IL	Zip Code 60566-7090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edward Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. F. Gary Neltzel, Dr.		Date of Receipt M / D / Y Y Y Y 12 / 10 / 2004
Mailing Address ACL Laboratories 2900 W. Oklahoma Avenue		Transaction ID: SA11A1.17179
City Milwaukee	State WI	Zip Code 53215-4330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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. Lauren I. O'Brien		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 100 W California Blvd		Transaction ID: SA11A1.17105
City Pasadena	State CA	Zip Code 91105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Huntington Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S. Dale Odell, Dr.		Date of Receipt M / D / Y 12 / 08 / 2004
Mailing Address Department of Pathology 8200 Walnut Hill Ln		Transaction ID: SA11A1.17122
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. John O'Hara, Dr.		Date of Receipt M / D / Y 11 / 24 / 2004
Mailing Address Department of Pathology 1772 Beach Blvd		Transaction ID: SA11A1.17040
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 280.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(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. Thomas Roberts, Dr.		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2004
Mailing Address 200 Sandpiper Drive		Transaction ID: SA11A1.17130
City Chesterton	State IN	Zip Code 46304-2352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Mem Hlth Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. Richard Savage, Dr.		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2004
Mailing Address Department of Pathology 1111 8th Avenue		Transaction ID: SA11A1.17107
City Des Moines	State IA	Zip Code 50314-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Catherine Maria Shattuck, Dr.		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2004
Mailing Address 416 Connable Ave		Transaction ID: SA11A1.17281
City Petoskey	State MI	Zip Code 49770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Pathology Associ- ates	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) A. W. John Skinner, Dr.		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address Baptist Campus 2700 Napoleon Avenue		Transaction ID: SA11A1.17080
City New Orleans	State LA	Zip Code 70115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Med Ctr Baptist Campus	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. David Soika, Dr.		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address Department of Pathology 400 State of Franklin Road		Transaction ID: SA11A1.17190
City Johnson City	State TN	Zip Code 37604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johnson City Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Joseph Sannier, Dr.		Date of Receipt M / D / Y 12 / 16 / 2004
Mailing Address 100 Worth Ave #514		Transaction ID: SA11A1.17215
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer AmenPath	Occupation Pathologist	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. L. Susan Speaks, Dr.		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 1133 College Avenue Building B		Transaction ID: SA11A1.17081
City Manhattan	State KS	Zip Code 66502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. M. Susan Strub, Dr.		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address Department of Pathology 5420 Kell West Blvd		Transaction ID: SA11A1.17339
City Wichita Falls	State TX	Zip Code 76310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kell West Regional Hosp	Occupation Pathologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. G. Norman Sudduth, Dr.		Date of Receipt M / D / Y 12 / 07 / 2004
Mailing Address Department of Pathology 5301 South Congress Avenue		Transaction ID: SA11A1.17149
City Atlantis	State FL	Zip Code 33462-1149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JFK Med Ctr	Occupation Pathologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) A. J. Michael Waldron, Dr.		Date of Receipt M / D / Y 12 / 07 / 2004
Mailing Address Department of Pathology 8257 Elmbrook		Transaction ID: SA11A1.17153
City Dallas	State TX	Zip Code 75247-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) B. L. Ronald Weiss, Dr.		Date of Receipt M / D / Y 12 / 17 / 2004
Mailing Address Dept of Pathology 500 Chipeta Way		Transaction ID: SA11A1.17220
City Salt Lake City	State UT	Zip Code 84108-4108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ARUP Clinical Laboratories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) C. M. Thomas Wheeler, Dr.		Date of Receipt M / D / Y 12 / 24 / 2004
Mailing Address Department of Pathology One Baylor Plaza		Transaction ID: SA11A1.17285
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Baylor College of Medicine	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 20
(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. Ervin Richard Whisnant, Dr.		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address 503B Southern Pine Cir		Transaction ID: SA11A1.17194
City Venice	State FL	Zip Code 34283-4259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bon Secours Venice Health-care	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Brian Wilkinson, Dr.		Date of Receipt M / D / Y 12 / 08 / 2004
Mailing Address 1313 66th Street		Transaction ID: SA11A1.17138
City Meridian	State MS	Zip Code 39205-1112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Diagnostic Tissue Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. S. David Wilkinson, Dr.		Date of Receipt M / D / Y 12 / 22 / 2004
Mailing Address Department of Pathology PO Box 980662		Transaction ID: SA11A1.17245
City Richmond	State VA	Zip Code 23298-0662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VCU Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 20
(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. R. David Yates, Dr.		Date of Receipt M / D / Y 12 / 03 / 2004	
Mailing Address PD Box 59		Transaction ID: SA11A1.17111	
City Hermitage	State TN	Zip Code 37076	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Summit Medical Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts TN's Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	15710.00

**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) ▼		Transaction ID: SB21B.17348 Date of Disbursement 12 / 02 / 2004 Amount of Each Disbursement this Period 45.13
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 charges Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.17348 Date of Disbursement 12 / 20 / 2004 Amount of Each Disbursement this Period 50.50

SUBTOTAL of Disbursements This Page (optional)	▶	95.63
TOTAL This Period (last page this line number only)	▶	95.63

**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. BOUSTANY, CHARLES W JR

Transaction ID: SB23.17344
Date of Disbursement

Mailing Address 331 BEVERLY DRIVE

11 / 23 / 2004

City LAFAYETTE State LA Zip Code 70503

Amount of Each Disbursement this Period

Purpose of Disbursement

4000.00

Candidate Name

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

4000.00