

**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)

X

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

04

01

2004

through

04

30

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

Campbell Alfred Wray Dr.

Signature of Treasurer

Electronically Filed by Campbell Alfred Wray Dr.

Date

05

18

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: ^M04 ^D01 ^Y2004 To: ^M04 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		77643.13
(b) Cash on Hand at Beginning of Reporting Period	40540.73	
(c) Total Receipts (from Line 19)	7050.00	24196.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47590.73	101839.13
<hr/>		
7. Total Disbursements (from Line 31)	17071.75	71320.15
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30518.98	30518.98
<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: ^M04 ⁻01 ⁻2004 To: ^M04 ⁻30 ⁻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)	6225.00	
(ii) Unitemized	825.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7050.00	24196.00
(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)	7050.00	24196.00
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))	7050.00	24196.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7050.00	24196.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	71.75	420.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	71.75	420.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	70900.00
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))..	17071.75	71320.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17071.75	71320.15

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)	7050.00	24196.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7050.00	24196.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	71.75	420.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	71.75	420.15

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

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

FOR LINE NUMBER: PAGE 6 / 12

(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. Cathy O. Blight		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.14003
City Flint	State MI	Zip Code 48503-5883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hurley Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George E. Brannan		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 2401 university Ave.		Transaction ID: SA11A1.13993
City Muncie	State IN	Zip Code 47303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bal Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Fowkes		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address 524 E 20th St Apt 1G		Transaction ID: SA11A1.14021
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2275.00
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 7 / 12
(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. Patricia A. Gregg		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 2886 SE Calvin Street		Transaction ID: SA11A1.14013
City Port Saint Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Lucie Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William V. Hauer		Date of Receipt M / D / Y 04 / 01 / 2004
Mailing Address Department of Pathology 1800 Haddon Avenue		Transaction ID: SA11A1.13992
City Camden	State NJ	Zip Code 08103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Our Lady of Lourdes Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Dr. Laurel A. Krauss		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address Department of Pathology 4050 Coon Rapids Blvd.		Transaction ID: SA11A1.14004
City Coon Rapids	State MN	Zip Code 55433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 / 12
(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. James Joseph Navin		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.14010
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. James Joseph Navin		Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.14011
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles L. Wilkerson		Date of Receipt M / D / Y Y Y Y 04 / 01 / 2004
Mailing Address PO Box 607		Transaction ID: SA11A1.13999
City Laurel	State MS	Zip Code 39441
FEC ID number of contributing federal political committee. C		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)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(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. Stephen Yurco		Date of Receipt M / D / Y 04 / 23 / 2004	
Mailing Address PD Box 14154B		Transaction ID: SA11A1.14002	
City Austin	State TX	Zip Code 78714-1549	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Clinical Pathology Assoc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	6225.00

**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 10 / 12

<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. A LOT OF PEOPLE SUPPORTING TOM DASCHLE INC

Transaction ID: SB23.14031
Date of Disbursement

Mailing Address P O BOX 1656

04 / 30 / 2004

City State Zip Code
SIOUX FALLS SD 57101

Amount of Each Disbursement this Period

Purpose of Disbursement

4500.00

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: SD District: D0 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. CARE POLITICAL ACTION COMMITTEE (CARE PAC)

Transaction ID: SB23.14027
Date of Disbursement

Mailing Address 629 Second St, NE

04 / 19 / 2004

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC Contribution

1000.00

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)
C. Congressman Joe Barton Committee

Transaction ID: SB23.14032
Date of Disbursement

Mailing Address P. O. Box 1444

04 / 30 / 2004

City State Zip Code
Ennis TX 75120

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: TX District: 6 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<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. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.1403D
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MO District 07

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.1402B
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
2000.00

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

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District 11

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.1402B
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **4000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<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. GRASSLEY COMMITTEE

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
Charles Grassley

Category/
Type

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: IA District: D0 Other (specify) ▼

Transaction ID: SB23.14022

Date of Disbursement

04 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. The MikeR Fund

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

PAC Contribution

Candidate Name

Category/
Type

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

Transaction ID: SB23.14024

Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

17000.00