

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)

1350 I Street, NW

Suite 590

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274944

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

X 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

08

01

2005

through

08

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

09

20

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

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: ^M08 ^Y01 ^Y2005 To: ^M08 ^Y31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period	17530.64	
(c) Total Receipts (from Line 19)	9925.00	146952.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27455.64	195451.70
<hr/>		
7. Total Disbursements (from Line 31)	10180.75	178176.81
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17274.89	17274.89
<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: ^M08 ⁻01 ⁻2005 To: ^M08 ⁻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)	9025.00	112474.00
(ii) Unitemized	900.00	34478.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	9925.00	146952.00
(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)	9925.00	146952.00
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))	9925.00	146952.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9925.00	146952.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	180.75	1976.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	180.75	1976.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	176200.00
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))..	10180.75	178176.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	10180.75	178176.81

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)	9925.00	146952.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9925.00	146952.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	180.75	1976.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	180.75	1976.81

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

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

FOR LINE NUMBER: PAGE 6 / 13
(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. N. Balasubramanian		Date of Receipt MM / DD / YYYY 08 / 19 / 2005
Mailing Address 1101 Nott St Laboratory		Transaction ID: SA11A1.18618
City Schenectady	State NY	Zip Code 12308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ellis Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. M. Stephen Bologna, Dr.		Date of Receipt MM / DD / YYYY 08 / 09 / 2005
Mailing Address Department of Pathology 1408 8th Avenue, North		Transaction ID: SA11A1.18607
City St Cloud	State MN	Zip Code 56309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CentraCare Laboratory Ser- vices	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. J. Daniel Hanson, Dr.		Date of Receipt MM / DD / YYYY 08 / 19 / 2005
Mailing Address 1946 N. 13th Street Suite 3D1		Transaction ID: SA11A1.18621
City Toledo	State OH	Zip Code 43624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Pathology Laboratories Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 13

(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. Edward Lipford, Dr.		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 1031 Queens Road West		Transaction ID: SA11A1.18622
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carolinas Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. D. John Mikan, Dr.		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address Dept of Path and Lab Med 8431 Fannin St		Transaction ID: SA11A1.18625
City Houston	State TX	Zip Code 77030
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) ▼		

Full Name (Last, First, Middle Initial) C. R. Dina Mody, Dr.		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address Laboratory Medicine 8585 Fannin		Transaction ID: SA11A1.18604
City Houston	State TX	Zip Code 77030-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 8 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) A. E. Julia Mooney, Dr.		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 2145 Court Street		Transaction ID: SA11A1.18615
City Redding	State CA	Zip Code 96001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Diagnostic Pathology	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Irene Lauren O'Brian, Dr.		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 2322 California Avenue		Transaction ID: SA11A1.18617
City Santa Monica	State CA	Zip Code 90403-4526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 525.00
Name of Employer Huntington Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 525.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. N. David Pope, Dr.		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 1 St. Vincent Circle PO Box 55148		Transaction ID: SA11A1.18628
City Little Rock	State AR	Zip Code 72215-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Vincent Infirmary	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1025.00
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 / 13
(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. C. James Quigley, Dr.		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address Department of Pathology PO Box 2923		Transaction ID: SA11A1.18605
City State Zip Code Shawnee Mission KS 66201	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Shawnee Mission Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Andrew Sloman, Dr.		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 3 Broadway Court		Transaction ID: SA11A1.18629
City State Zip Code Orlando FL 32809-5303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Pathology Specialists, P.-A.	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. M. Thomas Sodaman, Dr.		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address Chairman Laboratory Medicine 1D Nevada Dr		Transaction ID: SA11A1.18602
City State Zip Code Lake Success NY 11042-1114	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore LIJ HS	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3250.00
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 10 / 13

(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. M. Timothy Wallace, Dr.		Date of Receipt 08 / 08 / 2005	
Mailing Address 21155 Ann Rita Dr		Transaction ID: SA11A1.18808	
City Brookfield	State WI	Zip Code 53045-4035	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Luke's South Shore	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	9025.00

**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 11 / 13

<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 charges

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.18641
Date of Disbursement
08 / 02 / 2005

Amount of Each Disbursement this Period
15.88

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
Moneris - ACH Discount

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.18642
Date of Disbursement
08 / 03 / 2005

Amount of Each Disbursement this Period
138.38

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.18644
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
26.50

SUBTOTAL of Disbursements This Page (optional) ▶ **180.75**

TOTAL This Period (last page this line number only) ▶ **180.75**

**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 12 / 13

<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. COMMITTEE TO RE-ELECT BOBBY JINDAL

Mailing Address PO BOX 8828

City State Zip Code
METAIRIE LA 70011

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: LA District: D1
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18839

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF CLAY SHAW

Mailing Address PO BOX 2188

City State Zip Code
Ft. Lauderdale FL 33303

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: 22
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18838

Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: 11
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18834

Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<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. lee PAC

Mailing Address 4451 Brookfield Corporate Drive
Suite 20D

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2005 Primary General
 Other (specify) ▼

State: District Other

Category/
Type

Transaction ID: SB23.18631

Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
 Other (specify) ▼

State: TX District 26

Category/
Type

Transaction ID: SB23.18637

Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General
 Other (specify) ▼

State: NJ District 06

Category/
Type

Transaction ID: SB23.18638

Date of Disbursement

08 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

10000.00