

**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)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

X 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

09

01

2005

through

09

30

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

10

19

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: ^M09 ^D01 ^Y2005 To: ^M09 ^D30 ^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	17274.89	
(c) Total Receipts (from Line 19)	13700.00	160652.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30974.89	209151.70
<hr/>		
7. Total Disbursements (from Line 31)	23604.05	201780.86
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7370.84	7370.84
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M09 ^D01 ^Y2005 To: ^M09 ^D30 ^Y2005

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)	10350.00	122833.00
(ii) Unitemized	3341.00	37819.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	13700.00	160652.00
(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)	13700.00	160652.00
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))	13700.00	160652.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13700.00	160652.00

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.....	104.05	2080.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	104.05	2080.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	199700.00
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))..	23604.05	201780.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	23604.05	201780.86

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13700.00	160652.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13700.00	160652.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	104.05	2080.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.05	2080.86

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

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

FOR LINE NUMBER: PAGE 6 / 27

(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. Leonard John Almeida, Dr.		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address Laboratory 317 Western Blvd		Transaction ID: SA11A1.18882
City Jacksonville	State NC	Zip Code 28546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 199.00
Name of Employer Onslow Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 449.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. N. Stephen Bauer, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Laboratory 8501 Coyle Ave.		Transaction ID: SA11A1.18708
City Camichael	State CA	Zip Code 95908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Mercy San Juan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. G. Joseph Bergeron, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 5 Huckleberry Ln		Transaction ID: SA11A1.18709
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Quigley Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 330.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	249.00
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 / 27
(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 Karl Blessinger, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology 172 4th Street SE		Transaction ID: SA11A1.18712
City State Zip Code Huron SD 57350	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Huron Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. P. Eleri Boutsos, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology 120 N. Oak Street		Transaction ID: SA11A1.18717
City State Zip Code Hinsdale IL 60521	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer DuPage Pathology Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. S. Michael Brown, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 2900 12th Ave North Suite 280W		Transaction ID: SA11A1.18718
City State Zip Code Billings MT 59101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Pathology Consultants	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 / 27

(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. Michael Brown, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 2900 12th Ave North Suite 260W		Transaction ID: SA11A1.18719
City Billings	State MT	Zip Code 59101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Pathology Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 530.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. Akwal Coleman		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address Department of Pathology Taylor @ Marian St		Transaction ID: SA11A1.18886
City Columbia	State SC	Zip Code 29220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MacKinnon James Crawford, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Dept of Pathology PO Box 100275 Rm M649 JHMHC		Transaction ID: SA11A1.18732
City Gainesville	State FL	Zip Code 32610-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Univ of Florida	Occupation Pathologist	Aggregate Year-to-Date ▼ 1510.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	520.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 9 / 27
(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. MacKinnon James Crawford, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Dept of Pathology PO Box 100275 Rm M640 JHMHC		Transaction ID: SA11A1.18733
City Gainesville	State FL	Zip Code 32610-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Univ of Florida	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

Full Name (Last, First, Middle Initial) B. A. Craig Dice, Dr.		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address Department of Pathology 100 Madison Ave		Transaction ID: SA11A1.18869
City Morristown	State NJ	Zip Code 07980
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Morristown Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. R. Renee Elerbroek Dr.		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address Department of Pathology 1212 Pleasant Street		Transaction ID: SA11A1.18871
City Des Moines	State IA	Zip Code 50309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Pathology Assocs, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1010.00
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 10 / 27

(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. Robert Farnham		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology PO Box 33549		Transaction ID: SA11A1.18741
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Guery Flores		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 75 Colonia De Salud Ste 200D		Transaction ID: SA11A1.18691
City Sierra Vista	State AZ	Zip Code 85635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer United Pathology LTD	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank Joseph Golubski, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 2232 N 7th St		Transaction ID: SA11A1.18755
City Sheboygan	State WI	Zip Code 53083-4523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sheboygan Memorial 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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FOR LINE NUMBER: PAGE 11 / 27
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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. N. Gene Herbek, Dr.		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address The Pathology Center 8303 Dodge St		Transaction ID: SA11A1.18695
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. N. Gene Herbek, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address The Pathology Center 8303 Dodge St		Transaction ID: SA11A1.18765
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. L. Rebecca Johnson, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Pathology & Clinical Labs 725 North Street		Transaction ID: SA11A1.18773
City Pittsfield	State MA	Zip Code 01201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Berkshire Health Systems	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional)	530.00
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 / 27

(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. L. Lynn Kleapfer, Dr.		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 200 Portland St		Transaction ID: SA11A1.18701
City Columbia	State MO	Zip Code 65201-6525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boyce & Bynum PS Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Morton Levitt, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 135 Thistlewood Court		Transaction ID: SA11A1.18779
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Florida State Univ	Occupation Pathologist	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. John Mason, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 1 Beach Dr SE #2702		Transaction ID: SA11A1.18782
City St Petersburg	State FL	Zip Code 33701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer VA Med Ctr-Bay Pines	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	320.00
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 / 27

(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. Dina Mody, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Laboratory Medicine 6565 Fannin		Transaction ID: SA11A1.18785
City Houston	State TX	Zip Code 77030-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. James Paulson, Dr.		Date of Receipt M / D / Y 09 / 23 / 2005
Mailing Address 425 Anthwyn Road		Transaction ID: SA11A1.18879
City Narberth	State PA	Zip Code 19072-2301
FEC ID number of contributing federal political committee. C		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) ▼		

Full Name (Last, First, Middle Initial) C. A. Luke Perkoche, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 50 Fanning Way		Transaction ID: SA11A1.18801
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Peninsula Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 510.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 14 / 27
(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. Scott Michael Rabin, Dr.		Date of Receipt M / D / Y 09 / 23 / 2005
Mailing Address 522 Alpha Drive		Transaction ID: SA11A1.18880
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rabin Dermatopathology Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A. James Rabb, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Medical Director IRL-Florida		Transaction ID: SA11A1.18810
City Et Lauderdale	State FL	Zip Code 33309-6313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Integrated Regional Labs-Florida	Occupation Pathologist	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gerard Stephan Ruby, Dr.		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 8 Todor Ct		Transaction ID: SA11A1.18872
City Burr Ridge	State IL	Zip Code 60527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Palos Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1520.00
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 15 / 27
(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. N. Jared Schwartz, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Dept of Lab Med & Pathology PO Box 33549		Transaction ID: SA11A1.18820
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Presbyterian Health Care Sys	Occupation Pathologist	Aggregate Year-to-Date ▼ 2520.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Joseph Sreenan, Dr.		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 730 W Market Street		Transaction ID: SA11A1.18873
City Lima	State OH	Zip Code 45801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Rita's Medical Center	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Synovec, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Laboratory 1500 SW 10th Street		Transaction ID: SA11A1.18842
City Topeka	State KS	Zip Code 66608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Stormont-Vail Reg Health Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 820.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	290.00
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 16 / 27

(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. E Paula Seypka, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 1485 Double Creek Dr		Transaction ID: SA11A1.18843
City Lewisville	State NC	Zip Code 27023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer High Point Regional Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1020.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A James Terzian, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 2512 Oak Hollow Road		Transaction ID: SA11A1.18849
City Vestal	State NY	Zip Code 13850-2949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Lourdes Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ellen Emily Volk, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology 44201 Dequindre Rd		Transaction ID: SA11A1.18857
City Troy	State MI	Zip Code 48065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer William Beaumont Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	540.00
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)
 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. M. Robert White, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology PO Box 13367		Transaction ID: SA11A1.18858
City Roanoke	State VA	Zip Code 24033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carilion Roanoke Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. M. Robert White, Dr.		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address Department of Pathology PO Box 13367		Transaction ID: SA11A1.18858
City Roanoke	State VA	Zip Code 24033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Carilion Roanoke Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. D. Louis Wright, Dr.		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 753 Johnnie Dodds Blvd		Transaction ID: SA11A1.18888
City Mount Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Services Associates LLC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1040.00
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 / 27
(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. Robert Zil, Dr.		Date of Receipt M / D / Y 09 / 09 / 2005	
Mailing Address Dept of Pathology 605 Holderrieth		Transaction ID: SA11A1.18705	
City Tomball	State TX	Zip Code 77375	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tejas Pathology Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	10359.00

**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
<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 fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB21B.18681
Date of Disbursement
09 / 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 discount

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB21B.18682
Date of Disbursement
09 / 06 / 2005

Amount of Each Disbursement this Period
73.60

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

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB21B.18683
Date of Disbursement
09 / 20 / 2005

Amount of Each Disbursement this Period
14.50

SUBTOTAL of Disbursements This Page (optional) ▶ **104.05**

TOTAL This Period (last page this line number only) ▶ **104.05**

**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 20 / 27

<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. AL GREEN FOR CONGRESS

Mailing Address 9003 South Loop West
Suite 321

City Houston State TX Zip Code 77054

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: TX District D9

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18655
Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. CITIZENS FOR GILLMOR

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: OH District D5

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18851
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48840

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: MI District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18867
Date of Disbursement

09 / 27 / 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)
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. 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: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.1866B

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: ND District: 00
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18657

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF SHERROD BROWN

Mailing Address 807 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 13
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18658

Date of Disbursement

09 / 20 / 2005

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)
for each category of the
Detailed Summary Page

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(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. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 050

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.1867D

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HAWKEYE PAC, THE

Mailing Address PO Box 7255

City State Zip Code
Des Moines IA 50300

Purpose of Disbursement
PAC Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18659

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HERSETH FOR CONGRESS

Mailing Address PO Box 2009

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: SD District 00 Other (specify) ▼

Category/
Type

Transaction ID: SB23.18660

Date of Disbursement

09 / 20 / 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)
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. HULSHOF FOR CONGRESS

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MO District: D8
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18662

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: FL District: D8
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18672

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. KENNEDY - KENNEDY COMMITTEE

Mailing Address 301 4TH ST NE SUITE 202

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18903

Date of Disbursement

09 / 27 / 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)
for each category of the
Detailed Summary Page

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(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. LATHAM FOR CONGRESS

Mailing Address PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼
State: IA District: D4

Category/
Type

Transaction ID: SB23.18676

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. LING 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: 2006
 Other (specify) ▼
Other
State: District

Category/
Type

Transaction ID: SB23.18677

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼
State: KY District: D3

Category/
Type

Transaction ID: SB23.18683

Date of Disbursement

09 / 20 / 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 27

<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. PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City State Zip Code
FREMONT CA 94537

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 13
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18679

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)

Mailing Address 104 East Hume Ave.

City State Zip Code
ALEXANDRIA VA 22301

Purpose of Disbursement
PAC Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18680

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

500.00

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

Mailing Address 733 - 42nd Street NW

City State Zip Code
Canton OH 44709

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 16
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18648

Date of Disbursement

09 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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. TIM JOHNSON FOR SOUTH DAKOTA INC

Transaction ID: SB23.18665
Date of Disbursement

Mailing Address PO BOX 1859

09 / 20 / 2005

City State Zip Code
SIOUX FALLS SD 57101

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

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

State: SD District: D0

Full Name (Last, First, Middle Initial)
B. Tim Murphy for Congress

Transaction ID: SB23.18678
Date of Disbursement

Mailing Address P.O. Box 24551

09 / 27 / 2005

City State Zip Code
Pittsburgh PA 15234

Amount of Each Disbursement this Period

Purpose of Disbursement

2000.00

Candidate Name

Category/
Type

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

State: OR District: 18

Full Name (Last, First, Middle Initial)
C. VOLUNTEERS FOR SHIMKUS

Transaction ID: SB23.18686
Date of Disbursement

Mailing Address P.O. Box 6458

09 / 20 / 2005

City State Zip Code
Springfield IL 62705

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

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

State: IL District: 19

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

<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. WILSON, HEATHER A.

Transaction ID: SB23.18653
Date of Disbursement

Mailing Address P.O. BOX 14070

09 / 08 / 2005

City ALBUQUERQUE State NM Zip Code 87191

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: NM District: D1

Disbursement For: 2006
 Primary General
Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

23500.00