

**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)

X

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

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

07

14

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: ^M06 ^D01 ^Y2005 To: ^M06 ^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	15624.32	
(c) Total Receipts (from Line 19)	9335.00	114892.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25159.32	163391.70
<hr/>		
7. Total Disbursements (from Line 31)	19090.41	157322.79
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6068.91	6068.91
<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: ^M06 ^D01 ^Y2005 To: ^M06 ^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)	7650.00	86499.00
(ii) Unitemized	1485.00	28393.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	9335.00	114892.00
(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)	9335.00	114892.00
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))	9335.00	114892.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9335.00	114892.00

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.....	90.41	1622.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	90.41	1622.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	155700.00
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))..	19090.41	157322.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	19090.41	157322.79

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)	9335.00	114892.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9335.00	114892.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.41	1622.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.41	1622.79

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

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

FOR LINE NUMBER: PAGE 6 / 15
(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. M. Ian Birken, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 03 / 2005
Mailing Address Po Box 55148		Transaction ID: SA11A1.18350
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 Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S. Theresa Emory, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 29 / 2005
Mailing Address 10368 Wallace Alley St Ste 18		Transaction ID: SA11A1.18371
City Kingsport	State TN	Zip Code 37663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Highlands Pathology Cnslts P.C.	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. Robert Frazer, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 24 / 2005
Mailing Address 801 Boush St		Transaction ID: SA11A1.18368
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 Labora- tores	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1750.00
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 / 15
(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. Lee Wayne Garrett, Dr.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 96 Museum Way		Transaction ID: SA11A1.18367
City	State	Zip Code
San Francisco	CA	94114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Doctors Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. M. Michelle Hebart, Dr.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address PO Box 4001 110 Memorial Hospital Dr		Transaction ID: SA11A1.18368
City	State	Zip Code
Huntsville	TX	77342-4001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Huntsville Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. G. David Hoak, Dr.		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address PO Box 3405		Transaction ID: SA11A1.18361
City	State	Zip Code
Spokane	WA	99220-3405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer InCyle Pathology PS	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	2100.00
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 / 15

(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. Mehrabon Irani, Dr.		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 1100 Central Ave S.E.		Transaction ID: SA11A1.18363
City	State	Zip Code
Albuquerque	NM	87106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Presbyterian Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Arthur McTigue, Dr.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address Chief, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.18347
City	State	Zip Code
Baltimore	MD	21218-2895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Union Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sonya Naryshkin		Date of Receipt M / D / Y 06 / 17 / 2005
Mailing Address Department of Pathology 1000 Mineral Point Avenue		Transaction ID: SA11A1.18359
City	State	Zip Code
Janesville	WI	53547-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
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 9 / 15

(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. G. Cooley Partzsis, Dr.		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 224D SE 5th Street		Transaction ID: SA11A1.18365
City Ocala	State FL	Zip Code 34471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Munroe Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. M. Linda Sandhaus, Dr.		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address Department of Pathology 11100 Euclid Ave		Transaction ID: SA11A1.18373
City Cleveland	State OH	Zip Code 44106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ Hosp of Cleveland	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. S. David Withson, Dr.		Date of Receipt M / D / Y 06 / 12 / 2005
Mailing Address Department of Pathology PO Box 990662		Transaction ID: SA11A1.18355
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 10 / 15
(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 06 / 10 / 2005	
Mailing Address PD Box 141549		Transaction ID: SA11A1.18351	
City Austin	State TX	Zip Code 78714-1549	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Clinical Pathology Assoc	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	7850.00

**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 / 15

<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		Transaction ID: SB21B.18418 Date of Disbursement 06 / 02 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 15.88	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Merchant service fee	Category/ Type	
Candidate Name		Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼		State: District	

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.18419 Date of Disbursement 06 / 03 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 24.05	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Moneris ACH charges	Category/ Type	
Candidate Name		Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼		State: District	

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.18420 Date of Disbursement 06 / 20 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 50.50	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Account analysis fee	Category/ Type	
Candidate Name		Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼		State: District	

SUBTOTAL of Disbursements This Page (optional)	90.41
TOTAL This Period (last page this line number only)	90.41

**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 / 15

<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. CHARLES BOUSTANY JR. FOR CONGRESS

Mailing Address Post Office Box 80126

City State Zip Code
Lafayette LA 70508

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18403

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P. O. 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: SB23.18411

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 2345 Grand Suite 2400

City State Zip Code
Kansas City MO 64108

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: MO District: 06

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18413

Date of Disbursement

06 / 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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<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. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: CT District: D5

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: SB23.18415

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

500.00

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

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: CT District: D5

Disbursement For: 2006
Primary General
Other (specify) ▼

Transaction ID: SB23.18415

Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. LINDSEY GRAHAM FOR SENATE

Mailing Address PO BOX 1801

City State Zip Code
COLUMBIA SC 29202

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
President
State: SC District: 00

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: SB23.18401

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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 14 / 15

<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. NRCC

Mailing Address 320 First St.
SE
City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Contribution
Candidate Name

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

Category/
Type

Transaction ID: SB23.18421
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
5000.00

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

Mailing Address PO BOX 2006
City FINDLAY State OH Zip Code 45830

Purpose of Disbursement
Candidate Name

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

Category/
Type

Transaction ID: SB23.18405
Date of Disbursement
06 / 21 / 2005

Amount of Each Disbursement this Period
1000.00

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

Mailing Address PO BOX 746
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: SB23.18423
Date of Disbursement
06 / 21 / 2005

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ► **8500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<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. The MikeR Fund

Mailing Address P.O. Box 2776

City Arlington State VA Zip Code 22202

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary General
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.18409

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

19000.00