

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)

1350 I Street, NW

Suite 590

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274944

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

X January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

12

01

2005

through

12

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

01

30

2006

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: <sup>M</sup>12 <sup>: :</sup>01 <sup>Y ( Y )</sup>2005 To: <sup>M</sup>12 <sup>: :</sup>31 <sup>Y ( Y )</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y ( Y )</sup> 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period .....	15587.69	
(c) Total Receipts (from Line 19) .....	41815.00	241371.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57402.69	289870.70
<hr/>		
7. Total Disbursements (from Line 31) .....	11222.67	243690.68
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46180.02	46180.02
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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: <sup>M</sup>12 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>12 <sup>-</sup>31 <sup>-</sup>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) .....	30500.00	178112.00
(ii) Unitemized .....	11315.00	63259.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	41815.00	241371.00
(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) .....	41815.00	241371.00
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)) .....	41815.00	241371.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41815.00	241371.00

**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.....	222.67	2490.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	222.67	2490.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	241200.00
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))..	11222.67	243690.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	11222.67	243690.68

**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) .....	41815.00	241371.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41815.00	241371.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	222.67	2490.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	222.67	2490.68

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

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

FOR LINE NUMBER: PAGE 6 / 31

(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. L. Sheri Addington, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 416 Spring Mill Drive		Transaction ID: SA11A1.19326
City Kerrville	State TX	Zip Code 78028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ameripath South Texas	Occupation Pathologist	Aggregate Year-to-Date ▼ 370.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nadarajah Behasubramaniam		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address Dept. of Pathology 1101 Nott St.		Transaction ID: SA11A1.19541
City Schenectady	State NY	Zip Code 12308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Ellis Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. G. Ronald Berdawl, Dr.		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address Department of Pathology 275 Sandwich Street		Transaction ID: SA11A1.19814
City Plymouth	State MA	Zip Code 02360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Jordan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 599.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3000.00</b>
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 / 31  
(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) <b>A. J. Frank Beuerlein, Dr.</b>		Date of Receipt M / D / Y 12 / 15 / 2005
Mailing Address Department of Pathology 900 E Oak Hill Ave		Transaction ID: SA11A1.19487
City Knoxville	State TN	Zip Code 37817-4556
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Mary's Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. David Birdwell, Dr.</b>		Date of Receipt M / D / Y 12 / 18 / 2005
Mailing Address 501 20th St Ste 301		Transaction ID: SA11A1.19488
City Knoxville	State TN	Zip Code 37916-1839
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Innovative Pathology Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. Richard Bostman, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Department of Pathology Box 129		Transaction ID: SA11A1.19331
City Lawton	State OK	Zip Code 73502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Comanche County Mem Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 / 31

(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) <b>A. M. Stephen Bologna, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address Department of Pathology 1406 6th Avenue, North		Transaction ID: SA11A1.19542
City State Zip Code St Cloud MN 56303	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer CeniraCare Laboratory Ser- vices	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Miguel Brito, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Path Dept 800 Meadows Rd		Transaction ID: SA11A1.19333
City State Zip Code Boca Raton FL 33496	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Boca Raton Community Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. B. James Cash, Dr.</b>		Date of Receipt M / D / Y 12 / 06 / 2005
Mailing Address Laboratory Po Box 3898		Transaction ID: SA11A1.19391
City State Zip Code Wilson NC 27895	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Patholog- y, Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 / 31

(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. Q. Jack Causey, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Laboratory 4500 13th St		Transaction ID: SA11A1.19334
City Gulfport	State MS	Zip Code 39501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ramon Fernando De Castro, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 250 Fountain Ct		Transaction ID: SA11A1.19339
City Lexington	State KY	Zip Code 40509-1888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dermatopathology Reference Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. B. Kevin Dale, Dr.		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address Department of Pathology 2100 Dorchester Avenue		Transaction ID: SA11A1.19818
City Boston	State MA	Zip Code 02124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Carney Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	900.00
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 10/31  
(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) <b>A. Anthony Marc Dvoracek, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 01 / 2005
Mailing Address Department of Pathology 1406 6th Ave N		Transaction ID: SA11A1.19340
City State Zip Code St Cloud MN 56303	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CeniraCare Laboratory Services	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. M. Gregory Fernandes, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2005
Mailing Address 8 Huff Rd.		Transaction ID: SA11A1.19315
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Mary's Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Christopher Flynn, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 01 / 2005
Mailing Address 175 College St		Transaction ID: SA11A1.19341
City State Zip Code Battle Creek MI 49017-5432	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RML Pathologist, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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FOR LINE NUMBER: PAGE 11/31  
(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. P. Edward Fady, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Laboratory 602 Michigan Ave		Transaction ID: SA11A1.19342
City Holland	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Holland Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. F. Kevin Forsthoefel, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Department of Pathology 3535 Olentangy River Road		Transaction ID: SA11A1.19343
City Columbus	State OH	Zip Code 43214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Grant Med Ctr/Riverside Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. S. Robert Freedman		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address Department of Pathology 815 Pollard Rd		Transaction ID: SA11A1.19548
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Los Gatos Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 12 / 31  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward Jack Geron, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Department of Pathology 2750 West 15th Place		Transaction ID: SA11A1.19344
City State Zip Code Chicago IL 60608	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Ill Sinai Hosp Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. A. Gary Gochman, Dr.</b>		Date of Receipt M / D / Y 12 / 15 / 2005
Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue		Transaction ID: SA11A1.19470
City State Zip Code Bellflower CA 90706	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. D. Jeffrey Goldstein, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Department of Pathology 800 Prudential Drive		Transaction ID: SA11A1.19345
City State Zip Code Jacksonville FL 32207	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 13 / 31

(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) <b>A. D. Brent Hall, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 29 / 2005
Mailing Address Cardiopulmonary Care Lab 125 Hospital Drive		Transaction ID: SA11A1.19554
City Spruce Pine	State NC	Zip Code 28777
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Spruce Pine Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. E. Thomas Hanes, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 29 / 2005
Mailing Address Main Lab 3441 Dickerson Pike		Transaction ID: SA11A1.19556
City Nashville	State TN	Zip Code 37207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Skyline Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. Daniel Hanson, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 29 / 2005
Mailing Address 1494 Harrington Park Drive		Transaction ID: SA11A1.19558
City Jacksonville	State FL	Zip Code 32225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Laboratories Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2250.00</b>
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 / 31  
(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) <b>A. R. John Harbour, Dr.</b>		Date of Receipt M / D / Y 12 / 11 / 2005
Mailing Address 416 Wellfield Rd		Transaction ID: SA11A1.19426
City Manakin-Sabot	State VA	Zip Code 23103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bon Secours St. Mary's Ho- sp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. C. Randal Hastedt, Dr.</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 8144 Linden Leaf Circle		Transaction ID: SA11A1.19442
City Columbus	State OH	Zip Code 43235-4617
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Mount Carmel St. Ann's Ho- sp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. R. John Hisebeck, Dr.</b>		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address Department of Pathology 1924 Alcoa Hwy		Transaction ID: SA11A1.19513
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2850.00</b>
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 / 31  
(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) <b>A. N. James Ho, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 01 / 2005
Mailing Address 7122 Tern Place		Transaction ID: SA11A1.19348
City	State	Zip Code
Carlsbad	CA	92009-5001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Scripps Memorial Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dwight Gordon Handa, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 08 / 2005
Mailing Address 2111 E Dakota		Transaction ID: SA11A1.19392
City	State	Zip Code
Fresno	CA	93726
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Pathology Associates	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. L. Jerry Hudson, Dr.</b>		Date of Receipt M / D / Y Y Y Y 12 / 29 / 2005
Mailing Address 7026 Edgewater Dr		Transaction ID: SA11A1.19580
City	State	Zip Code
Mandeville	LA	70471-7415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Slidel Memorial Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 / 31

(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) <b>A. S. Herman Hurwitz, Dr.</b>		Date of Receipt M / D / Y 12 / 04 / 2005
Mailing Address 1004 Annapolis Lane		Transaction ID: SA11A1.19377
City Cherry Hill	State NJ	Zip Code 08003-8003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M. Thomas James, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Dept of Pathology 4343 N Josey Ln		Transaction ID: SA11A1.19350
City Carrollton	State TX	Zip Code 75010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Trinity Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. L. Gordon Johnson, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address Department of Pathology 1D101 Forest Hill Blvd		Transaction ID: SA11A1.19351
City West Palm Beach	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Wellington Regional Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
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 17 / 31

(check only one)

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

Full Name (Last, First, Middle Initial) A. J. Elmer Jordan, Dr.		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 2031 Balboa Circle		Transaction ID: SA11A1.19503
City	State	Zip Code
Vista	CA	92081
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Chuang-Shien Kiang		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address 2800 W. 95th St		Transaction ID: SA11A1.19380
City	State	Zip Code
Evergreen Park	IL	60805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Consultants in Lab Medicine and Pathol	Occupation Pathologist	Aggregate Year-to-Date ▼ 220.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Patrick Kippenbrock, Dr.		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 2015 Jackson Street		Transaction ID: SA11A1.19521
City	State	Zip Code
Anderson	IN	46010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer St. John's Health System	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	300.00
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 / 31  
(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) <b>A. D. Mark Kolins, Dr.</b>		Date of Receipt M / D / Y 12 / 15 / 2005
Mailing Address Dept of Labs 44201 Dequindre Rd		Transaction ID: SA11A1.19471
City State Zip Code Troy MI 48065	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer William Beaumont Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M.Y. Ronald Lam, Dr.</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address Department of Pathology 200 Berteau Ave		Transaction ID: SA11A1.19449
City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. H. William Lanehart, Dr.</b>		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address 99 Vine Avenue		Transaction ID: SA11A1.19381
City State Zip Code Clifton Forge VA 24422-9628	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Allegheny Reg Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
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 / 31

(check only one)

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

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	NAME OF COMMITTEE (In Full) <b>College of American Pathologists Political Action Committee</b>
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Full Name (Last, First, Middle Initial) <b>A. E. Steven Levine, Dr.</b>	Date of Receipt M / D / Y <b>12 / 20 / 2005</b>
Mailing Address <b>Laboratory</b> <b>1620 Medical Ln Ste 100</b>	Transaction ID: <b>SA11A1.19583</b>
City                      State          Zip Code <b>Ft Myers                      FL                  33907</b>	
Amount of Each Receipt this Period <p style="text-align: right;">500.00</p>	
FEC ID number of contributing federal political committee. <p style="text-align: center;"><b>C</b></p>	
Name of Employer <b>Seldenstein, Levine &amp; Associates, Inc</b>	Occupation <b>Pathologist</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <p style="text-align: right;">500.00</p>

Full Name (Last, First, Middle Initial) <b>B. M. Bradley Linsie, Dr.</b>	Date of Receipt M / D / Y <b>12 / 12 / 2005</b>
Mailing Address <b>Lab Medicine and Pathology P4</b> <b>701 Park Ave</b>	Transaction ID: <b>SA11A1.19430</b>
City                      State          Zip Code <b>Minneapolis                      MN                  55415</b>	
Amount of Each Receipt this Period <p style="text-align: right;">250.00</p>	
FEC ID number of contributing federal political committee. <p style="text-align: center;"><b>C</b></p>	
Name of Employer <b>Hennepin County Med Ctr</b>	Occupation <b>Pathologist</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <p style="text-align: right;">500.00</p>

Full Name (Last, First, Middle Initial) <b>C. F. Edward Loeb, Dr.</b>	Date of Receipt M / D / Y <b>12 / 20 / 2005</b>
Mailing Address <b>Laboratory</b> <b>1200 Pleasant</b>	Transaction ID: <b>SA11A1.19585</b>
City                      State          Zip Code <b>Des Moines                      IA                  50309</b>	
Amount of Each Receipt this Period <p style="text-align: right;">500.00</p>	
FEC ID number of contributing federal political committee. <p style="text-align: center;"><b>C</b></p>	
Name of Employer <b>Iowa Methodist Med Ctr</b>	Occupation <b>Pathologist</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <p style="text-align: right;">500.00</p>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 20/31

(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) <b>A. F. Karl Loomis, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 803 N Kalamazoo Av		Transaction ID: SA11A1.19506
City Marshall	State MI	Zip Code 49068-0068
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Regional Med Laboratories Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. B. Janice McCall, Dr.</b>		Date of Receipt M / D / Y 12 / 27 / 2005
Mailing Address 5751 Hoover Blvd		Transaction ID: SA11A1.19523
City Tampa	State FL	Zip Code 33634-5340
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ruffolo, Hooper & Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. T. Medford McGoy, Dr.</b>		Date of Receipt M / D / Y 12 / 16 / 2005
Mailing Address Department of Pathology 9440 Poppy Dr.		Transaction ID: SA11A1.19487
City Dallas	State TX	Zip Code 75218-3652
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Doctors Hosp Dallas	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>850.00</b>
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 21/31  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Edward Jonathan Musican, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address Laboratory 6501 Coyle Avenue		Transaction ID: SA11A1.19587
City Carmichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mercy San Juan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Van Allan Keith Nance, Dr.</b>		Date of Receipt M / D / Y 12 / 08 / 2005
Mailing Address Department of Pathology 4420 Lake Boone Trail		Transaction ID: SA11A1.19407
City Raleigh	State NC	Zip Code 27607-7505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rex Healthcare Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. F. Gary Neltzel, Dr.</b>		Date of Receipt M / D / Y 12 / 02 / 2005
Mailing Address ACL Laboratories 2900 W. Oklahoma Avenue		Transaction ID: SA11A1.19378
City Milwaukee	State WI	Zip Code 53215-4330
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 22 / 31

(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) <b>A. L. Gary Newland, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address Department Of Pathology 2825 Barnett Rd		Transaction ID: SA11A1.19568
City Medford	State OR	Zip Code 97504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Medford Pathologists	Occupation Pathologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ann Barbara O'Malley, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 10137 Horseshoe Circle		Transaction ID: SA11A1.19568
City Clarkston	State MI	Zip Code 48348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer William Beaumont Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Frank Steven O'Sheal, Dr.</b>		Date of Receipt M / D / Y 12 / 04 / 2005
Mailing Address 1974 Chandalar Drive		Transaction ID: SA11A1.19378
City Pelham	State AL	Zip Code 35124-5124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Cytology & Pathology Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>600.00</b>
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 23 / 31  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James Robb, Dr.</b>		Date of Receipt M / D / Y 12 / 05 / 2005
Mailing Address Medical Director IRL-Florida		Transaction ID: SA11A1.19585
City Ft Lauderdale	State FL	Zip Code 33309-6313
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Integrated Regional Labs-Florida	Occupation Pathologist	Aggregate Year-to-Date ▼ 2020.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mark David Rowe, Dr.</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address Charlottesville Pathology Associat 459 Locust Ave		Transaction ID: SA11A1.19582
City Charlottesville	State VA	Zip Code 22902
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Martha Jefferson Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. L. Anna Seidenha, Dr.</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 2950 Elmwood Avenue		Transaction ID: SA11A1.19578
City Buffalo	State NY	Zip Code 14217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Kenmore Mercy Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1350.00</b>
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 24 / 31  
(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) <b>A. Felipe A. Edward Santos, Dr.</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address Department of Pathology 685 N Kellogg Street		Transaction ID: SA11A1.19577
City Galesburg	State IL	Zip Code 61401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Galesburg Cottage Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Arthur Sibelman</b>		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address 7 East Orangewood Ave		Transaction ID: SA11A1.19459
City Phoenix	State AZ	Zip Code 85020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Phoenix Memorial Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. E. Maureen Trotter, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address PO Box 3138		Transaction ID: SA11A1.19368
City Abilene	State TX	Zip Code 79604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Clinical Pathology Associ- ates	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 25 / 31

(check only one)

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

Full Name (Last, First, Middle Initial) A. J. Michael Trump, Dr.		Date of Receipt M / D / Y 12 / 09 / 2005
Mailing Address 9712 Xylon Ct		Transaction ID: SA11A1.19422
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer United Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. G. Warren Tucker, Dr.		Date of Receipt M / D / Y 12 / 09 / 2005
Mailing Address Department of Pathology 316 Calhoun Street		Transaction ID: SA11A1.19424
City Charleston	State SC	Zip Code 29401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Francisco Velezquez, Dr.		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address Center for Laboratory Medicine 115 Flint Road		Transaction ID: SA11A1.19581
City Williamsville	State NY	Zip Code 14221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Kaleida Health	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1350.00</b>
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 26 / 31

(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) <b>A. M. Katherine Wagner-Reiss, Dr.</b>		Date of Receipt M / D / Y 12 / 12 / 2005
Mailing Address Pathology Lab 2800 Main Street		Transaction ID: SA11A1.19612
City Bridgeport	State CT	Zip Code 06606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer St. Vincent's Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. J. Michael Waldron, Dr.</b>		Date of Receipt M / D / Y 12 / 08 / 2005
Mailing Address Department of Pathology 8267 Elmbrook		Transaction ID: SA11A1.19409
City Dallas	State TX	Zip Code 75247-5247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Propath Laboratory, Inc.	Occupation Pathologist	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Donovan Patrick Walker, Dr.</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 10810 Executive Ctr Dr Ste 100		Transaction ID: SA11A1.19370
City Little Rock	State AR	Zip Code 72211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Nephropathology Associates	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3050.00</b>
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 27 / 31

(check only one)

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

Full Name (Last, First, Middle Initial) A. W. Victor Weeden, Dr.		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address PD Box 38808		Transaction ID: SA11A1.19371
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Duquesne Univ	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Ronald Weiss, Dr.		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address Dept of Pathology 500 Chipeta Way		Transaction ID: SA11A1.19463
City Salt Lake City	State UT	Zip Code 84108-4108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ARUP Clinical Laboratories	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. D. Steven White, Dr.		Date of Receipt M / D / Y 12 / 16 / 2005
Mailing Address 603 West College Street PO Box 818		Transaction ID: SA11A1.19494
City Florence	State AL	Zip Code 35630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eliza Coffee Memorial Hos- pital	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 28 / 31  
(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. Shery Woodhouse, Dr.		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 144D Coral Ridge Dr #296		Transaction ID: SA11A1.19596
City Coral Springs	State FL	Zip Code 33071
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Consultants of S Broward	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. D. Louis Wright, Dr.		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address PO Box 100559		Transaction ID: SA11A1.19464
City Florence	State SC	Zip Code 29501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Pathology Services Associ- ates LLC	Occupation Pathologist	Aggregate Year-to-Date ▼ 3500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	2750.00
TOTAL This Period (last page this line number only) .....	▶	30500.00

**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 29 / 31

<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

A. Full Name (Last, First, Middle Initial)  
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.19627  
Date of Disbursement  
12 / 02 / 2005

Amount of Each Disbursement this Period  
15.88

B. Full Name (Last, First, Middle Initial)  
Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Bank service charges

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.19628  
Date of Disbursement  
12 / 06 / 2005

Amount of Each Disbursement this Period  
180.31

C. Full Name (Last, First, Middle Initial)  
Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Bank service charges

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.19629  
Date of Disbursement  
12 / 20 / 2005

Amount of Each Disbursement this Period  
26.50

**SUBTOTAL** of Disbursements This Page (optional) ▶ **222.67**

**TOTAL** This Period (last page this line number only) ▶ **222.67**

**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 30 / 31

<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. HAWKEYE PAC, THE

Mailing Address PO BOX 7255

City DES MOINES State IA Zip Code 50309

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: SB23.19819  
Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)  
B. JOHN S FUND

Mailing Address PO BOX 65706

City WASHINGTON State DC Zip Code 20035

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: SB23.19821  
Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 317

City Flint State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

Office Sought:  House Senate President  
State: MI District 05  
Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19824  
Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 31 / 31

<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. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President  
State: GA District 6

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19825  
Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President  
State: OH District 15

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19820  
Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5828

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement

Candidate Name

Office Sought: House  
 Senate  
President  
State: NC District 00

Disbursement For: 2010  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.19826  
Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

11000.00