

**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)

X

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

05

01

2005

through

05

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

06

17

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: ^M05 ^D01 ^Y2005 To: ^M05 ^D31 ^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	42954.02	
(c) Total Receipts (from Line 19)	7305.00	105557.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50259.02	154056.70
<hr/>		
7. Total Disbursements (from Line 31)	34434.70	138232.38
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15824.32	15824.32
<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: ^M05 ^D01 ^Y2005 To: ^M05 ^D31 ^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)	5500.00	78649.00
(ii) Unitemized	1805.00	26908.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7305.00	105557.00
(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)	7305.00	105557.00
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))	7305.00	105557.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7305.00	105557.00

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.....	434.70	1532.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	434.70	1532.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	136700.00
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))..	34434.70	138232.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	34434.70	138232.38

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)	7305.00	105557.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7305.00	105557.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	434.70	1532.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	434.70	1532.38

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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. S. Michael Brown, Dr.		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 290D 12th Ave North Suite 260W		Transaction ID: SA11A1.18263
City Billings	State MT	Zip Code 59101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathology Consultants	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. James Clark, Dr.		Date of Receipt M / D / Y 05 / 17 / 2005
Mailing Address 477D Regent Blvd		Transaction ID: SA11A1.18260
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. S. Paul Diemer, Dr.		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address Department of Pathology/Laboratory 1919 E Thomas Rd		Transaction ID: SA11A1.18265
City Phoenix	State AZ	Zip Code 85018-7710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Phoenix Children's Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 10

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. J. Thomas Eberts, Dr.		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address Laboratory P O Box 1788		Transaction ID: SA11A1.18243
City Knoxville	State TN	Zip Code 37901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Hosp of East Tennessee	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Therese Karen Ferrer, Dr.		Date of Receipt M / D / Y 05 / 08 / 2005
Mailing Address 1521 West Harrison		Transaction ID: SA11A1.18233
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stroger Hospital of Cook County	Occupation Pathologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Gerald Hanson, Dr.		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address Department of Pathology 2801 Atlantic Ave.		Transaction ID: SA11A1.18287
City Long Beach	State CA	Zip Code 90808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Long Beach Memorial Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	750.00
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 8/10

(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. R. John Harbour, Dr.		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 5000 Belmont Park Rd		Transaction ID: SA11A1.18235
City Glen Allen	State VA	Zip Code 23059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. J. Richard Hawner, Dr.		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 9597 Jones Rd #800		Transaction ID: SA11A1.18258
City Houston	State TX	Zip Code 77065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated Receipt For: Primary General Other (specify) ▼	Occupation Pathologist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Wayne Bruce Hughes, Dr.		Date of Receipt M / D / Y 05 / 26 / 2005
Mailing Address PO Box 9010		Transaction ID: SA11A1.18274
City Kokomo	State IN	Zip Code 46504-9010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph Hosp & Health Ctr Receipt For: Primary General Other (specify) ▼	Occupation Pathologist 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 9 / 10

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. R. Paul Larson, Dr.		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.18288
City San Antonio	State TX	Zip Code 78230-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. Rafael Ramirez-Weiser, Dr.		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address G. PO Box 36-6258		Transaction ID: SA11A1.18281
City San Juan	State PR	Zip Code 00936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A. James Terzian, Dr.		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 2512 Oak Hollow Road		Transaction ID: SA11A1.18258
City Vestal	State NY	Zip Code 13850-2549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lourdes Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 10
(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. Robert White, Dr.		Date of Receipt M / D / Y Y Y Y 05 / 20 / 2005
Mailing Address Department of Pathology PO Box 13367		Transaction ID: SA11A1.18289
City Roanoke	State VA	Zip Code 24033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carilion Roanoke Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. L. Thomas Williams, Dr.		Date of Receipt M / D / Y Y Y Y 05 / 28 / 2005
Mailing Address Pathology Department 8303 Dodge Street		Transaction ID: SA11A1.18277
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	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	5500.00

**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 / 19

<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

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. Sun Trust Bank		Transaction ID: SB21B.18317 Date of Disbursement 05 / 03 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 253.38	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Bank service charges Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.18318 Date of Disbursement 05 / 04 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 118.82	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Bank service charges Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB21B.18319 Date of Disbursement 05 / 19 / 2005	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 82.50	
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Bank service charges Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	434.70
TOTAL This Period (last page this line number only)	434.70

**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 / 19

<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

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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Transaction ID: SB23.18299

Date of Disbursement

05 / 16 / 2005

Mailing Address PO BOX 18210

Amount of Each Disbursement this Period

1000.00

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NM District: D0 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. BLUE DOG POLITICAL ACTION COMMITTEE

Transaction ID: SB23.18293

Date of Disbursement

05 / 06 / 2005

Mailing Address 6849 Old Dominion Drive
Suite 222

Amount of Each Disbursement this Period

2500.00

City McLean State VA Zip Code 22101

Purpose of Disbursement

PAC Contribution

Candidate Name

Category/
Type

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

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

Transaction ID: SB23.18309

Date of Disbursement

05 / 24 / 2005

Mailing Address P.O. Box 15703

Amount of Each Disbursement this Period

3000.00

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: FL District: D2 Other (specify) ▼

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: TX District: 28

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18311
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: VA District: 07

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18296
Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

2000.00

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

Mailing Address P. O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: TX District: 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18282
Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 14 / 19

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.18297
Date of Disbursement
05 / 06 / 2005

Amount of Each Disbursement this Period
3000.00

Full Name (Last, First, Middle Initial)
B. DOC PAC

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: 2006
 Other (specify) ▼

Category/Type

Transaction ID: SB23.18283
Date of Disbursement
05 / 02 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF CONRAD BURNS - 2006

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MT District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/Type

Transaction ID: SB23.18300
Date of Disbursement
05 / 16 / 2005

Amount of Each Disbursement this Period
2000.00

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 15 / 19

<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

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. FRIENDS OF CRAIG THOMAS

Mailing Address 2780 OLIVE DR

Transaction ID: SB23.18302
Date of Disbursement
05 / 16 / 2005

City CHEYENNE State WY Zip Code 82001

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President
State: WY District: D0 Other (specify) ▼

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

Transaction ID: SB23.18298
Date of Disbursement
05 / 06 / 2005

Mailing Address 607 14th Street N.W.
Suite 800

Amount of Each Disbursement this Period
2000.00

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)
C. MARY BONO COMMITTEE

Transaction ID: SB23.18315
Date of Disbursement
05 / 24 / 2005

Mailing Address P.O. Box 3370

Amount of Each Disbursement this Period
1500.00

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2006
Senate X Primary General
President
State: CA District: 45 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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 16 / 19

<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

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. MCCRERY FOR CONGRESS COMMITTEE

Transaction ID: SB23.18308
Date of Disbursement

05 / 16 / 2005

Mailing Address Post Office Box 52956
333 Texas Street Suite 190D
City Shreveport State LA Zip Code 71135

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Category/
Type

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

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

Transaction ID: SB23.18304
Date of Disbursement

05 / 16 / 2005

Mailing Address PO BOX 902
City GAINESVILLE State GA Zip Code 30503

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: GA District: 10
Disbursement For: 2006
 Primary General
Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. PEOPLE FOR ENGLISH

Transaction ID: SB23.18312
Date of Disbursement

05 / 24 / 2005

Mailing Address PO BOX 194D
City ERIE State PA Zip Code 16507

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
Senate
President
State: PA District: 21
Disbursement For: 2006
 Primary General
Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 17 / 19

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. PICKERING FOR CONGRESS

Mailing Address 415 Yazoo St.

City Jackson State MS Zip Code 39205

Purpose of Disbursement

Candidate Name

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

Category/
Type

Transaction ID: SB23.18306

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. 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: D6
Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18331

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 104 East Hume Ave.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

PAC Contribution

Candidate Name

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

Category/
Type

Transaction ID: SB23.18285

Date of Disbursement

05 / 02 / 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 18 / 19

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MA District: D2

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18291

Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address POST OFFICE BOX 2063

City BATTLE CREEK State MI Zip Code 49016

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District: 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18286

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

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

Mailing Address POST OFFICE BOX 2063

City BATTLE CREEK State MI Zip Code 49016

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District: 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18314

Date of Disbursement

05 / 24 / 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 19 / 19

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. SUE MYRICK FOR CONGRESS

Mailing Address 1850 East 3rd St., #350

City Charlotte State NC Zip Code 28204

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: NC District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18307

Date of Disbursement

05 / 16 / 2005

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: IL District 18

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.18316

Date of Disbursement

05 / 31 / 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) ▶

34000.00