

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)

1350 I Street, NW

Suite 590

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274944

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

X

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2004

through

08

30

2004

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 Campbell

Signature of Treasurer

Electronically Filed by Dr. Alfred Campbell

Date

07

19

2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M06 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D		77643.13
(b) Cash on Hand at Beginning of Reporting Period	96970.72	
(c) Total Receipts (from Line 19)	23872.00	120601.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122842.72	198244.13
<hr/>		
7. Total Disbursements (from Line 31)	34192.72	109594.13
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88650.00	88650.00
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M06 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

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)	17105.00	
(ii) Unitemized	6767.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	23872.00	120601.00
(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)	23872.00	120601.00
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))	23872.00	120601.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23872.00	120601.00

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.....	771.72	1273.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	771.72	1273.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33421.00	108321.00
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))..	34192.72	109594.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	34192.72	109594.13

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23872.00	120601.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23872.00	120601.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	771.72	1273.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	771.72	1273.13

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

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

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

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

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. David Blomberg, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 1314 South Ridge Rd		Transaction ID: SA11A1.15732
City Duluth	State MN	Zip Code 55804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. S. Michael Brown, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 290D 12th Ave North Suite 280W		Transaction ID: SA11A1.15782
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	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. M Thomas Cheaney, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 604B Knight Arnold Rd Suite 1D1		Transaction ID: SA11A1.15728
City Memphis	State TN	Zip Code 38115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. K. Michael Cohen, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address Department of Pathology 2801 Franciscan Drive		Transaction ID: SA11A1.15782
City State Zip Code Bryan TX 77802	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Jeffrey Curtis, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address Department of Pathology 1801 Ygnacio Valley Road		Transaction ID: SA11A1.15748
City State Zip Code Walnut Creek CA 94598-3194	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. E.G. Georgeen DeBlota, Dr.		Date of Receipt M / D / Y 06 / 25 / 2004
Mailing Address Department of Pathology 1401 Johnston-Willis Dr.		Transaction ID: SA11A1.15828
City State Zip Code Richmond VA 23235-4789	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This 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 / 27

(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. W. Gerald Eggers, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address Department of Pathology 3333 Silas Creek Parkway		Transaction ID: SA11A1.15816
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. L. Jon Fagre, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address 1015 N. Duff Avenue		Transaction ID: SA11A1.15672
City Ames	State IA	Zip Code 50010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ann Carol Flomera, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 3747 Power Dr		Transaction ID: SA11A1.15742
City Camel	State IN	Zip Code 46033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Gary Gochman, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue		Transaction ID: SA11A1.15814
City State Zip Code Bellflower CA 90706	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Occupation Pathologist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. D. Jeffrey Goldstein, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Department of Pathology 800 Prudential Drive		Transaction ID: SA11A1.15884
City State Zip Code Jacksonville FL 32207	FEC ID number of contributing federal political committee. C	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

Full Name (Last, First, Middle Initial) C. J. Daniel Hanson, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address 1946 N. 13th Street Suite 3D1		Transaction ID: SA11A1.15840
City State Zip Code Toledo OH 43624	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation Pathologist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
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 / 27

(check only one)

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

Full Name (Last, First, Middle Initial) A. G. Robert Huber, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Laboratory 707 S Mills St		Transaction ID: SA11A1.15680
City Madison	State WI	Zip Code 53715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wayne Bruce Hughes, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address PO Box 9010		Transaction ID: SA11A1.15740
City Kokomo	State IN	Zip Code 46904-9010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H. Robert Knapp, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address Dept of Path and Lab Medicine 100 Michigan St NE		Transaction ID: SA11A1.15810
City Grand Rapids	State MI	Zip Code 49503-2508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2000.00
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 11 / 27

(check only one)

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

Full Name (Last, First, Middle Initial) A. A. Eliot Krauss, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address Department of Pathology 253 Witherspoon Street		Transaction ID: SA11A1.15764
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. M. David Lawrence, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address 3701 S Higuera Ste 200		Transaction ID: SA11A1.15808
City San Luis Obispo	State CA	Zip Code 93401-7462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. H. Arthur McTigue, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Chief, Dept of Pathology 201 E University Pkwy		Transaction ID: SA11A1.15854
City Baltimore	State MD	Zip Code 21218-2895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

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

Full Name (Last, First, Middle Initial) A. T. Rodney Miller, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Immunohistochemistry Division 8267 Elmbrook Drive		Transaction ID: SA11A1.15670
City Dallas	State TX	Zip Code 75247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. P. Steven Olson, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address 1000 E 21st Suite 4100		Transaction ID: SA11A1.15678
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Chang Yao Ong, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 4712 Grandview Avenue		Transaction ID: SA11A1.15758
City New Port Richey	State FL	Zip Code 34852-1039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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FOR LINE NUMBER: PAGE 13 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. James Padgett		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 280 Pembroke Dr		Transaction ID: SA11A1.15770
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. C. Thomas Peoples, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address Department of Pathology 36475 Five Mile Road		Transaction ID: SA11A1.15736
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. A. Luke Perkoche, Dr.		Date of Receipt M / D / Y 06 / 25 / 2004
Mailing Address 50 Fanning Way		Transaction ID: SA11A1.15832
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1005.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

<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. Britton Pkcher, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Laboratory 1601 Watson Blvd		Transaction ID: SA11A1.15714
City Warner Robins	State GA	Zip Code 31088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Anna Saldanha, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address 295D Elmwood Avenue		Transaction ID: SA11A1.15800
City Buffalo	State NY	Zip Code 14217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert James Spencer, Dr.		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 2001 Webber St.		Transaction ID: SA11A1.15728
City Sarasota	State FL	Zip Code 34239-4239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

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

Full Name (Last, First, Middle Initial) A. R. Jose Torrent, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address 10563 SW B2nd Avenue		Transaction ID: SA11A1.15858
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jean Linda Trupin, Dr.		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address Department of Pathology 3D1 Prospect Ave		Transaction ID: SA11A1.15818
City Syracuse	State NY	Zip Code 13203
FEC ID number of contributing federal political committee. C		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	

Full Name (Last, First, Middle Initial) C. Bernard Traub		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Department of Pathology 7D1 North Broadway		Transaction ID: SA11A1.15868
City Sleepy Hollow	State NY	Zip Code 10561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 27
(check only one)
 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. J. Michael Trump, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 04 / 2004
Mailing Address 9712 Xylon Ct		Transaction ID: SA11A1.15682
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. G. Daryl Vogel, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 15 / 2004
Mailing Address PMB 208 934 S. Burlington Blvd		Transaction ID: SA11A1.15758
City Burlington	State WA	Zip Code 98233-3310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. W. Robert Wahl, Dr.		Date of Receipt M / D / Y Y Y Y 06 / 04 / 2004
Mailing Address Department of Pathology 2300 Patterson Street		Transaction ID: SA11A1.15842
City Nashville	State TN	Zip Code 37203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
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 17 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. L. Thomas Williams, Dr.		Date of Receipt M / D / Y 06 / 04 / 2004
Mailing Address Pathology Department 8303 Dodge Street		Transaction ID: SA11A1.15882
City Omaha	State Zip Code NE 68114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. D. Douglas Wilson		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address Department of Pathology 1824 Alcoa Highway		Transaction ID: SA11A1.15804
City Knoxville	State Zip Code TN 37920	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	17105.00

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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

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

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.15006
Date of Disbursement
06 / 02 / 2004

Amount of Each Disbursement this Period
705.72

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

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Bank correction fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.15007
Date of Disbursement
06 / 15 / 2004

Amount of Each Disbursement this Period
6.00

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

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Account analysis fee

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.15008
Date of Disbursement
06 / 21 / 2004

Amount of Each Disbursement this Period
80.00

SUBTOTAL of Disbursements This Page (optional) ▶ **771.72**

TOTAL This Period (last page this line number only) ▶ **771.72**

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Bilirakis for Congress

Mailing Address PO Box 1077

City Tarpon Springs State FL Zip Code 35688

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: FL District D8

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15874
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

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

Mailing Address PO Box 1077

City Tarpon Springs State FL Zip Code 35688

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: FL District D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15875
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

500.00

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

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement
In-kind contrib. for Boyd for Congress

Candidate Name

Office Sought: House
Senate
President
State: FL District D2

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15881
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

471.90

SUBTOTAL of Disbursements This Page (optional) ▶

2971.90

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 20 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15867

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1529.10

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23216

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15871

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. CITIZENS FOR BUNNING

Mailing Address 1717 DIXIE HIGHWAY SUITE 180

City FT WRIGHT State KY Zip Code 41011

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: KY District: D0

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15901

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

1820.00

SUBTOTAL of Disbursements This Page (optional) ▶

4349.10

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 21 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary General
 Other (specify) ▼

Other

Category/
Type

Transaction ID: SB23.15864
Date of Disbursement
06 / 16 / 2004

Amount of Each Disbursement this Period
5000.00

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

Mailing Address PO BOX 8534

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District 08

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15872
Date of Disbursement
06 / 16 / 2004

Amount of Each Disbursement this Period
500.00

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

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48840

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MI District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15890
Date of Disbursement
06 / 24 / 2004

Amount of Each Disbursement this Period
1636.34

SUBTOTAL of Disbursements This Page (optional) ▶ **7136.34**

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 22 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. DAVE CAMP FOR CONGRESS 2004

Mailing Address P.O. Box 423

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
In-kind contrib.-Dave Camp for Congress

Candidate Name

Office Sought: House Senate President
State: MI District: D4
Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.1588B

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

363.66

Full Name (Last, First, Middle Initial)
B. FLORIDA REPUBLICAN LEADERSHIP PAC

Mailing Address 1316 LAKE VICTORIA DR

City LAKE WORTH State FL Zip Code 33461

Purpose of Disbursement
PAC Contribution

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: 2004
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.1588B

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. FREEDOM PROJECT; THE

Mailing Address 111 C STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC Contribution

Candidate Name
John Boehner

Office Sought: House Senate President
State: OH District: 05
Disbursement For: 2004
 Other (specify) ▼
Other

Category/
Type

Transaction ID: SB23.15876

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2363.66

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District 16
Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.15855

Date of Disbursement

06 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45060

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District 08
Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.15882

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends of Melissa Brown

Mailing Address P.O. Box 488

City Flourtown State PA Zip Code 19031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: PA District 13
Disbursement For: 2004
Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB23.15881

Date of Disbursement

06 / 24 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CT District: D3

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15863

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Tim Holden

Mailing Address Po Box 37

City St. Claire State PA Zip Code 17970

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15815

Date of Disbursement

06 / 08 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JOHN LEWIS FOR CONGRESS

Mailing Address 1520 PINEHURST DRIVE SW

City ATLANTA State GA Zip Code 30311

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15878

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. John Shadegg for Congress

Mailing Address P.O. Box 45444

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: AZ District: D3

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15869

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. NELSON FOR U S SENATE

Mailing Address PO BOX 640154

City OMAHA State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: NE District: D0

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15859

Date of Disbursement

06 / 08 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 498

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: GA District: D9

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15873

Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

2500.00

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 26 / 27

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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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. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼
State: NJ District: D6

Category/
Type

Transaction ID: SB23.15853

Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼
State: District:

Category/
Type

Transaction ID: SB23.15854

Date of Disbursement

06 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. 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
Disbursement For: 2004
 Primary General
Other (specify) ▼
State: GA District: 6

Category/
Type

Transaction ID: SB23.15870

Date of Disbursement

06 / 16 / 2004

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 27 / 27

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

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

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
void check dated 2/17/04

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15909
Date of Disbursement

06 / 01 / 2004

Amount of Each Disbursement this Period

-400.00

Full Name (Last, First, Middle Initial)
B. WYDEN FOR SENATE

Mailing Address P.O. Box 3498

City PORTLAND State OR Zip Code 07208

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.15851
Date of Disbursement

06 / 01 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2100.00

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

33421.00