

**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

NEW (N) OR

X

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)

X 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

07

01

2005

through

07

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

09

20

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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>07 <sup>D</sup>31 <sup>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</sup> 2005		48499.70
(b) Cash on Hand at Beginning of Reporting Period .....	6068.91	
(c) Total Receipts (from Line 19) .....	22135.00	137027.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28203.91	185526.70
<hr/>		
7. Total Disbursements (from Line 31) .....	10673.27	167996.06
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17530.64	17530.64
<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>07 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>07 <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) .....	16950.00	103449.00
(ii) Unitemized .....	5185.00	33578.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	22135.00	137027.00
(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) .....	22135.00	137027.00
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)) .....	22135.00	137027.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22135.00	137027.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	173.27	1796.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	173.27	1796.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	166200.00
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))..	10673.27	167996.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	10673.27	167996.06

**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) .....	22135.00	137027.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22135.00	137027.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	173.27	1796.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	173.27	1796.06

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

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

FOR LINE NUMBER: PAGE 6 / 20

(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) <b>A. Leonard John Almeida, Dr.</b>		Date of Receipt M / D / Y 07 / 31 / 2005
Mailing Address Laboratory 317 Western Blvd		Transaction ID: SA11A1.18554
City Jacksonville	State NC	Zip Code 28546
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Onslow Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Howard Altman, Dr.</b>		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 4303 Richmond Rd		Transaction ID: SA11A1.18528
City Easton	State PA	Zip Code 18040-7025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Warren Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. F. Paul Johnson, Dr.</b>		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address Department of Pathology 1000 Johnson Ferry Road		Transaction ID: SA11A1.18478
City Atlanta	State GA	Zip Code 30042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Northside 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)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 20  
(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. N. Stephen Bauer, Dr.</b>		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address Laboratory 6501 Coyle Ave.		Transaction ID: SA11A1.18479
City Carmichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Mercy San Juan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. G. Carl Becker, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address Department of Pathology 8701 Watertown Plank Rd Po Box 265		Transaction ID: SA11A1.18442
City Milwaukee	State WI	Zip Code 53226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Med College of Wisconsin, Inc	Occupation Pathologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wray Alfred Campbell, Dr.</b>		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address Department of Pathology PO Box 12946		Transaction ID: SA11A1.18524
City Roanoke	State VA	Zip Code 24029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Carilion Roanoke Memorial Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2800.00</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 8 / 20

(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. Michael Christopher Flynn, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address 175 College St		Transaction ID: SA11A1.18447
City Battle Creek	State MI	Zip Code 49017-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RML Pathologist, PC	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Margaret Gordon, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address 3022 S St.		Transaction ID: SA11A1.18451
City Eureka	State CA	Zip Code 95501-4723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Humboldt Central Lab	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. D. Brent Hall, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address 833 State Farm Rd		Transaction ID: SA11A1.18452
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Associates of Boone	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</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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FOR LINE NUMBER: PAGE 9 / 20  
(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. Ruth Laura Hofmeister, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 08 / 2005
Mailing Address 834 McKenzie Ave		Transaction ID: SA11A1.18454
City	State	Zip Code
Watsonville	CA	95076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Watsonville Community Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. A. Judith Hoeschner, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2005
Mailing Address Department of Pathology 416 Connable Street		Transaction ID: SA11A1.18500
City	State	Zip Code
Petoskey	MI	49770-9770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Northern Michigan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. E. A. Shirley Howard, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2005
Mailing Address PO Box 911		Transaction ID: SA11A1.18501
City	State	Zip Code
Coarsegold	CA	93614
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 ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 20  
(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. G. Robert Huber, Dr.</b>		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address Laboratory 707 S Mills St		Transaction ID: SA11A1.18502
City Madison	State WI	Zip Code 53715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer St. Mary's Hospital	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ewin Marc Kean, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address Director of Clinical Laboratory One Atkinson Drive		Transaction ID: SA11A1.18458
City Ludington	State MI	Zip Code 49431-9431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1750.00
Name of Employer Memorial Med Ctr of W Mich-Nigan	Occupation Pathologist	Aggregate Year-to-Date ▼ 1750.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. H. Richard Kelly, Dr.</b>		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address Department of Pathology 215 W. Janss Blvd.		Transaction ID: SA11A1.18480
City Thousand Oaks	State CA	Zip Code 91380
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Los Robles Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
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FOR LINE NUMBER: PAGE 11 / 20  
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 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) A. F. Karl Loomis, Dr.		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2005
Mailing Address 803 N Kalamazoo Av		Transaction ID: SA11A1.18504
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 ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. James Miller, Dr.		Date of Receipt M / D / Y Y Y Y 07 / 31 / 2005
Mailing Address 2916 S Brentwood Blvd		Transaction ID: SA11A1.18550
City Brentwood	State MO	Zip Code 63144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Services	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Neil Norris		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2005
Mailing Address 325 Waukegan Road		Transaction ID: SA11A1.18508
City Northfield	State IL	Zip Code 60063-2750
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer College of American Pathologists	Occupation	Aggregate Year-to-Date ▼ 1000.00
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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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 Thomas Parke, Dr.		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address Department of Pathology 375 Dixmyth Ave		Transaction ID: SA11A1.18463
City Cincinnati	State OH	Zip Code 45220-2489
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Good Samaritan Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mezhar Rishi		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address Department of Pathology 7th and Clayton Streets		Transaction ID: SA11A1.18466
City Wilmington	State DE	Zip Code 19805-0500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Francis Hosp	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. N. Jared Schwartz, Dr.		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address Dept of Lab Med & Pathology PO Box 33549		Transaction ID: SA11A1.18519
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Presbyterian Health Care Sys	Occupation Pathologist	Aggregate Year-to-Date ▼ 2500.00
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)  
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FOR LINE NUMBER: PAGE 13 / 20  
(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. Kenneth Peter Shireman, Dr.</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 3987 Norton Hills Road		Transaction ID: SA11A1.18437
City Muskegon	State MI	Zip Code 49441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. C. William Silberman, Dr.</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2005
Mailing Address PO Box 1888		Transaction ID: SA11A1.18526
City Leesburg	State VA	Zip Code 20177-1888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Taylor Carl Smedberg, Dr.</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2005
Mailing Address 1855 W Hibiscus Blvd		Transaction ID: SA11A1.18538
City Melbourne	State FL	Zip Code 32501-2622
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Space Coast Pathologists, PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</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 14 / 20

(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. Gerald Stolz, Dr.		Date of Receipt M / D / Y 07 / 31 / 2005
Mailing Address Department of Pathology 1800 W Main St		Transaction ID: SA11A1.18558
City Russellville	State AR	Zip Code 72801
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 Reg Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R. James Taylor, Dr.		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address Department of Pathology 1823 S Ullica Ave		Transaction ID: SA11A1.18540
City Tulsa	State OK	Zip Code 74104-6520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Laboratory Assoc	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Robert Teeers, Dr.		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address Department of Pathology 190 East Bannock		Transaction ID: SA11A1.18521
City Boise	State ID	Zip Code 83712
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 Reg 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 15 / 20  
(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. V. Devendra Trivedi, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address Peoria-Tazewell Pathology Group 221 NE Glen Oak Avenue		Transaction ID: SA11A1.18542
City Peoria	State IL	Zip Code 61636
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Methodist Med Ctr of Illinois	Occupation Pathologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stuart VanMeter, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address Department of Pathology 1824 Alcoa Highway		Transaction ID: SA11A1.18544
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. B Don Veltman, Dr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 31 / 2005
Mailing Address 411 East Matthews		Transaction ID: SA11A1.18552
City Jonesboro	State AR	Zip Code 72401-5142
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Doctors' Anatomic Path Svcs. PA	Occupation Pathologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</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 16 / 20  
(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. Frank White, Dr.		Date of Receipt 07 / 08 / 2005	
Mailing Address 1211 Union Ave Ste 300		Transaction ID: SA11A1.18474	
City Memphis	State TN	Zip Code 38104	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Duckworth Pathology Group	Occupation Pathologist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	16950.00



**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.18579  
Date of Disbursement  
07 / 05 / 2005

Amount of Each Disbursement this Period  
15.88

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

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement  
Moneris-ACH

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB21B.18580  
Date of Disbursement  
07 / 07 / 2005

Amount of Each Disbursement this Period  
94.91

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.18581  
Date of Disbursement  
07 / 21 / 2005

Amount of Each Disbursement this Period  
82.50

**SUBTOTAL** of Disbursements This Page (optional) ▶ **173.27**

**TOTAL** This Period (last page this line number only) ▶ **173.27**

**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. ENSIGN FOR SENATE**

Mailing Address PO BOX 28568

City LAS VEGAS State NV Zip Code 89126

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.1857D

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Foley**

Mailing Address PO Box 30505

City Palm Beach Gardens State FL Zip Code 33410

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President   
State: FL District: 16

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18584

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MCCREERY FOR CONGRESS COMMITTEE**

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President   
State: LA District: 4

Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18582

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

**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. NATHAN DEAL FOR CONGRESS

Mailing Address PO BOX 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President  
State: GA District 10

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.1856B

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
B. 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 9

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18564

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

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 9

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18566

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

500.00

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 20 / 20

<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. 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  
State: ND District: D0

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18574  
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

500.00

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

Mailing Address 11468 Highway 105

City Banner Elk State NC Zip Code 28604

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB23.18576  
Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

10500.00