

Dated at Washington, DC, this 9th day of May, 2005.

Federal Deposit Insurance Corporation.

**Robert E. Feldman,**

*Executive Secretary.*

[FR Doc. 05-9572 Filed 5-12-05; 8:45 am]

**BILLING CODE 6714-01-P**

## FEDERAL ELECTION COMMISSION

### Sunshine Act Notices

**DATE AND TIME:** Tuesday, May 17, 2005, at 10 a.m.

**PLACE:** 999 E Street, NW., Washington, DC (ninth floor).

**STATUS:** These hearing will be open to the public.

**MATTERS BEFORE THE COMMISSION:** (1) Candidate Solicitation at State, District and Local Party Fundraising Events;

(2) Definition of "Agent" for BCRA Regulations on Non-Federal Funds or Soft Money and Coordinated and Independent Expenditures;

(3) Payroll Deductions by Member Corporations for Contributions to a Trade Association's Separate Segregated Fund.

**PREVIOUSLY ANNOUNCED DATE AND TIME:** Thursday, May 19, 2005. 10 a.m. meeting open to the public. This meeting was cancelled.

**DATE AND TIME:** Thursday, May 19, 2005 at 10 a.m.

**PLACE:** 999 E Street, NW., Washington, DC.

**STATUS:** This meeting will be closed to the public.

**ITEMS TO BE DISCUSSED:** Compliance matters pursuant to 2 U.S.C. 437g. Audits conducted pursuant to 2 U.S.C. 437g, 438(b), and Title 26, U.S.C. Matters concerning participation in civil actions or proceedings or arbitration. Internal personnel rules and procedures or matters affecting a particular employee.

**FOR FURTHER INFORMATION CONTACT:** Mr. Robert Biersack, Press Officer, Telephone; (202) 694-1220.

**Mary W. Dove,**

*Secretary of the Commission.*

[FR Doc. 05-9734 Filed 5-11-05; 2:34 pm]

**BILLING CODE 6715-01-M**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company

Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/). Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 7, 2005.

A. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. TCB Holding Company, The Woodlands, Texas; to become a bank holding company by acquiring 100 percent of the voting shares of Texas Community Bank, National Association, The Woodlands, Texas.

Board of Governors of the Federal Reserve System, May 9, 2005.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 05-9546 Filed 5-12-05; 8:45 am]

**BILLING CODE 6210-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-05-0242x]

### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-371-5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

### Proposed Project

Estimating the Cost of Sigmoidoscopy and Colonoscopy for Colorectal Cancer Screening in U.S. Healthcare Facilities—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Cancer Prevention and Control (DCPC), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. In 2005, it is estimated that approximately 56,300 Americans will die from CRC and about 145,300 new cases will be diagnosed. The risk of developing CRC increases with advancing age. More than 90% of newly diagnosed CRCs occur in persons 50 years of age and older. Several

scientific studies have demonstrated that regular screening for CRC reduces the incidence and mortality from this disease. Other studies have shown that regular screening for CRC is also cost-effective in terms of years of life saved.

Despite strong scientific evidence and evidence-based clinical guidelines recommending screening, current screening rates remain low. A recent CDC study reported that more than 40 million Americans who are 50 years of age or older and at average risk for CRC have not been screened in accordance with current guidelines. The study also reported that screening this population with current endoscopic (*i.e.*, flexible sigmoidoscopy and colonoscopy) capacity in the health care system could require as much as ten years to complete. In view of the current shortage in endoscopic capacity, an

effective national effort to promote CRC screening could increase the demand for endoscopic procedures.

It has been reported that reimbursements for endoscopic procedures in publicly-funded programs may not be adequate to cover the costs of performing these procedures. This may be a disincentive for providers to perform endoscopy procedures. Currently, there is little information available about the actual costs of providing these procedures in different types of healthcare facilities in the United States.

The purpose of this project is to conduct a survey of a nationally representative sample of healthcare facilities in order to estimate the economic costs of providing colonoscopy and flexible sigmoidoscopy for CRC screening and follow-up

services. The estimated procedure costs will be compared to the reimbursement rates for both screening procedures in order to determine whether the difference between payments to facilities and costs incurred is a potential barrier to expansion of CRC screening to uninsured or underinsured populations.

The study will also determine whether there are technical factors that enable some facilities to provide larger numbers of endoscopic procedures at lower average costs than other facilities, *i.e.*, whether economies of scale and/or economies of scope exist for certain types of facilities. Results of this study will be used to better define the economics of colorectal cancer screening. There is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Form type	Number of respondents	Number of responses/respondent	Avg. burden per response (in hrs.)	Total burden of response (in hrs)
Telephone script to identify the appropriate respondent .....	2,530	1	5/60	211
Survey of hospital-based outpatient departments .....	1,500	1	4.0	6,000
Survey of freestanding ambulatory surgery centers .....	800	1	6.0	4,800
Total .....	.....	.....	.....	11,011

Dated: May 6, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05-9558 Filed 5-12-05; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-05-05CD]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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the data collection plans and instruments, call 404-371-5983 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Veterinary Student Survey—New—National Center for Infectious Diseases

(NCID)—Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The proposed survey asks veterinary students to describe their knowledge of various public health programs, their career interests post-graduation and how they arrived at such a decision, and their perception of the role veterinarians play in public health. The proposed study consists of an introductory letter and a self-administered, electronic questionnaire e-mailed to veterinary students in the United States. The Association of American Veterinary Medical Colleges (AAVMC) has agreed to collaborate on the survey and will provide a list of veterinary students from their membership mailing list. The study objectives are to describe current knowledge and attitudes of veterinary students regarding veterinary public health programs, and to determine their interests in a potential career in veterinary public health. There is no cost to respondents other than their time.