

**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)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report(Q3)		Convention (12C)	Special (12S)	
X	January 31 Quarterly Report(YE)	Election on			in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
	Termination Report (TER)	Election on			in the State of

5. Covering Period 11 26 2002 through 12 31 2002

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 Scott John H. Mr.  
Signature of Treasurer Electronically Filed by Scott John H. Mr. Date 01 31 2003

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>Month</sup> 11 <sup>Day</sup> 26 <sup>Year</sup> 2002 To: <sup>Month</sup> 12 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	12804.13	
(c) Total Receipts (from Line 19) .....	27468.00	206202.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40272.13	247719.90
7. Total Disbursements (from Line 30) .....	6117.35	213565.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34154.78	34154.76
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period:

From: <sup>MM</sup>11 <sup>DD</sup>26 <sup>YYYY</sup>2002

To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2002

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	15240.00	
(i) Itemized (use Schedule A) .....	12228.00	
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27468.00	205507.25
(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 32, page 4) .....	27468.00	205507.25
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	694.89
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	27468.00	206202.14
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	27468.00	206202.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	1000.00	1000.00
(b) Other Federal Operating Expenditures.....	0.00	2161.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1000.00	3161.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	206640.20
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.....	117.35	1263.26
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	6117.35	213565.12
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	5117.35	212565.12
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	27468.00	205507.25
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	27468.00	205507.25
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	2161.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	2161.66

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ayuthia Issara I. Dr.

Mailing Address

2004 Frederick Dr.

City

State

Zip Code

Dodge City

KS

67801

Date of Receipt

N M / D E / Y Y Y Y  
12 / 17 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Western Plains Med Complex

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.10100

Full Name (Last, First, Middle Initial)

B. Balasubramaniam Naderajah

Mailing Address

Dept. of Pathology

1101 Nott St

City

State

Zip Code

Schenectady

NY

12308

Date of Receipt

N M / D E / Y Y Y Y  
12 / 27 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Ellis Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: SA11A1.1012B

Full Name (Last, First, Middle Initial)

C. Bockelman Henry W. Dr.

Mailing Address

Department of Pathology

600 Mary Street

City

State

Zip Code

Evansville

IN

47747

Date of Receipt

N M / D E / Y Y Y Y  
12 / 20 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Deaconess Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.1011D

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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:  
(check only one)

PAGE 6 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cook John R. Dr.

Mailing Address

Department of Pathology 1015 Union St PO Box 542

City State Zip Code

Boone IA 50036-4821

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10125

Full Name (Last, First, Middle Initial)

B. Cooper Thomas Joseph Dr.

Mailing Address

5620 East El Parque Street

City State Zip Code

Long Beach CA 90815-4129

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Centinela Hosp Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.10137

Full Name (Last, First, Middle Initial)

C. DaRisto Vincent James Dr.

Mailing Address

2200 Victory Pkwy #1402

City State Zip Code

Cincinnati OH 45206

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Health Alliance Lab Svcs

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.10127

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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:  
(check only one)

PAGE 7 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Disc Craig A. Dr.

Mailing Address

Department of Pathology 100 Madison Avenue

City State Zip Code

Morristown NJ 07962-1956

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Morristown Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10130

Full Name (Last, First, Middle Initial)

B. Disc Craig A. Dr.

Mailing Address

Department of Pathology 100 Madison Avenue

City State Zip Code

Morristown NJ 07962-1956

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Morristown Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: SA11A1.10221

Full Name (Last, First, Middle Initial)

C. Disc William R. Dr.

Mailing Address

PO Box 12538

City State Zip Code

La Jolla CA 92039

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 7 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Transaction ID: SA11A1.10025

**SUBTOTAL** of Receipts This 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: (check only one)		PAGE 8 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

**A.** Full Name (Last, First, Middle Initial)  
Elevitch Franklin R. Dr.

Mailing Address  
430 Nevada Avenue

City State Zip Code  
Palo Alto CA 94301-4121

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 16 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Health Care Engineering Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10095

**B.** Full Name (Last, First, Middle Initial)  
Elevitch Franklin R. Dr.

Mailing Address  
430 Nevada Avenue

City State Zip Code  
Palo Alto CA 94301-4121

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 27 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Health Care Engineering Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.10140

**C.** Full Name (Last, First, Middle Initial)  
Hawel James E. Dr.

Mailing Address  
Laboratory 130 Division Street

City State Zip Code  
Derby CT 06416

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 27 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Griffin Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.10246

**SUBTOTAL** of Receipts This 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:  
(check only one)

PAGE 9 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoak David C. Dr.

Mailing Address

PO Box 3405

City

Spokane

State

WA

Zip Code

89220-3405

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Pathology Associates Inc PS

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10150

Full Name (Last, First, Middle Initial)

B. Jones Dudley D. Dr.

Mailing Address

808 Wright St

City

Arlington

State

TX

Zip Code

76012

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Arlington Pathology Assoc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9958

Full Name (Last, First, Middle Initial)

C. Julius Gaman J. Dr.

Mailing Address

634 Mohawk School Rd

City

Edinburg

State

PA

Zip Code

16116

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
St. Elizabeth Health Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.10156

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**800.00**

**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:  
(check only one)

PAGE 10 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ken William F. Dr.

Mailing Address

Health Sciences Center

Department of Pathology

City

State

Zip Code

Oklahoma City

OK

73104

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 7 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ of Oklahoma HSC

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.10027

Full Name (Last, First, Middle Initial)

B. Kiewon David L. Dr.

Mailing Address

Department of Pathology

201 State Street

City

State

Zip Code

Erie

PA

16550

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

140.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Harol Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Transaction ID: SA11A1.10022

Full Name (Last, First, Middle Initial)

C. Kriehn Richard H. Dr.

Mailing Address

1229 Madison St

Ste 500

City

State

Zip Code

Seattle

WA

98104-1305

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Wash. Path. Consult.

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10293

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**740.00**

**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: (check only one)		PAGE 11 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Lamprecht Kathy B. Dr.**

Mailing Address  
710 FM 196D West Ste C  
City State Zip Code  
Houston TX 77090

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 26 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Mocega, Askew & Associates

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.9957

Full Name (Last, First, Middle Initial)  
**B. Larson Paula R. Dr.**

Mailing Address  
5 Westelm Circle  
City State Zip Code  
San Antonio TX 78230-2634

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer  
Southwest Texas Methodist Hosp

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.9990

Full Name (Last, First, Middle Initial)  
**C. Larson Paula R. Dr.**

Mailing Address  
5 Westelm Circle  
City State Zip Code  
San Antonio TX 78230-2634

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 23 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Southwest Texas Methodist Hosp

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.10120

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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:  
(check only one)

PAGE 12 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larson Paula R. Dr.

Mailing Address

5 Westelm Circle

City

State

Zip Code

San Antonio

TX

78230-2634

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Southwest Texas Methodist Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Transaction ID: SA11A1.10162

Full Name (Last, First, Middle Initial)

B. Leal Manuel Antonio Dr.

Mailing Address

704 E. Hilltop Street

City

State

Zip Code

Fruitland Park

FL

34731

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Munroe Regional Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10163

Full Name (Last, First, Middle Initial)

C. McTigue Arthur H. Dr.

Mailing Address

Department of Pathology

One Hospital Drive

City

State

Zip Code

Lewisburg

PA

17837

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Evangelical Community Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: SA11A1.10222

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**850.00**

**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 13 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nelson Janice M. Dr.

Mailing Address

208 Ramona Avenue

City

State

Zip Code

Sierra Madre

CA

91024-2456

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer

LA County-USC Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: SA11A1.10121

Full Name (Last, First, Middle Initial)

B. Nugent Rod M. Dr.

Mailing Address

800 S Avondale

City

State

Zip Code

Amarillo

TX

79106

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Amarillo Pathology Group LLP

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9965

Full Name (Last, First, Middle Initial)

C. O'Sheel Steven Frank Dr.

Mailing Address

1974 Chandalar Drive

City

State

Zip Code

Pelham

AL

35124-5124

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Cytology & Pathology Services

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Transaction ID: SA11A1.10106

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**1100.00**

**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: (check only one)		PAGE 14 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Pauter Keith B. Dr.**

Mailing Address  
Department of Pathology 119 Oakfield Drive  
City State Zip Code  
Brandon FL 33511

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 09 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Brandon Regional Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.10045

Full Name (Last, First, Middle Initial)  
**B. Pevan Donald Ross Dr.**

Mailing Address  
Dept of Pathology 44405 Woodward Ave  
City State Zip Code  
Pontiac MI 48341-2985

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Joseph Mercy Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10170

Full Name (Last, First, Middle Initial)  
**C. Robb James A. Dr.**

Mailing Address  
Medical Director 5361 NW 33rd Ave  
City State Zip Code  
Ft Lauderdale FL 33309-6313

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 16 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Integrated Regional Labs Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 700.00

Transaction ID: SA11A1.10098

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Rynalski Thomas H. Dr.

Mailing Address  
Department of Pathology PO Box 413029  
City State Zip Code  
Naples FL 33941-3029

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Naples Community Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.10081

**B.** Full Name (Last, First, Middle Initial)  
Saldanha Anne L. Dr.

Mailing Address  
2850 Elmwood Avenue  
City State Zip Code  
Buffalo NY 14217

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kenmore Mercy Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10228

**C.** Full Name (Last, First, Middle Initial)  
Savage Richard A. Dr.

Mailing Address  
1111 6th Avenue  
City State Zip Code  
Des Moines IA 50314-2811

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mercy Hospital Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.9995

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Siegel Howard L. Dr.

Mailing Address

Department of Pathology 6701 N. Charles St  
City State Zip Code  
Baltimore MD 21204

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Greater Baltimore Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10184

Full Name (Last, First, Middle Initial)

B. Stanis Gregory J. Dr.

Mailing Address

Dept. of Pathology 206 Second Street East  
City State Zip Code  
Bradenton FL 34206

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Manatee Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.10187

Full Name (Last, First, Middle Initial)

C. Spencer James Robert Dr.

Mailing Address

2001 Webber St.  
City State Zip Code  
Sarasota FL 34239-4239

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Sarasota Mem Hospital

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: SA11A1.10107

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

A. Starby Janet F. Dr.

Mailing Address

2400 Susannah St PO Box 2484

City State Zip Code

Johnson City TN 37601

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
Outpatient Cytopathology Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.10000

Full Name (Last, First, Middle Initial)

B. Stewart David T. Dr.

Mailing Address

1899 Eider Court

City State Zip Code

Tallahassee FL 32308

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
KWB Pathology Associates Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.10191

Full Name (Last, First, Middle Initial)

C. Stemler Richard H. Dr.

Mailing Address

7955 Tangleoak Lane

City State Zip Code

Castle Rock CO 80104-9299

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
Portercare Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.10099

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sudduth Norman C. Dr.

Mailing Address

Department of Pathology 5301 South Congress Avenue

City State Zip Code

Atlantis FL 33462-1149

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer  
JFK Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.10192

Full Name (Last, First, Middle Initial)

B. Teiris Peter A. Dr.

Mailing Address

Medical Director, Pathology 3000 Coral Hills Dr

City State Zip Code

Coral Springs FL 33065

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Coral Springs Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10223

Full Name (Last, First, Middle Initial)

C. Tucker Warren G. Dr.

Mailing Address

Department of Pathology 316 Calhoun Street

City State Zip Code

Charleston SC 29401

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Roper Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10207

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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:  
(check only one)

PAGE 19 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Turski Deborah L. M. Dr.

Mailing Address  
Laboratory 707 S. Mills Street  
City State Zip Code  
Madison WI 53715

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Mary's Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.10063

**B.** Full Name (Last, First, Middle Initial)  
Waldron Michael J. Dr.

Mailing Address  
Department of Pathology 8267 Elmbrook  
City State Zip Code  
Dallas TX 75247-5247

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ProPath Services Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.10078

**C.** Full Name (Last, First, Middle Initial)  
Waters Leslie Lewis Dr.

Mailing Address  
Department of Pathology 7777 Forest Ln  
City State Zip Code  
Dallas TX 75230

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical City Dallas Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10004

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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:  
(check only one)

PAGE 20 / 25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Weiss Gerald A. Dr.

Mailing Address  
Department of Pathology 675 E Santa Clara  
City State Zip Code  
San Jose CA 95112

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer San Jose Med Ctr Occupation Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.10064

**B.** Full Name (Last, First, Middle Initial)  
Wasche William Allen Dr.

Mailing Address  
6046 Knight Arnold Road Suite 101  
City State Zip Code  
Memphis TN 38115

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Trumbull Laboratories, LLC Occupation Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.10212

**C.** Full Name (Last, First, Middle Initial)  
White Steven D. Dr.

Mailing Address  
603 West College Street PO Box 818  
City State Zip Code  
Florence AL 35030

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Eliza Coffee Memorial Hospital Occupation Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.10024

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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: (check only one)		PAGE 21 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Williams Thomas L. Dr.

Mailing Address  
Pathology Department 8303 Dodge Street  
City State Zip Code  
Omaha NE 68114

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 04 / 2002

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Methodist Hospital Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 550.00

Transaction ID: SA11A1.10021

Full Name (Last, First, Middle Initial)  
B. Woodward William B. Dr.

Mailing Address  
Department of Pathology PO Box 3011  
City State Zip Code  
Gillette WY 82717-3011

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2002

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Campbell County Memorial Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10085

Full Name (Last, First, Middle Initial)  
C. Yates David R. Dr.

Mailing Address  
4733 Andrew Jackson Parkway PO Box 59  
City State Zip Code  
Hermitage TN 37076

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2002

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Pathologists Laboratory, PC Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.10087

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>15240.00</b>

**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 / 25

<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				

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. FRIENDS OF MARK FOLEY FOR CONGRESS</b>		Date of Disbursement 12 / 06 / 2002
Mailing Address P.O. Box 30505 City: Palm Beach Gardens State: FL Zip Code: 33410		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Transaction ID: SB23.9948
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. GINGREY FOR CONGRESS</b>		Date of Disbursement 12 / 12 / 2002
Mailing Address PO Box U City: Marietta State: CA Zip Code: 30060		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2002 Debt retirement		Transaction ID: SB23.9947
Candidate Name Dr. Phil Gingrey		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt retirement	
State: GA District: 11		

Full Name (Last, First, Middle Initial) <b>C. PIONEER POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 12 / 13 / 2002
Mailing Address 412 FIRST STREET SE SUITE 100 City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement PAC Contribution		Transaction ID: SB23.9944
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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 23 / 25

<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

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. TOM FEENEY FOR CONGRESS

Mailing Address

P.O. Box 2776

City

Arlington

State

VA

Zip Code

22202

Purpose of Disbursement

2002 debt retirement

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

State: FL

District: 24

Disbursement For: 2002  
Primary General  
 Other (specify) ▼  
debt retirement

Date of Disbursement

12 / 12 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: 5B23.9942

B.

C.

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **5000.00**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

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

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. Sun Trust Bank</b>		Date of Disbursement 12 / 20 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 117.35	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		
		Transaction ID: SB29.10255	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>117.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>117.35</b>



**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)  
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE 25 / 25  
FOR LINE 21 OF FORM 3X

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

A. Full Name (Last, First, Middle Initial) Democratic Majority PAC			Type of Allocated Activity:	
Mailing Address P.O. Box 3037			<input checked="" type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Long Branch	NJ	07740	Event Year-To-Date	
Purpose/Event: PAC Debt Retirement			1000.00	
Description: PAC Debt Retirement			Date	
			12 20 2002	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		1000.00		1000.00
				Transaction ID: H4.10254

--	--	--	--	--

--	--	--	--	--

<b>SUBTOTAL of Joint Federal and Non-Federal Activity This Page</b>				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
0.00		1000.00		1000.00
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(1) and non-Federal share to 21(a)(1))</b>				<b>TOTAL AMOUNT</b>
FEDERAL SHARE				1000.00
0.00				
<b>TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)</b>				1000.00