

**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) **Check if different than previously reported. (ACC)**  
1350 I Street, NW  
Suite 590  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944  
3. **IS THIS REPORT** NEW (N) OR AMENDED (A)  
X

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

5. Covering Period 08 01 2002 through 08 30 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 John H. Scott  
Signature of Treasurer Electronically Filed by John H. Scott Date 08 12 2002

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> 06 <sup>Day</sup> 01 <sup>Year</sup> 2002 To: <sup>Month</sup> 06 <sup>Day</sup> 30 <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 .....	82552.34	
(c) Total Receipts (from Line 19) .....	7044.00	116040.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	89596.34	157557.76
7. Total Disbursements (from Line 30) .....	21397.53	89358.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68198.81	68198.81
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>06 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>06 <sup>DD</sup>30 <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		
(i) Itemized (use Schedule A) .....	4849.00	
(ii) Unitemized .....	2195.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7044.00	116040.00
(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 32, page 4) .....	7044.00	116040.00
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	7044.00	116040.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	7044.00	116040.00

**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.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1332.29	1809.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1332.29	1809.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20065.24	84401.63
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	648.12
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	21397.53	89358.95
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	21397.53	89358.95
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7044.00	116040.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7044.00	116040.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1332.29	1809.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1332.29	1809.00

**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)

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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. Arreder Michael B. Dr.

Mailing Address

Department of Pathology

443 W Oak St

City

State

Zip Code

El Dorado

AR

71731-1918

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Associated Pathologists Lab

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8709

Full Name (Last, First, Middle Initial)

B. Colaman A. Atwell

Mailing Address

Department of Pathology

1519 Taylor Street

City

State

Zip Code

Columbia

SC

29220

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Baptist Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8871

Full Name (Last, First, Middle Initial)

C. Dize Craig A. Dr.

Mailing Address

Department of Pathology

100 Madison Avenue

City

State

Zip Code

Morristown

NJ

07962-1958

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 0 4 / 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 ▼

250.00

Transaction ID: SA11A1.8868

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

**1000.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dito William R. Dr.

Mailing Address  
PO Box 12538  
City State Zip Code  
La Jolla CA 92039

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Unaffiliated Occupation Pathologist

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

Transaction ID: SA11A1.8712

**B.** Full Name (Last, First, Middle Initial)  
Goshman Gary A. Dr.

Mailing Address  
Medical Center Department of Pathology  
City State Zip Code  
Bellflower CA 90706

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Kaiser Permanente Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.8870

**C.** Full Name (Last, First, Middle Initial)  
Hammond M. Elizabeth H. Dr.

Mailing Address  
Dept of Pathology 8th Ave and C St  
City State Zip Code  
Salt Lake City UT 84143

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer LDS Hosp Occupation Pathologist

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

Transaction ID: SA11A1.8719

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jadin David F. Dr.

Mailing Address

Department of Pathology 183D Flower St

City State Zip Code

Bakersfield CA 93305

Date of Receipt

N M / D E / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Kern Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8717

Full Name (Last, First, Middle Initial)

B. Leverona Joseph P. Dr.

Mailing Address

Laboratory 69 W Exchange St

City State Zip Code

St Paul MN 55102

Date of Receipt

N M / D E / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Joseph's Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8713

Full Name (Last, First, Middle Initial)

C. Mason John W. Dr.

Mailing Address

1 Beach Dr SE #2702

City State Zip Code

St Petersburg FL 33701

Date of Receipt

N M / D E / Y Y Y Y  
06 / 13 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
VA Med Ctr-Bay Pines

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8679

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 16

(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)

A. Nielsen Mary L. Dr.

Mailing Address

7B29 East Rockhill

Building 400

City

State

Zip Code

Wichita

KS

67206

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Kansas Pathology Consultants PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8714

Full Name (Last, First, Middle Initial)

B. Peoples Thomas C. Dr.

Mailing Address

Department of Pathology

38475 Five Mile Road

City

State

Zip Code

Livonia

MI

48154

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
St. Mary Mercy Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8697

Full Name (Last, First, Middle Initial)

C. Riley Linda H. Dr.

Mailing Address

Department of Pathology

333 N Smith Ave

City

State

Zip Code

St Paul

MN

55102

Date of Receipt

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

Amount of Each Receipt this Period

249.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Abbott Northwestern Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Transaction ID: SA11A1.8699

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **799.00**

**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 / 16
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Sreenan Joseph J. Dr.**

Mailing Address  
730 W Market Street

City State Zip Code  
Lima OH 45801

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Rita's Medical Center Pathologist

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

Transaction ID: SA11A1.8720

Full Name (Last, First, Middle Initial)  
**B. Szepko Paula E. Dr.**

Mailing Address  
1465 Double Creek Dr

City State Zip Code  
Lewisville NC 27023

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
North State Pathology Pathologist

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

Transaction ID: SA11A1.8891

Full Name (Last, First, Middle Initial)  
**C. Wilkinson David S. Dr.**

Mailing Address  
Department of Pathology PO Box 980862

City State Zip Code  
Richmond VA 23298-0862

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Med College of Virginia Pathologist

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

Transaction ID: SA11A1.8715

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>4849.00</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)

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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
	26		27		28a		28b		28c
									29

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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 06 / 04 / 2002	
Mailing Address PO BOX 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 1320.29	
Purpose of Disbursement		Transaction ID: SB21B.8756	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sun Trust Bank</b>		Date of Disbursement 06 / 21 / 2002	
Mailing Address PO BOX 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 12.00	
Purpose of Disbursement		Transaction ID: SB21B.8758	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1332.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1332.29</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)

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<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				

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

Full Name (Last, First, Middle Initial) <b>A. 2002 PRESIDENT'S DINNER COMMITTEE; THE</b>			Date of Disbursement 06 / 04 / 2002	
Mailing Address PO BOX 1721 City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Committee Candidate Name			Category/ Type	
Office Sought: House Senate President State: District:		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) Other		
Transaction ID: SB23.8611				

Full Name (Last, First, Middle Initial) <b>B. Anne Berry</b>			Date of Disbursement 06 / 25 / 2002	
Mailing Address 1350 I Street NW Suite 590 City: Washington State: DC Zip Code: 20005			Amount of Each Disbursement this Period 275.30	
Purpose of Disbursement In Kind Candidate Name COLLINS FOR SENATOR			Category/ Type	
Office Sought: House Senate President State: ME District: 00		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify)		
Transaction ID: SB23.8613				

Full Name (Last, First, Middle Initial) <b>C. BILL THOMAS CAMPAIGN COMMITTEE</b>			Date of Disbursement 06 / 25 / 2002	
Mailing Address PO BOX 395 City: BAKERSFIELD State: CA Zip Code: 93302			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name BILL THOMAS CAMPAIGN COMMITTEE			Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 22		Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify)		
Transaction ID: SB23.8615				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3775.30</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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Bruce Morgan CAP		Date of Disbursement 06 / 25 / 2002
Mailing Address 1350 I Street NW Suite 590 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 789.94
Purpose of Disbursement In Kind	Candidate Name Fred Upton	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: MI District: 06	Transaction ID: SB23.8617

Full Name (Last, First, Middle Initial) B. CAPUANO FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 25 / 2002
Mailing Address 301 4th Street NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name Michael Capuano	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: MA District: 08	Transaction ID: SB23.8619

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Date of Disbursement 06 / 04 / 2002
Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name Susan Collins	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: ME District: 00	Transaction ID: SB23.8620

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3289.94</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)

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<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				

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF SAM JOHNSON</b>		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO BOX 860066 City PLANO State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8628	
Candidate Name Sam Johnson		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 03			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERROD BROWN</b>		Date of Disbursement 06 / 04 / 2002	
Mailing Address PO Box 2884 City Washington State DC Zip Code 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8631	
Candidate Name Sherrod Brown		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 13			

Full Name (Last, First, Middle Initial) <b>C. HOBSON FOR CONGRESS</b>		Date of Disbursement 06 / 10 / 2002	
Mailing Address 82 West Columbia City Springfield State OH Zip Code 45503		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8623	
Candidate Name Dave Hobson		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</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)

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<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				

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

Full Name (Last, First, Middle Initial) <b>A. HUTCHINSON FOR SENATE</b>		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO BOX 998 City State Zip Code ROGERS AR 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8632	
Candidate Name Tim Hutchinson		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR      District: 00			

Full Name (Last, First, Middle Initial) <b>B. Michael Bilirakis for Congress</b>		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO Box 897 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.8793	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary   General Other (specify) ▼		
State: FL      District: 09			

Full Name (Last, First, Middle Initial) <b>C. ROS-LEHTINEN FOR CONGRESS</b>		Date of Disbursement 06 / 04 / 2002	
Mailing Address 1001 BRICKELL BAY DRIVE-8TH FLOOR City State Zip Code MIAMI FL 33131		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8834	
Candidate Name Ileana Ros-Lehtinen		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary   General Other (specify) ▼		
State: FL      District: 18			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</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)

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<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

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

Full Name (Last, First, Middle Initial) <b>A. THE WISH LIST</b>		Date of Disbursement 06 / 10 / 2002
Mailing Address 469 S. Capitol Street SW Suite 406 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other/PAC	State: District:	Transaction ID: SB23.8636

Full Name (Last, First, Middle Initial) <b>B. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		Date of Disbursement 06 / 04 / 2002
Mailing Address PO BOX 1859 City State Zip Code SIOUX FALLS SD 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: SD District: 00	Transaction ID: SB23.8638

Full Name (Last, First, Middle Initial) <b>C. UPTON FOR ALL OF US</b>		Date of Disbursement 06 / 10 / 2002
Mailing Address PO BOX 480 City State Zip Code ST JOSEPH MI 49085		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Fred Upton	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: MI District: 08	Transaction ID: SB23.8840

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>20065.24</b>