

**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
Washington DC 20005
Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00274944

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	<input checked="" type="checkbox"/>	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)		Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on _____ in the State of _____

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

General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on _____ in the State of _____

5. Covering Period 04 01 2003 through 04 30 2003

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 05 20 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.

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M04 ^{: :}01 ^{Y (Y)}2003 To: ^M04 ^{: :}30 ^{Y (Y)}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period	17190.90	
(c) Total Receipts (from Line 19)	73146.00	101857.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90336.90	136012.38
<hr/>		
7. Total Disbursements (from Line 31)	9663.24	55338.72
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80673.66	80673.66
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M04 ⁻01 ⁻2003 To: ^M04 ⁻30 ⁻2003

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)	44851.00	
(ii) Unitemized	28045.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	72896.00	101607.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72896.00	101607.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	250.00	250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73146.00	101857.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73146.00	101857.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	163.24	163.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	163.24	163.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	54500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	675.48
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9663.24	55338.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9663.24	55338.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	72896.00	101607.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72896.00	101607.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	163.24	163.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	163.24	163.24

**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 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Andevolu Rao H. Dr.		Date of Receipt M / D / Y 04 / 15 / 2003
Mailing Address Department of Pathology 253 Witherspoon Street		Transaction ID: SA11A1.11131
City State Zip Code Princeton NJ 08540	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Med Ctr at Princeton	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Anderson Richard R. Dr.		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Department of Pathology 801 S Washington St		Transaction ID: SA11A1.11262
City State Zip Code Naperville IL 60566-7060	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Edward Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Aponte-Cipriani Sandra L. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 42 Michael Loop		Transaction ID: SA11A1.11264
City State Zip Code Staten Island NY 10301-4639	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.00
Name of Employer Quest Diagnostics Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	1010.00
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 / 38	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Ariana Lawrence		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address Department of Pathology 25 North Winfield Road		Transaction ID: SA11A1.10803
City Winfield	State IL	Zip Code 60180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Central DuPage Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Austin R. Marshall		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 112B Langa Ave		Transaction ID: SA11A1.11266
City Charleston	State SC	Zip Code 29407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Coastal Pathology Laboratories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Bechner Paul		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address Dept of Pathology & Lab Medicine 800 Rosa Street		Transaction ID: SA11A1.11267
City Lexington	State KY	Zip Code 40538-0258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Kentucky Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 / 38	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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. Balasubramaniam Naderajah		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address Dept. of Pathology 1101 Nott St.		Transaction ID: SA11A1.10804
City Schenectady	State NY	Zip Code 12308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ellis Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bengtson Kenneth L. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 8100 Chancellor Drive Suite 130		Transaction ID: SA11A1.11268
City Orlando	State FL	Zip Code 32808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AmeriPath Orlando	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Benson Peter John Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Pathology Department 3300 Oakdale North		Transaction ID: SA11A1.10954
City Robbinsdale	State MN	Zip Code 55422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Memorial Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Bergeron Joseph C. Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 5 Huckleberry Ln		Transaction ID: SA11A1.10806
City Acton	State MA	Zip Code 01720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Biggs Paul J. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 5008 Grand Rock Rd.		Transaction ID: SA11A1.10857
City Birmingham	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bills Gordon Lee Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 9293 Witherbone Court		Transaction ID: SA11A1.10810
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Middletown Regional Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)		PAGE 10 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Blight Cathy O. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology One Hurley Plaza		Transaction ID: SA11A1.10958
City Flint	State MI	Zip Code 48503-5883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hurley Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Brandon Philip A. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Laboratory Services 3300 Gallows Road		Transaction ID: SA11A1.10964
City Falls Church	State VA	Zip Code 22042-3300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Inova Fairfax Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Briedin Alan S. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 18321 Clark Street		Transaction ID: SA11A1.10961
City Tarzana	State CA	Zip Code 91358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tarzana Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Campanini Rafael Z. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 1044 N. Francisco Street		Transaction ID: SA11A1.10895
City Chicago	State IL	Zip Code 60622-2794
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Norwegian American Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Candel A. G. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address Department of Pathology One Ingalls Drive		Transaction ID: SA11A1.11271
City Harvey	State IL	Zip Code 60426-0426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ingalls Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Candel Avaro G. Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 200 Berteau Avenue 200 Berteau Avenue		Transaction ID: SA11A1.10813
City Elmhurst	State IL	Zip Code 60120-2588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Elmhurst Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
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 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Carlson Desiree A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Chief of Pathology 680 Centre Street		Transaction ID: SA11A1.10988
City Brockton	State MA	Zip Code 02302-3395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brockton Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Clarke Helene D. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 75 Oak Hill Drive		Transaction ID: SA11A1.10978
City East Norwich	State NY	Zip Code 11732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lutheran Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Cooper Gary L. Dr.		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address Department of Pathology 1901 Clinch Avenue		Transaction ID: SA11A1.11178
City Knoxville	State TN	Zip Code 37918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Ft Sanders Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Debweier Jeffrey Gordon Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 8100 Harris Pky		Transaction ID: SA11A1.10989
City	State	Zip Code
Ft Worth	TX	76132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Harris Methodist Forth Worth	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Debweier Rosamary E. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 1500 S Main		Transaction ID: SA11A1.10990
City	State	Zip Code
Ft Worth	TX	76104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer John Peter Smith Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Eggers Gerald W. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address Department of Pathology 3333 Silas Creek Parkway		Transaction ID: SA11A1.11279
City	State	Zip Code
Winston-Salem	NC	27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Forsyth Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Eisenstein David J. Dr.		Date of Receipt M / D / Y 04 / 17 / 2003
Mailing Address Laboratory Pathology		Transaction ID: SA11A1.11156
City Edgewood	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Elizabeth Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Flanagan Kenneth G. Dr.		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 1539 Southview Drive		Transaction ID: SA11A1.11208
City Prescott	State AZ	Zip Code 86305-6416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yavapai Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Flynn Cynthia E. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address Department of Pathology 4755 Ogletown-Stanton Rd		Transaction ID: SA11A1.11280
City Newark	State DE	Zip Code 19718-6001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Christiana Care Health Services Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 15 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Friedman Kenneth Jay Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address 173D Elton Road Suite 11		Transaction ID: SA11A1.10902
City State Zip Code Silver Spring MD 20903-1723	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Fuling Keith H. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Lab Medicine 815 South New Ballas Road		Transaction ID: SA11A1.11005
City State Zip Code St Louis MO 63141-8277	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer St. Johns Mercy Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Glimmer P. Ridgway		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 35 Tiel Way		Transaction ID: SA11A1.11213
City State Zip Code Houston TX 77019-1509	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Gistak Michael A. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 45 West 80th Street Apt. 19J		Transaction ID: SA11A1.11281
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rahway Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Goshman Gary A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Dept of Pathology 9400 E. Rosecrans Avenue		Transaction ID: SA11A1.11011
City Bellflower	State CA	Zip Code 90706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Goswitz Joseph J. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 311 Woodlawn Avenue		Transaction ID: SA11A1.11013
City St. Paul	State MN	Zip Code 55105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: (check only one)		PAGE 17 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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. Harrison John C. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 101 Sivley road		Transaction ID: SA11A1.11020
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Huntsville Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Hebert Michelle M. Dr.		Date of Receipt M / D / Y 04 / 15 / 2003
Mailing Address Department of Pathology 485 IH 45 South		Transaction ID: SA11A1.11139
City Huntsville	State TX	Zip Code 77340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Huntsville Mem Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Heckman Carol J. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 1 River Pointe Plaza No. 909		Transaction ID: SA11A1.11022
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Caritas Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Huber Robert G. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003	
Mailing Address Department of Pathology 707 S. Mills Street		Transaction ID: SA11A1.11288	
City State Zip Code Madison WI 53715	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Hosp	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jacoby Richard A. Dr.		Date of Receipt M / D / Y 04 / 23 / 2003	
Mailing Address 118 Muirfield Court		Transaction ID: SA11A1.11260	
City State Zip Code Moorestown NJ 08057-3954	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Unaffiliated	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Judd Randy L. Dr.		Date of Receipt M / D / Y 04 / 02 / 2003	
Mailing Address Center for Advanced Diagnostics 2400 Sand Lake Rd Ste 200		Transaction ID: SA11A1.10794	
City State Zip Code Orlando FL 32809	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AmenPath Orlando	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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: (check only one)		PAGE 10 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Kacashis Thomas A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Ball Memorial Hosp 2401 University Ave		Transaction ID: SA11A1.11040
City Muncie	State IN	Zip Code 47303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathologists Associated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Larson Paula R. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.11044
City San Antonio	State TX	Zip Code 78220-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southwest Texas Methodist Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Metcalfe James K. Dr.		Date of Receipt M / D / Y 04 / 17 / 2003
Mailing Address 900 Crown Point Road, West		Transaction ID: SA11A1.11162
City Signal Mountain	State TN	Zip Code 37377-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Erlanger Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1750.00
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 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Milam John D. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 11927 Arbordale		Transaction ID: SA11A1.11054
City Houston	State TX	Zip Code 77024-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lyndon B. Johnson General Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Miller James R. Dr.		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 2916 S Brentwood Blvd		Transaction ID: SA11A1.11232
City Brentwood	State MO	Zip Code 63144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pathology Services	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Milam Steve A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 927 E Choctawhatchee Drive		Transaction ID: SA11A1.11057
City Niceville	State FL	Zip Code 32578-4708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer White Wilson Med Ctr-Blue-water	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Mooney Julia E. Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 2145 Court Street		Transaction ID: SA11A1.10844
City Redding	State CA	Zip Code 96001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Northern Diagnostic Pathology	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Manis Stephen Flnt Dr.		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address Department of Pathology 1395 South Pinellas Avenue		Transaction ID: SA11A1.11234
City Tarpon Springs	State FL	Zip Code 34689
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Helen Ellis Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Murphy Kara K. Dr.		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 1000 E 21st St Ste 4100		Transaction ID: SA11A1.11237
City Sioux Falls	State SD	Zip Code 57103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Navin James Joseph Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.10848
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Navin James Joseph Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 5287 Poala Street		Transaction ID: SA11A1.11064
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Cytopath Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) C. O'Brien Thomas F. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Dept of Pathology 1211 Union Ave Ste 300		Transaction ID: SA11A1.11068
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's 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: (check only one)		PAGE 23 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Olson Steven P. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 1000 E 21st Suite 4100		Transaction ID: SA11A1.11299
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Peoples Thomas C. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address Department of Pathology 36475 Five Mile Road		Transaction ID: SA11A1.11301
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer St. Mary Mercy Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Rabkin Michael Scott Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 522 Alpha Drive		Transaction ID: SA11A1.10858
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Rabkin Dermatopathology Lab	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	805.00
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 24 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Ralf Lester J. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 100 N River Rd		Transaction ID: SA11A1.10914
City State Zip Code Des Plaines IL 60016-0016	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Holy Family Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ramirez-Weiser Rafael R. Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address G. PO Box 36-6258		Transaction ID: SA11A1.10859
City State Zip Code San Juan PR 00936	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robb James A. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Medical Director 5361 NW 33rd Ave		Transaction ID: SA11A1.10915
City State Zip Code Et Lauderdale FL 33309-6313	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Integrated Regional Labs	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
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 25 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Ruby Stephen Gerard Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 12251 S 80th Ave		Transaction ID: SA11A1.11088
City State Zip Code Palos Heights IL 60463	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Palos Community Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Selam Marguerite M. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 781 Keystone Industrial Park		Transaction ID: SA11A1.10917
City State Zip Code Dunmore PA 18512-1534	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Selwen Martin J. Dr.		Date of Receipt M / D / Y 04 / 21 / 2003
Mailing Address 934 Albermarle Rd.		Transaction ID: SA11A1.11248
City State Zip Code Brooklyn NY 11218	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer SUNY HSC- Univ Hosp of Bro- oklyn	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 26 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Santos Edward Felipe A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 685 N Kellogg Street		Transaction ID: SA11A1.11090
City Galesburg	State IL	Zip Code 61401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Galesburg Cottage Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Savage Richard A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 1111 6th Avenue		Transaction ID: SA11A1.11091
City Des Moines	State IA	Zip Code 50314-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mercy Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Schneider Roger A. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Consultants PC 2500 NE Neff Road		Transaction ID: SA11A1.10920
City Bend	State OR	Zip Code 97709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Oregon Pathology	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Schwartz Jared N. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Dept of Lab Med & Pathology PO Box 33549		Transaction ID: SA11A1.10921
City Charlotte	State NC	Zip Code 28233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Presbyterian Health Care Sys	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Scully Peter A. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 423D Burnham Avenue		Transaction ID: SA11A1.11097
City Las Vegas	State NV	Zip Code 89113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Labs	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Godeman Thomas M. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Chairman Laboratory Medicine 1D Nevada Dr		Transaction ID: SA11A1.10924
City Lake Success	State NY	Zip Code 11042-1114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer NorthShore LIJ Health Sys Laboratories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	3950.00
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 28 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Saks David R. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 400 State of Franklin Road		Transaction ID: SA11A1.11103
City Johnson City	State TN	Zip Code 37604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johnson City Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Stewart David T. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 1899 Eider Court		Transaction ID: SA11A1.11308
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KWB Pathology Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gadduth Norman G. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 5301 South Congress Avenue		Transaction ID: SA11A1.10929
City Atlantis	State FL	Zip Code 33462-1149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer JFK Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's 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: (check only one)		PAGE 28 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Synovec Mark S. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address 1500 SW 10th Street		Transaction ID: SA11A1.11909
City Topeka	State KS	Zip Code 66604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Topeka Pathology Group. PA	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Torrent Jose R. Dr.		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 10563 SW 92nd Avenue		Transaction ID: SA11A1.10796
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kendal Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Traversa Henry		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address Main Laboratory 1000 E. 21st St.		Transaction ID: SA11A1.11189
City Sioux Falls	State SD	Zip Code 57105-7105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 30 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Trump Michael J. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 9712 Xylon Ct		Transaction ID: SA11A1.11118
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer United Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. VanMeter Stuart E. Dr.		Date of Receipt M / D / Y 04 / 17 / 2003
Mailing Address Department of Pathology 1824 Alcoa Highway		Transaction ID: SA11A1.11170
City Knoxville	State TN	Zip Code 37920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Vazquez Librada Teresa Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address Department of Pathology 8012 South Crandon		Transaction ID: SA11A1.11120
City Chicago	State IL	Zip Code 60617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Shore Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	975.00
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 31 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Vogel Arthur M. Dr.		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address 8825 218th Street SW Suite E		Transaction ID: SA11A1.11190
City Lynnwood	State WA	Zip Code 98036-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cytolab Pathology Services Inc P.S.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Volk Emily Ellen Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 4708 Rambling Ct		Transaction ID: SA11A1.10875
City Troy	State MI	Zip Code 48068-6629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer St. John Hosp and Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Volman Don B. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 411 E Matthews Ave		Transaction ID: SA11A1.11123
City Jonesboro	State AR	Zip Code 72401-5142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Doctors' Anatomic Pathology Services	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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. Waldron Michael J. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 8257 Elmbrook		Transaction ID: SA11A1.10931
City Dallas	State TX	Zip Code 75247-5247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ProPath Services	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Weiss Gerald A. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address Department of Pathology 875 E Santa Clara		Transaction ID: SA11A1.10933
City San Jose	State CA	Zip Code 95112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Jose Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Wright Louis D. Dr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address PO Box 6168		Transaction ID: SA11A1.11128
City Florence	State SC	Zip Code 29502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Services Associates LLC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Zimmerman Kent G. Dr.		Date of Receipt M / D / Y 04 / 04 / 2003
Mailing Address 2802 S. Gaucha		Transaction ID: SA11A1.10880
City	State	Zip Code
Mesa	AZ	85202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Zil Robert S. Dr.		Date of Receipt M / D / Y 04 / 25 / 2003
Mailing Address PO Box 1588		Transaction ID: SA11A1.11323
City	State	Zip Code
Tomball	TX	77377-1568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4500.00
Name of Employer Texas Pathology Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. Zollars Philip R. Dr.		Date of Receipt M / D / Y 04 / 10 / 2003
Mailing Address 1255 W Washington Street		Transaction ID: SA11A1.10938
City	State	Zip Code
Tempe	AZ	85281-1210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clin-Path Associates, P.C.	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5800.00
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 34 / 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Zwick Christopher A. Dr.		Date of Receipt M / D / Y 04 / 18 / 2003
Mailing Address 400 E Ravine Dr		Transaction ID: SA11A1.11192
City Mequon	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.00
Name of Employer St. Luke's Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

SUBTOTAL of Receipts This Page (optional)	▶	111.00
TOTAL This Period (last page this line number only)	▶	44851.00

**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)		PAGE 35 / 38	
	<input 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. Sun Trust Bank		Date of Receipt M / D / Y 04 / 30 / 2008
Mailing Address P.O. Box 85024		Transaction ID: SA17.11375
City Richmond	State VA	Zip Code 23285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Bank credit of 5/30/01 - unidentified
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

**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 36 / 39
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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. CANTOR FOR CONGRESS		Transaction ID: SB23.11336 Date of Disbursement 04 / 10 / 2003	
Mailing Address P. O. Box 17813			
City Richmond	State VA	Zip Code 23226	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼		
State: VA District: D7			

Full Name (Last, First, Middle Initial) B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)		Transaction ID: SB23.11338 Date of Disbursement 04 / 16 / 2003	
Mailing Address 5915 EASTMAN AVENUE SUITE 100			
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement PAC Contribution		Category/ Type	
Candidate Name Dave Camp for Congress			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: MI District: 4			

Full Name (Last, First, Middle Initial) C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)		Transaction ID: SB23.11349 Date of Disbursement 04 / 16 / 2003	
Mailing Address 5915 EASTMAN AVENUE SUITE 100			
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement Void of check #10189 1/21/2003		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: District			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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. FRIENDS OF DAVE WELDON		Transaction ID: SB23.11334 Date of Disbursement 04 / 10 / 2003	
Mailing Address P.O. Box 968			
City Melbourne	State FL	Zip Code 32902	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 15	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN TANNER		Transaction ID: SB23.11340 Date of Disbursement 04 / 10 / 2003	
Mailing Address P.O. Box 1996			
City Union City	State TN	Zip Code 38281	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TN District: 08	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE FERGUSON		Transaction ID: SB23.11332 Date of Disbursement 04 / 10 / 2003	
Mailing Address P.O. Box 2778			
City Arlington	State VA	Zip Code 22202	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NJ District: 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 39			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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. FRIENDS OF SAM JOHNSON		Transaction ID: SB23.11347 Date of Disbursement 04 / 28 / 2003	
Mailing Address PO BOX 880096			
City PLANO	State TX	Zip Code 75086	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENGLISH		Transaction ID: SB23.11342 Date of Disbursement 04 / 28 / 2003	
Mailing Address PO BOX 1940			
City ERIE	State PA	Zip Code 16507	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Phil English			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THE BILLY TAUZIN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.11345 Date of Disbursement 04 / 28 / 2003	
Mailing Address c/o Epiphany Productions 104 Hume Avenue			
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 39

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

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. The MikeR Fund		Transaction ID: SB23.1133D Date of Disbursement 04 / 10 / 2003
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1000.00
City Arlington	State VA	
Zip Code 22202	Category/ Type	
Purpose of Disbursement PAC Contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: B	Other	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	9500.00