

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

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

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

C00274944 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		X General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	11 05 2002		in the State of DC

5. Covering Period 10 17 2002 through 11 25 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 12 18 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: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	47703.06	
(c) Total Receipts (from Line 19)	13370.25	174039.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61073.31	215556.90
7. Total Disbursements (from Line 30)	54964.02	209447.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6109.29	6109.29
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: ^{MM}10 ^{DD}17 ^{YYYY}2002 To: ^{MM}11 ^{DD}25 ^{YYYY}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)	8850.00	
(ii) Unitemized	4520.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13370.25	173344.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	13370.25	173344.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	694.89
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	13370.25	174039.14
20. Total Federal Receipts (subtract Line 18 from Line 19)	13370.25	174039.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2161.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2161.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54928.02	203640.20
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	36.00	1145.75
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	54964.02	209447.61
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	54964.02	209447.61
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	13370.25	173344.25
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	13370.25	173344.25
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	2161.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	2161.66

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

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

FOR LINE NUMBER: PAGE 5 / 25

(check only one)

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andres Dale F. Dr.

Mailing Address

Department of Pathology 1000 4th Street SW

City State Zip Code

Mason City IA 50401

Date of Receipt

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

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer
Mercy Med Ctr-North Iowa

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9576

Full Name (Last, First, Middle Initial)

B. Ariane Lawrence

Mailing Address

Department of Pathology 25 North Winfield Road

City State Zip Code

Winfield IL 60190

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Central DuPage Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: SA11A1.9521

Full Name (Last, First, Middle Initial)

C. Atkinson Paul F. Dr.

Mailing Address

Department of Pathology 1000 Johnson Ferry Road

City State Zip Code

Atlanta GA 30042

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Northside Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9473

SUBTOTAL of Receipts This Page (optional) ▶

1350.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 25

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barnes Carl A. Dr.

Mailing Address

PO Box 1179

City

State

Zip Code

Florence

AL

35631-1179

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Eliza Coffee Memorial Hospital

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9522

Full Name (Last, First, Middle Initial)

B. Blanco Ramon

Mailing Address

Pathology

100 Ter Heun Drive

City

State

Zip Code

Falmouth

MA

02540

Date of Receipt

N M / D E / Y Y Y Y
10 / 28 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Falmouth Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9483

Full Name (Last, First, Middle Initial)

C. Clarke Heklene D. Dr.

Mailing Address

75 Oak Hill Drive

City

State

Zip Code

East Norwich

NY

11732

Date of Receipt

N M / D E / Y Y Y Y
10 / 28 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lutheran Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9487

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Evans Carl Robert Dr.

Mailing Address

1008 Highway 16 South

City

State

Zip Code

Fredericksburg

TX

78624

Date of Receipt

N M / D E / Y Y Y Y
11 / 25 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Foundations Inc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9589

Full Name (Last, First, Middle Initial)

B. Field William E. Dr.

Mailing Address

Department of Pathology

101 Dates Drive

City

State

Zip Code

Ithaca

NY

14850-1342

Date of Receipt

N M / D E / Y Y Y Y
10 / 29 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Cayuga Med Ctr of Ithaca

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9489

Full Name (Last, First, Middle Initial)

C. Garrett Wayne Lea Dr.

Mailing Address

98 Museum Way

City

State

Zip Code

San Francisco

CA

94114

Date of Receipt

N M / D E / Y Y Y Y
10 / 29 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Doctors Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.9492

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grear Sandra B Ms.

Mailing Address

325 Waukegan Rd

City

Northfield

State

IL

Zip Code

60093-2750

Date of Receipt

N M / D E / Y Y Y Y
10 / 20 / 2002

Amount of Each Receipt this Period

550.00

FEC ID number of contributing
federal political committee.

Name of Employer

College of American Pathologists

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: SA11A1.9494

Full Name (Last, First, Middle Initial)

B. Hannah James B. Dr.

Mailing Address

Department of Pathology

City

San Luis Obispo

3701 South Higuera Street

State

CA

Zip Code

93401

Date of Receipt

N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Central Coast Path Consultants

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9568

Full Name (Last, First, Middle Initial)

C. Kass Mary E. Dr.

Mailing Address

Department of Pathology

City

Washington

110 Irving Street, NW

State

DC

Zip Code

20010

Date of Receipt

N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

Washington Hosp Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.9568

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Krause Laurel A. Dr.

Mailing Address

Abbott Northwestern Hosp

800 E 28th St

City

State

Zip Code

Minneapolis

MN

55407-3799

Date of Receipt

N M / D E / Y Y Y Y
10 / 21 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Alina Medical Laboratory

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9475

Full Name (Last, First, Middle Initial)

B. Lanehart William H. Dr.

Mailing Address

88 Vine Avenue

City

State

Zip Code

Clifton Forge

VA

24422-9626

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Allegheny Regional Hospital

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9542

Full Name (Last, First, Middle Initial)

C. Newby John G. Dr.

Mailing Address

251 East Antietam Street

City

State

Zip Code

Hagerstown

MD

21740

Date of Receipt

N M / D E / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer

Washington County Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9520

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 10 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Ralf Lester J. Dr.

Mailing Address
Department of Pathology 100 N River Rd
City State Zip Code
Des Plaines IL 60016-0016

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Holy Family Med Ctr Pathologist

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

Transaction ID: SA11A1.9512

B. Full Name (Last, First, Middle Initial)
Scott John H. Mr.

Mailing Address
1350 I Street NW Ste 590
City State Zip Code
Washington DC 20053-0905

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
College of American Pathologists

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

Transaction ID: SA11A1.9503

C. Full Name (Last, First, Middle Initial)
Shattuck Marela Catherine Dr.

Mailing Address
Department of Pathology 416 Connable Avenue
City State Zip Code
Potoskey MI 49770

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern Pathology Associates Pathologist

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

Transaction ID: SA11A1.9505

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shower Daniel Perry Dr.

Mailing Address

Department of Pathology 221D1 Moross Road

City State Zip Code

Detroit MI 48236

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. John Hosp and Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9584

Full Name (Last, First, Middle Initial)

B. Taylor James R. Dr.

Mailing Address

Department of Pathology 1923 S Utica Ave

City State Zip Code

Tulsa OK 74104-6520

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pathology Laboratory Assoc

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9557

Full Name (Last, First, Middle Initial)

C. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City State Zip Code

Peoria IL 61615-2240

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Peoria-Tazelwef Path Group

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.9585

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 12 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2002

Mailing Address
Department of Pathology PO Box 980662
City State Zip Code
Richmond VA 23298-0662

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
500.00

Name of Employer Med College of Virginia	Occupation Pathologist
---	---------------------------

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

Transaction ID: SA11A1.9593

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	8850.00

**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 13 / 25

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

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

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

Full Name (Last, First, Middle Initial) A. Anne Berry		Date of Disbursement 11 / 02 / 2002	
Mailing Address 1350 I Street NW Suite 500 City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1108.00	
Purpose of Disbursement In Kind for Reception		Category/ Type	
Candidate Name JEFFERSON B SESSIONS			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9904	
State: AL District: 00			

Full Name (Last, First, Middle Initial) B. BASS VICTORY COMMITTEE		Date of Disbursement 10 / 29 / 2002	
Mailing Address 104 Hume Ave. City State Zip Code Alexandria VA 22301		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: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9365	
State: NH District: 02			

Full Name (Last, First, Middle Initial) C. BILL THOMAS CAMPAIGN COMMITTEE		Date of Disbursement 10 / 31 / 2002	
Mailing Address PO BOX 395 City State Zip Code BAKERSFIELD CA 93302		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9375	
State: CA District: 22			

SUBTOTAL of Disbursements This Page (optional) ▶	4608.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. CONGRESSMAN BART GORDON COMMITTEE		Date of Disbursement 10 / 31 / 2002
Mailing Address P.O. Box 2008 City Murfreesboro State TN Zip Code 37133		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.9394
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DASHPAC		Date of Disbursement 10 / 31 / 2002
Mailing Address 424 C Street NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement PAC Contribution Candidate Name		Transaction ID: SB23.9324
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) C. EARL POMEROY FOR CONGRESS		Date of Disbursement 10 / 31 / 2002
Mailing Address POST OFFICE BOX 746 City BISMARCK State ND Zip Code 58502		Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.9383
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. FRIENDS OF BLANCHE LINCOLN		Date of Disbursement 10 / 31 / 2002	
Mailing Address 227 Massachusetts Ave NE Suite 101 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9373	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR District: 01			

Full Name (Last, First, Middle Initial) B. FRIENDS OF CLAY SHAW		Date of Disbursement 10 / 31 / 2002	
Mailing Address 2600 NE 14th Street Causeway City State Zip Code Pompano Beach FL 33062		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9378	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL District: 22			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JERRY KLECZKA		Date of Disbursement 10 / 31 / 2002	
Mailing Address 3150A S 12TH ST City State Zip Code MILWAUKEE WI 53215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9410	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WI District: 04			

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
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(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
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<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. FRIENDS OF JIM MCDERMOTT		Date of Disbursement 10 / 31 / 2002	
Mailing Address 1521 Queen Anne Ave., North Suite C City State Zip Code Seattle WA 98109		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9408	
Candidate Name		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: WA District: 07			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN PETERSON		Date of Disbursement 10 / 31 / 2002	
Mailing Address PO BOX 295 City State Zip Code PLEASANTVILLE PA 16341		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9388	
Candidate Name		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: PA District: 05			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN TANNER		Date of Disbursement 10 / 31 / 2002	
Mailing Address P. O. Box 1996 City State Zip Code Union City TN 38281		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement		Transaction ID: SB23.9388	
Candidate Name		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: TN District: 08			

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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
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(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. FRIENDS OF MARY LANDRIEU INC		Date of Disbursement 10 / 31 / 2002	
Mailing Address 503 Capitol Ct NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement		Transaction ID: SB23.9378	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA District: 00			

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARY LANDRIEU INC		Date of Disbursement 11 / 19 / 2002	
Mailing Address 503 Capitol Ct NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Transaction ID: SB23.9744	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General Other (specify) ▼ Runoff		
State: LA District: 00			

Full Name (Last, First, Middle Initial) C. FRIENDS OF SESSIONS SENATE COMMITTEE INC		Date of Disbursement 10 / 31 / 2002	
Mailing Address P O BOX 4278 City MONTGOMERY State AL Zip Code 36103		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.9400	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AL District: 00			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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

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(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. FRIENDS OF SHERROD BROWN		Date of Disbursement 10 th / 31 st / 2002
Mailing Address P. O. Box 2884 City Washington State DC Zip Code 20013		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.9386
State: OH District: 13		

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE		Date of Disbursement 10 th / 17 th / 2002
Mailing Address P.O. Box 6183 City Alexandria State VA Zip Code 22308-0183		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House X Senate President	Disbursement For: 2006 Primary X General Other (specify) ▼	Transaction ID: SB23.9356
State: IA District: 00		

Full Name (Last, First, Middle Initial) C. HEATHER WILSON FOR CONGRESS		Date of Disbursement 10 th / 31 st / 2002
Mailing Address 6001 San Mateo Blvd., NE Suite B-1 City ALBUQUERQUE State NM Zip Code 87109		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.9372
State: NM District: 01		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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
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(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
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<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. HOBSON FOR CONGRESS		Date of Disbursement 10 / 31 / 2002	
Mailing Address 82 West Columbia City State Zip Code Springfield OH 45503		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Transaction ID: SB23.9384			

Full Name (Last, First, Middle Initial) B. JUDY BIGGERT FOR CONGRESS		Date of Disbursement 10 / 31 / 2002	
Mailing Address P.O. Box 637 City State Zip Code Hinsdale IL 60522		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Transaction ID: SB23.9404			

Full Name (Last, First, Middle Initial) C. LEADERSHIP IN THE NEW CENTURY (LINC PAC)		Date of Disbursement 10 / 22 / 2002	
Mailing Address 227 Massachusetts Ave Suite 101 City State Zip Code WASHINGTON DC 20002		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement PAC Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
Transaction ID: SB23.9360			

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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
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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. LEADERSHIP IN THE NEW CENTURY (LINC PAC)		Date of Disbursement 10 ^M / 29 ^D / 2002 ^Y
Mailing Address 227 Massachusetts Ave NW Suite 101 City State Zip Code WASHINGTON DC 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement PAC Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.9370
State: District:		

Full Name (Last, First, Middle Initial) B. LEVIN FOR CONGRESS COMMITTEE		Date of Disbursement 10 ^M / 31 ^D / 2002 ^Y
Mailing Address 436 New Jersey Avenue, SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9402
State: MI District: 12		

Full Name (Last, First, Middle Initial) C. MARTIN FROST CAMPAIGN COMMITTEE		Date of Disbursement 10 ^M / 31 ^D / 2002 ^Y
Mailing Address 499 South Capital St., SW Suite 219A City State Zip Code Washington DC 20003		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: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.9398
State: TX District: 24		

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

Full Name (Last, First, Middle Initial) A. MCCREY FOR CONGRESS		Date of Disbursement 10 / 22 / 2002	
Mailing Address P. O. Box 4650 City State Zip Code Shreveport LA 71134		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9363	
Candidate Name		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: LA District: 04			

Full Name (Last, First, Middle Initial) B. MIKE BILIRAKIS FOR CONGRESS		Date of Disbursement 10 / 31 / 2002	
Mailing Address P O BOX 1077 City State Zip Code TARPON SPRINGS FL 34688		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9377	
Candidate Name		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: FL District: 09			

Full Name (Last, First, Middle Initial) C. PEOPLE FOR ENGLISH		Date of Disbursement 10 / 31 / 2002	
Mailing Address 3679 Indian Run Drive #3 City State Zip Code Canfield OH 44406		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9380	
Candidate Name		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: PA District: 03			

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)

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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
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<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. REED COMMITTEE		Date of Disbursement 10 ^M / 22 ^D / 2002 ^Y
Mailing Address PO BOX 8628 City: CRANSTON State: RI Zip Code: 02920		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.9362
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: RI District: 00		

Full Name (Last, First, Middle Initial) B. TAUZIN, W J BILLY		Date of Disbursement 10 ^M / 23 ^D / 2002 ^Y
Mailing Address 104 Hume Ave. City: Alexandria State: VA Zip Code: 22301		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Rpt. ck. for 2002 contribution		Transaction ID: SB23.9367
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: LA District: 03		

Full Name (Last, First, Middle Initial) C. TOM DELAY CONGRESSIONAL COMMITTEE		Date of Disbursement 10 ^M / 31 ^D / 2002 ^Y
Mailing Address 10707 Corporate Drive Suite 130 City: Stafford State: TX Zip Code: 77477		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.9406
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: TX District: 22		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. WELPAC

Mailing Address

870 Corporate Drive

Suite 302

City

State

Zip Code

Lexington

KY

40503

Purpose of Disbursement

PAC Contribution

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

2002

Primary

General

X Other (specify) ▼

Other

Date of Disbursement

10 / 31 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: 5B23.9412

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

54928.02

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 10 th / 21 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 36.00	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: 5829.9938	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	36.00
TOTAL This Period (last page this line number only)	▶	36.00