

**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)	X 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)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 05 01 2002 through 05 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John H. Scott

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>h</sup>05 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>05 <sup>d</sup>31 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	89159.46	
(c) Total Receipts (from Line 19) .....	16236.00	113991.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105395.46	155508.76
7. Total Disbursements (from Line 30) .....	17848.28	67961.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	87547.18	87547.18
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>MM</sup>05 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>05 <sup>DD</sup>31 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10300.00	
(ii) Unitemized .....	5936.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16236.00	113991.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	16236.00	113991.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	16236.00	113991.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	16236.00	113991.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	476.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	476.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17200.00	64336.59
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.....	648.28	648.28
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	17848.28	67961.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17848.28	67961.58
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	16236.00	113991.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	16236.00	113991.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	476.71
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	476.71

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

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

FOR LINE NUMBER: PAGE 5 / 18

(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. Atman Howard B. Dr.

Mailing Address

4570 Vera Cruz Road

City

Emmaus

State

PA

Zip Code

18049-0586

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Warren Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8485

Full Name (Last, First, Middle Initial)

B. Austin R. Marshal

Mailing Address

785 Creekside Dr.

City

Mount Pleasant

State

SC

Zip Code

29464

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Coastal Pathology Laboratories

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8420

Full Name (Last, First, Middle Initial)

C. Bercato Mark Jeffrey Dr.

Mailing Address

Department of Pathology

38000 Euclid Avenue

City

Willoughby

State

OH

Zip Code

44094

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Lake West Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8482

**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 6 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Bartlett Bryan L. Dr.

Mailing Address  
Department of Pathology PO Box 31  
City State Zip Code  
Ft Worth TX 76101

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Baylor-Al Saints Episcopal Hosp Pathologist

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

Transaction ID: SA11A1.8460

**B.** Full Name (Last, First, Middle Initial)  
Eckel E. Randy

Mailing Address  
3100 Burks Ln  
City State Zip Code  
Austin TX 78732-2116

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
North Austin Med Ctr Pathologist

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

Transaction ID: SA11A1.8462

**C.** Full Name (Last, First, Middle Initial)  
Frus Ronald D. Dr.

Mailing Address  
1520 7th Street  
City State Zip Code  
Moline IL 61205-1205

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Unaffiliated Pathologist

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

Transaction ID: SA11A1.8448

**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: PAGE 7 / 18

(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. Goldstein Jeffrey D. Dr.

Mailing Address

Department of Pathology 800 Prudential Drive

City State Zip Code

Jacksonville FL 32207

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Baptist Med Center

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8463

Full Name (Last, First, Middle Initial)

B. Goswitz Joseph J. Dr.

Mailing Address

311 Woodlawn Avenue

City State Zip Code

St. Paul MN 55105

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Mercy Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8483

Full Name (Last, First, Middle Initial)

C. Hanson Daniel J. Dr.

Mailing Address

1946 N. 19th Street Suite 901

City State Zip Code

Toledo OH 43624

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Pathology Laboratories Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8497

**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 8 / 18

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. Herbek Gene N. Dr.

Mailing Address

Pathology Department 272D Stone Park Blvd.

City State Zip Code

Sioux City IA 51104

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
St. Luke's Reg Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8416

Full Name (Last, First, Middle Initial)

B. Iacocca Mary V. Dr.

Mailing Address

Dept of Path, Box 6001 4755 Ogletown-Stanton Rd

City State Zip Code

Newark DE 19718

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Christiana Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8487

Full Name (Last, First, Middle Initial)

C. Kafka Michael T. Dr.

Mailing Address

Department of Pathology 272D Stone Park Blvd

City State Zip Code

Sioux City IA 51104

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
St. Luke's Reg Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8387

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

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



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

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

FOR LINE NUMBER: PAGE 9 / 18

(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. Leeburg William Thomas Dr.

Mailing Address

8774 West R Avenue

City

State

Zip Code

Kalamazoo

MI

49009-9009

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Bronson Methodist Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8456

Full Name (Last, First, Middle Initial)

B. Murphy Kara K. Dr.

Mailing Address

1000 E 21st St Ste 4100

City

State

Zip Code

Sioux Falls

SD

57103

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Physicians Laboratory Ltd

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8471

Full Name (Last, First, Middle Initial)

C. Nawn James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

Date of Receipt

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

Amount of Each Receipt this Period

200.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Transaction ID: SA11A1.8396

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

**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 10 / 18

(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. Neff John C. Dr.

Mailing Address

Department of Pathology 1924 Alcoa Highway

City State Zip Code

Knoxville TN 37920

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Univ of Tennessee Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: SA11A1.8385

Full Name (Last, First, Middle Initial)

B. Odell Dale S. Dr.

Mailing Address

Department of Pathology 8200 Walnut Hill Ln

City State Zip Code

Dallas TX 75231

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Presbyterian Hospital of Dallas

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8387

Full Name (Last, First, Middle Initial)

C. Olson Steven P. Dr.

Mailing Address

1000 E 21st Suite 4100

City State Zip Code

Sioux Falls SD 57105

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 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  
Physicians Laboratory Ltd

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8509

**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: PAGE 11 / 18

(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. Puckett Thomas G. Dr.

Mailing Address

Department of Pathology 415 S 28th Ave

City State Zip Code

Hattiesburg MS 39401

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Hattiesburg Clinic, PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8453

Full Name (Last, First, Middle Initial)

B. Quirey Robert A. Dr.

Mailing Address

2045 N. Alabama Street

City State Zip Code

Indianapolis IN 46202

Date of Receipt

N M / D E / Y Y Y Y  
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Vincent Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8424

Full Name (Last, First, Middle Initial)

C. Webb Sarah V. Dr.

Mailing Address

Department of Pathology 1600 Hospital Parkway

City State Zip Code

Bedford TX 76022

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Harris Methodist HEB

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8474

**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 12 / 18
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)  
Wells Robert B. Dr.

Mailing Address  
9D1 Turtle Creek Drive

City State Zip Code  
Tyler TX 75701-5701

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

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

Name of Employer Pathology Associates of Tyler	Occupation Pathologist
---	---------------------------

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

Transaction ID: SA11A1.8401

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>10300.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 18

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Bill Thomas PAC</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 23661 City: Alexandria State: VA Zip Code: 22304		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: CA District: 21	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	Transaction ID: SB23.8557

Full Name (Last, First, Middle Initial) <b>B. Committee for Preservation of Capitalism</b>		Date of Disbursement 05 / 22 / 2002
Mailing Address PO Box 22614 City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	Transaction ID: SB23.8561

Full Name (Last, First, Middle Initial) <b>C. DASHPAC</b>		Date of Disbursement 05 / 01 / 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	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	Transaction ID: SB23.8533

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 18

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dave Camp for Congress</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 423 City: Midland State: MI Zip Code: 48640		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.8555
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MI District: 4		

Full Name (Last, First, Middle Initial) <b>B. Earl Pomeroy for Congress</b>		Date of Disbursement 05 / 29 / 2002
Mailing Address P.O. Box 746 City: Bismarck State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.8549
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) <b>C. Friends of J.C. Watts</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 720445 City: Norman State: OK Zip Code: 73070		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.8559
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: OK District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 18

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Committee</b>		Date of Disbursement 05 / 21 / 2002	
Mailing Address 4451 Brookfield Corporate Dr. #200 City: Chanhilly State: VA Zip Code: 20151		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	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.853B	
State: MN District: 3			

Full Name (Last, First, Middle Initial) <b>B. John Dingell for Congress</b>		Date of Disbursement 05 / 08 / 2002	
Mailing Address P.O. Box 75214 City: Washington State: DC Zip Code: 20013		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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8541	
State: MI District: 16			

Full Name (Last, First, Middle Initial) <b>C. Pete Start Re-Election Committee</b>		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 8331 City: Fremont State: CA Zip Code: 94537		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	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8543	
State: CA District: 13			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

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

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

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

Full Name (Last, First, Middle Initial) <b>A. PIONEER POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 05 / 21 / 2002	
Mailing Address 412 FIRST STREET SE SUITE 100 City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8547	
Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/>		
State: District:	X Other (specify) <input type="checkbox"/> Other/PAC		

Full Name (Last, First, Middle Initial) <b>B. PRYCE FOR CONGRESS</b>		Date of Disbursement 05 / 01 / 2002	
Mailing Address 1200 Trinity Drive City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8553	
Candidate Name		Category/ Type	
Office Sought: X House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/>		
State: OH District: 15	Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) <b>C. Redwine Congressional Committee</b>		Date of Disbursement 05 / 22 / 2002	
Mailing Address 528 Nebraska Street City State Zip Code Sioux City IA 51101		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement		Transaction ID: SB23.8551	
Candidate Name		Category/ Type	
Office Sought: X House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/>		
State: IA District: 6	Other (specify) <input type="checkbox"/>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Ron Lewis</b>		Date of Disbursement 05 / 01 / 2002
Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702		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: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.8535
State: KY District: 2		

Full Name (Last, First, Middle Initial) <b>B. Shaddegg for Congress</b>		Date of Disbursement 05 / 15 / 2002
Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8545
State: AZ District: 4		

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson for US Senate</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 1858 City Sioux Falls State SD Zip Code 57101		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.8563
State: SD District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>17000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

<p>Full Name (Last, First, Middle Initial)</p> <p>A. Sun Trust Bank</p> <p>Mailing Address</p> <p>PO Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement</p> <p>Fees</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>05<sup>N</sup> / 21<sup>M</sup> / 2002<sup>Y</sup></p> <p>Amount of Each Disbursement this Period</p> <p>648.28</p>
<p>Office Sought: House Senate President</p> <p>State: District:</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Category/Type</p> <p>Transaction ID: SB29.8564</p>

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>648.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>648.28</b>