

**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)  
(a) Quarterly Reports:  
Feb 20 (M2) May 20 (M5) X 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 (M13)  
April 15 Quarterly Report(Q1)  
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: General (30G) Runoff (30R) Special (30S)  
Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2002 through 07 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 10 08 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2002 To: <sup>h</sup>07 <sup>D</sup>31 <sup>v</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	68198.81	
(c) Total Receipts (from Line 19) .....	3825.00	119865.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72023.81	161382.76
7. Total Disbursements (from Line 30) .....	14023.04	103381.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58000.77	58000.77
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>07 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>07 <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) .....	2750.00	
(ii) Unitemized .....	1075.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3825.00	119865.00
(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) .....	3825.00	119865.00
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) .....	3825.00	119865.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	3825.00	119865.00

**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.....	212.69	2021.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	212.69	2021.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13810.35	98212.16
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	648.12
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	14023.04	103381.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	14023.04	103381.99
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	3825.00	119865.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	3825.00	119865.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	212.69	2021.69
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	212.69	2021.69

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

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

FOR LINE NUMBER: PAGE 5 / 12

(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. Bauer Stephen N. Dr.

Mailing Address

Laboratory 8501 Coyle Ave.

City State Zip Code

Carmichael CA 95608

Date of Receipt

N M / D E / Y Y Y Y  
07 / 15 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Mercy San Juan Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8834

Full Name (Last, First, Middle Initial)

B. Ferguson Jere W. Dr.

Mailing Address

1918 W State St

City State Zip Code

Bristol TN 37620

Date of Receipt

N M / D E / Y Y Y Y  
07 / 15 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Intermountain Pathology Assoc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8838

Full Name (Last, First, Middle Initial)

C. Mazur Michael T. Dr.

Mailing Address

600 E Genesee St Suite 905

City State Zip Code

Syracuse NY 13202

Date of Receipt

N M / D E / Y Y Y Y  
07 / 29 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Crouse Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8852

**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 / 12	
	<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

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  
M M / D D / Y Y Y Y  
07 / 20 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Univ of Tennessee Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2001.00

Transaction ID: SA11A1.8853

Full Name (Last, First, Middle Initial)  
B. O'Brien Michael J. Dr.

Mailing Address  
Department of Pathology 784 Massachusetts Ave.  
City State Zip Code  
Boston MA 02118

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Boston Med Ctr Pathologist

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

Transaction ID: SA11A1.8846

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2750.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sun Trust Bank</b>		Date of Disbursement 07 <sup>th</sup> 02 <sup>nd</sup> 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 200.69	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		
		Transaction ID: SB21B.8887	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>200.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>200.69</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AMERICA'S MAJORITY TRUST</b>		Date of Disbursement 07 / 22 / 2002	
Mailing Address 1155 21ST STREET NW SUITE 300 City: WASHINGTON State: DC Zip Code: 20036		Amount of Each Disbursement this Period 1500.00	
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: 02	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other		
		Transaction ID: SB23.8808	

Full Name (Last, First, Middle Initial) <b>B. Bart Gordon for Congress</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address PO Box 2008 City: Murfreesboro State: TN Zip Code: 37133		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name Bart Gordon for Congress		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other		
		Transaction ID: SB23.8814	

Full Name (Last, First, Middle Initial) <b>C. Denise Bell</b>		Date of Disbursement 07 / 22 / 2002	
Mailing Address 1350 I Street NW Suite 500 City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1208.20	
Purpose of Disbursement In Kind- America's Majority Trst Dinner 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) <input type="checkbox"/> Other		
		Transaction ID: SB23.8812	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3208.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FREEDOM PROJECT; THE</b>			Date of Disbursement 07 / 25 / 2002	
Mailing Address 111 C STREET SE City State Zip Code WASHINGTON DC 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC			Transaction ID: SB23.8798	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: OH           District: 05				

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CONNIE MORELLA FOR CONGRESS</b>			Date of Disbursement 07 / 18 / 2002	
Mailing Address 7101 Wisconsin Avenue # 102           7101 Wisconsin Avenue # 102 City State Zip Code Bethesda MD 20814			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.8797	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MD           District: 08				

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF PATRICK J KENNEDY INC</b>			Date of Disbursement 07 / 15 / 2002	
Mailing Address 400 C Street NE                               Suite 201 City State Zip Code Washington DC 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.8805	
Candidate Name				
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: RI           District: 01				

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. HULSHOF FOR CONGRESS</b>		Date of Disbursement 07 / 17 / 2002
Mailing Address PO Box 16021 City: Alexandria State: VA Zip Code: 22302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8801
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jerry Weller for Congress</b>		Date of Disbursement 07 / 26 / 2002
Mailing Address PO Box 2368 City: Joliet State: IL Zip Code: 60434		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name Jerry Weller for Congress		Transaction ID: SB23.8811
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LATHAM FOR CONGRESS</b>		Date of Disbursement 07 / 09 / 2002
Mailing Address PO Box 71 PO BOX 71 City: Clarion State: IA Zip Code: 50525		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8803
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Manzullo for Congress</b>		Date of Disbursement 07 / 25 / 2002	
Mailing Address 801 N Pitt St Suite 120 City State Zip Code Alexandria VA 22314		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: SB23.8807	
State: IL      District: 16			

Full Name (Last, First, Middle Initial) <b>B. NORWOOD FOR CONGRESS</b>		Date of Disbursement 07 / 25 / 2002	
Mailing Address PO Box 499 PO BOX 499 City State Zip Code Evans CA 95808		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: SB23.8817	
State: CA      District: 10			

Full Name (Last, First, Middle Initial) <b>C. PIONEER POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 07 / 23 / 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 PAC 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.8800	
State: OH      District: 07			

<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 12 / 12

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		Date of Disbursement 07 <sup>N</sup> / 30 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address PO BOX 1859 City SIOUX FALLS		State SD	Zip Code 57101
Purpose of Disbursement		Amount of Each Disbursement this Period 1602.15	
Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		Category/ Type	
Office Sought:	House <input checked="" type="checkbox"/> Senate President	Disbursement For:	2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼
State: SD	District: 00	Transaction ID: SB23.8815	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1602.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13810.35</b>