

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00274944

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

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

5. Covering Period 06 01 2003 through 06 30 2003

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 07 16 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M06 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period	57432.63	
(c) Total Receipts (from Line 19)	4295.00	119426.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61727.63	153581.38
<hr/>		
7. Total Disbursements (from Line 31)	15411.99	107265.74
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46315.64	46315.64
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M06 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2550.00	
(ii) Unitemized	1745.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4295.00	119176.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4295.00	119176.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4295.00	119426.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4295.00	119426.60

DETAILED SUMMARY PAGE

of Disbursements

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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.....	411.99	1442.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	411.99	1442.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	105147.86
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	675.48
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15411.99	107265.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15411.99	107265.74

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4295.00	119176.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4295.00	119176.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	411.99	1442.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	411.99	1442.41

**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 / 13	
	<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

Full Name (Last, First, Middle Initial) A. Blomberg David J. Dr.		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address Department of Pathology 502 E Second Street		Transaction ID: SA11A1.11601
City Duluth	State MN	Zip Code 55805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Miller-Dwan Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DeCresce Robert P. Dr.		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 839 W. Belden Ave.		Transaction ID: SA11A1.11605
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gurdek Robert George Dr.		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address Department of Pathology 1350 E. Market St.		Transaction ID: SA11A1.11628
City Warren	State OH	Zip Code 44482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trumbull Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 13	
	<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

Full Name (Last, First, Middle Initial) A. Harbour John R. Dr.		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 8112 Laurel Valley Ct		Transaction ID: SA11A1.11606
City Ft Worth	State TX	Zip Code 76132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harris Methodist Forth Worth	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. McCarthy Paul J. Dr.		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address Department of Pathology 400 W. 16th St.		Transaction ID: SA11A1.11609
City Pueblo	State CO	Zip Code 81003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkview Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. White Robert M. Dr.		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address Department of Pathology PO Box 13367		Transaction ID: SA11A1.11629
City Roanoke	State VA	Zip Code 24033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carilion Roanoke Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	2550.00

**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 8 / 13
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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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		Transaction ID: SB21B.11677 Date of Disbursement 06 / 03 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 346.99		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Merchant Service fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.11678 Date of Disbursement 06 / 20 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 65.00		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Bank Service charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	411.99
TOTAL This Period (last page this line number only)	▶	411.99

**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 9 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. A LOT OF PEOPLE SUPPORTING TOM DASCHLE INC		Transaction ID: SB23.11656 Date of Disbursement 06 / 16 / 2003	
Mailing Address P O BOX 1656			
City SIOUX FALLS	State SD	Zip Code 57101	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Tom Daschle			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SD	District: D0		

Full Name (Last, First, Middle Initial) B. BOOZMAN FOR CONGRESS		Transaction ID: SB23.11636 Date of Disbursement 06 / 09 / 2003	
Mailing Address PO BOX 671			
City ROGERS	State AR	Zip Code 72757	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name John Boozman			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR	District: D3		

Full Name (Last, First, Middle Initial) C. CHRIS JOHN FOR CONGRESS		Transaction ID: SB23.11658 Date of Disbursement 06 / 16 / 2003	
Mailing Address P.O. Drawer 307			
City Crawley	State LA	Zip Code 70527	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name CHRIS JOHN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA	District: 7		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.11652 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO Box 746		Amount of Each Disbursement this Period 1000.00	
City Bismarck	State ND		Zip Code 58502
Purpose of Disbursement			Category/ Type
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FLETCHER FOR CONGRESS		Transaction ID: SB23.11635 Date of Disbursement 06 / 09 / 2003	
Mailing Address P.O. Box 4703		Amount of Each Disbursement this Period 2500.00	
City LEXINGTON	State KY		Zip Code 40544
Purpose of Disbursement			Category/ Type
Candidate Name Ernie Fletcher			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KY District: D6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARK FOLEY		Transaction ID: SB23.11642 Date of Disbursement 06 / 16 / 2003	
Mailing Address P.O. Box 30505		Amount of Each Disbursement this Period 650.00	
City Palm Beach Gardens	State FL		Zip Code 33410
Purpose of Disbursement			Category/ Type
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 16	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	4150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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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 Mark Foley		Transaction ID: SB23.11641 Date of Disbursement 06 / 16 / 2003		
Mailing Address PO Box 30505		Amount of Each Disbursement this Period 350.00		
City Palm Beach Gardens	State FL			Zip Code 33410
Purpose of Disbursement				Category/ Type
Candidate Name Mark Foley				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 16	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROY BLUNT		Transaction ID: SB23.11654 Date of Disbursement 06 / 16 / 2003		
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2500.00		
City Springfield	State MO			Zip Code 65805
Purpose of Disbursement				Category/ Type
Candidate Name Roy Blunt				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. HULSHOF FOR CONGRESS		Transaction ID: SB23.11662 Date of Disbursement 06 / 23 / 2003		
Mailing Address Post Office Box 1621		Amount of Each Disbursement this Period 1000.00		
City Columbia	State MO			Zip Code 65010
Purpose of Disbursement				Category/ Type
Candidate Name Kenny Hulshof				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District 09	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	3850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. JIM GERLACH FOR CONGRESS COMMITTEE		Transaction ID: SB23.1166D Date of Disbursement 06 / 16 / 2003
Mailing Address 911 WELSH AYRES WAY		Amount of Each Disbursement this Period 1000.00
City DOWNINGTOWN	State PA Zip Code 19335	
Purpose of Disbursement		
Candidate Name JIM GERLACH FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: D6		

Full Name (Last, First, Middle Initial) B. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.1166B Date of Disbursement 06 / 27 / 2003
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 1000.00
City New Britain	State CT Zip Code 06050	
Purpose of Disbursement		
Candidate Name Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CT District: D5		

Full Name (Last, First, Middle Initial) C. KEEP OUR MAJORITY PAC		Transaction ID: SB23.11679 Date of Disbursement 06 / 05 / 2003
Mailing Address PO Box 20209		Amount of Each Disbursement this Period -1000.00
City Alexandria	State VA Zip Code 22320	
Purpose of Disbursement Refund of overpayment		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. OXLEY FOR CONGRESS		Transaction ID: SB23.11664 Date of Disbursement 06 / 23 / 2003	
Mailing Address P.O. Box 2004			
City FINDLAY	State OH	Zip Code 45839	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Mike Oxley			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Pryce Project		Transaction ID: SB23.11648 Date of Disbursement 06 / 16 / 2003	
Mailing Address 2042 Peach Orchard Drive Suite 316			
City Falls Church	State VA	Zip Code 22043	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: 15	Disbursement For: 2003 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE		Transaction ID: SB23.11638 Date of Disbursement 06 / 09 / 2003	
Mailing Address P.O. Box 3498			
City PORTLAND	State OR	Zip Code 97208	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Ron Wyden			
Office Sought: House <input checked="" type="checkbox"/> Senate President State: OR District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	15000.00