

**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) | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) | |
| | July 15 Quarterly Report(Q2) | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) | |
| | October 15 Quarterly Report(Q3) | (c) 12-Day PRE-Election Report for the: | Primary (12P) | General (12G) | Runoff (12R) | |
| | January 31 Quarterly Report(YE) | Convention (12C) | Special (12G) | | | |
| | July 31 Mid-Year Report(Non-election Year Only) (MY) | Election on | | | in the State of | |
| | Termination Report (TER) | (d) 30-Day Post -Election Report for the: | General (30G) | Runoff (30R) | Special (30S) | |
| | | Election on | | | in the State of | |

5. Covering Period 12 01 2003 through 12 31 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 01 30 2004

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: ^M12 ^{: :}01 ^{Y (Y)}2003 To: ^M12 ^{: :}31 ^{Y (Y)}2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^{Y (Y)} 2003 | | 34154.78 |
| (b) Cash on Hand at Beginning of Reporting Period | 49553.08 | |
| (c) Total Receipts (from Line 19) | 36656.00 | 236043.60 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 86209.08 | 270198.38 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 8565.95 | 192555.25 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 77643.13 | 77643.13 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| <hr/> | | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M12 ⁻01 ⁻2003 To: ^M12 ⁻31 ⁻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) | 26100.00 | |
| (ii) Unitemized | 10556.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 36656.00 | 235793.60 |
| (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) | 36656.00 | 235793.60 |
| 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)) | 36656.00 | 236043.60 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 36656.00 | 236043.60 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 65.95 | 2581.92 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 65.95 | 2581.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 6500.00 | 169297.66 |
| 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)).. | 6565.95 | 192555.25 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 6565.95 | 192555.25 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 36656.00 | 235793.60 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36656.00 | 235793.60 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 65.95 | 2561.92 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 65.95 | 2561.92 |

**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 / 31 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Addington Sheri L. Dr. | | Date of Receipt M / D / Y 12 / 02 / 2003 |
| Mailing Address 416 Spring Mill Drive | | Transaction ID: SA11A1.12641 |
| City Kerrville | State TX | Zip Code 78028 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer AmeriPath | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Anderson Richard R. Dr. | | Date of Receipt M / D / Y 12 / 10 / 2003 |
| Mailing Address Department of Pathology 801 S Washington St | | Transaction ID: SA11A1.12691 |
| City Naperville | State IL | Zip Code 60566-7060 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Edward Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Andres Dale F. Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address Department of Pathology 1000 4th Street SW | | Transaction ID: SA11A1.12700 |
| City Mason City | State IA | Zip Code 50401 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Mercy Med Ctr-North Iowa | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 31 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Assarian Gary Steven Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address Department of Pathology 23775 Northwestern Hwy | | Transaction ID: SA11A1.12728 |
| City Southfield | State MI | Zip Code 48075 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Professional Lab Management | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Bashner Paul | | Date of Receipt M / D / Y 12 / 10 / 2003 |
| Mailing Address Dept of Pathology & Lab Medicine 800 Rose Street | | Transaction ID: SA11A1.12733 |
| City Lexington | State KY | Zip Code 40526-0238 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Univ of Kentucky Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Becker Carl G. Dr. | | Date of Receipt M / D / Y 12 / 22 / 2003 |
| Mailing Address Department of Pathology 8701 Watertown Plank Rd | | Transaction ID: SA11A1.12787 |
| City Milwaukee | State WI | Zip Code 53221 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Med College of Wisconsin | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 650.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1300.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 31 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bengtson Kenneth L. Dr. | | Date of Receipt M / D / Y 12 / 09 / 2003 |
| Mailing Address 8100 Chancellor Drive Suite 130 | | Transaction ID: SA11A1.12640 |
| City State Zip Code Orlando FL 32809 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer AmeriPath Orlando | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Berg Laurence C. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address Department of Pathology 1838 South Ave. | | Transaction ID: SA11A1.12752 |
| City State Zip Code La Crosse WI 54601 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Gundersen Lutheran Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Bernard David W. Dr. | | Date of Receipt M / D / Y 12 / 04 / 2003 |
| Mailing Address 503 Crestridge Dr | | Transaction ID: SA11A1.12868 |
| City State Zip Code Sugar Land TX 77479-7479 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 / 31 | |
| | <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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College of American Pathologists Political Action Committee

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Boetsman Richard J. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 |
| Mailing Address Department of Pathology 3401 W. Gore Boulevard | | Transaction ID: SA11A1.12602 |
| City Lawton | State OK | Zip Code 73505 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Comanche County Mem Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Clarke Haldene D. Dr. | | Date of Receipt M / D / Y 12 / 24 / 2003 |
| Mailing Address 75 Oak Hill Drive | | Transaction ID: SA11A1.12641 |
| City East Norwich | State NY | Zip Code 11732 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Lutheran Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Cohen Donald L. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 |
| Mailing Address Dept. of Laboratories 740 E State St | | Transaction ID: SA11A1.12642 |
| City Sharon | State PA | Zip Code 16148-5328 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Sharon Regional Health System | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| 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 / 31 | |
| | <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. Cook John R. Dr. | | Date of Receipt M / D / Y 12 / 24 / 2003 |
| Mailing Address Department of Pathology 1015 Union St PO Box 542 | | Transaction ID: SA11A1.12658 |
| City State Zip Code Boone IA 50036-4821 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Unaffiliated | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
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| Full Name (Last, First, Middle Initial) B. Cooper Gary L. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 |
| Mailing Address Department of Pathology 1801 Clinch Avenue | | Transaction ID: SA11A1.12754 |
| City State Zip Code Knoxville TN 37916 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Ft Sanders Reg Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cooper Thomas Joseph Dr. | | Date of Receipt M / D / Y 12 / 29 / 2003 |
| Mailing Address 5820 East El Parque Street | | Transaction ID: SA11A1.12799 |
| City State Zip Code Long Beach CA 90815-4129 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| Name of Employer Centinela Hosp Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 11 / 31 | |
| | <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. Crawford James MacKinnon Dr. | | Date of Receipt M / D / Y 12 / 16 / 2003 |
| Mailing Address Department of Pathology PO Box 100275, JHMHC Rm M649 | | Transaction ID: SA11A1.12813 |
| City Gainesville | State FL | Zip Code 32610-0275 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Univ of Florida | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Cribbett Larry S. Dr. | | Date of Receipt M / D / Y 12 / 28 / 2003 |
| Mailing Address 8100 Chancellor Drive | | Transaction ID: SA11A1.12702 |
| City Orlando | State FL | Zip Code 32809 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer AmeriPath Orlando | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Danmore Tamara L. Dr. | | Date of Receipt M / D / Y 12 / 10 / 2003 |
| Mailing Address 448 S. Tamiami Trail Second Floor | | Transaction ID: SA11A1.12868 |
| City Venice | State FL | Zip Code 34285 |
| 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 | |

| | | |
|---|---|----------------|
| 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 / 31 | |
| | <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. Dickman Paul S. Dr. | | Date of Receipt M / D / Y 12 / 15 / 2003 |
| Mailing Address 181 D E Augusta Ave | | Transaction ID: SA11A1.12674 |
| City Phoenix | State AZ | Zip Code 85020 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Unaffiliated | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dito William R. Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address PO Box 12538 | | Transaction ID: SA11A1.12653 |
| City La Jolla | State CA | Zip Code 92039 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Unaffiliated | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Eggers Jordan W. Dr. | | Date of Receipt M / D / Y 12 / 31 / 2003 |
| Mailing Address 38 Woodland Dr | | Transaction ID: SA11A1.12741 |
| City Boyer | State LA | Zip Code 71409-9611 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 / 31 | |
| | <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. Foster Steven V. Dr. | | Date of Receipt M / D / Y 12 / 24 / 2003 |
| Mailing Address Department of Pathology 1441 North Beckley | | Transaction ID: SA11A1.12637 |
| City State Zip Code Dallas TX 75203 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Methodist Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Francisco Jerry T. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address 1196 Yorkshire | | Transaction ID: SA11A1.12649 |
| City State Zip Code Memphis TN 38113 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Franklin Ray B. Dr. | | Date of Receipt M / D / Y 12 / 31 / 2003 |
| Mailing Address Department of Pathology 1414 S Orange Ave | | Transaction ID: SA11A1.12747 |
| City State Zip Code Orlando FL 32808-2063 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Orlando Regional Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 / 31 | |
| | <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. Freedman S. Robert | | Date of Receipt M / D / Y 12 / 02 / 2003 |
| Mailing Address Department of Pathology 225 North Jackson Avenue | | Transaction ID: SA11A1.12616 |
| City State Zip Code San Jose CA 95116 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Regional Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Fuks Richard M. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address 1576 Clark Rd | | Transaction ID: SA11A1.12659 |
| City State Zip Code Charleston WV 25314 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer HJ Thomas Memorial Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Gareta-Rios Jose L. Dr. | | Date of Receipt M / D / Y 12 / 11 / 2003 |
| Mailing Address 217 Government Ave | | Transaction ID: SA11A1.12633 |
| City State Zip Code Niceville FL 32578-1875 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer Pathology Services Laboratory | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 15 / 31 | |
| | <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. Geller Stephen A. Dr. | | Date of Receipt M / D / Y 12 / 11 / 2003 |
| Mailing Address Dept of Pathology & Lab Med 8700 Beverly Blvd | | Transaction ID: SA11A1.12605 |
| City Los Angeles | State CA | Zip Code 90048-0750 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Cedars-Sinai Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Gonzalez America A. Dr. | | Date of Receipt M / D / Y 12 / 03 / 2003 |
| Mailing Address Department of Pathology PO Box 128B | | Transaction ID: SA11A1.12606 |
| City Tampa | State FL | Zip Code 33601-128B |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 130.00 |
| Name of Employer Tampa General Hospital | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Goodman Paul A. Dr. | | Date of Receipt M / D / Y 12 / 17 / 2003 |
| Mailing Address Department of Laboratories 44201 Dequindre Rd | | Transaction ID: SA11A1.12607 |
| City Troy | State MI | Zip Code 48065-1117 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer William Beaumont Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 480.00 |
| 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 16 / 31 | |
| | <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. Goswitz Joseph J. Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address 311 Woodlawn Avenue | | Transaction ID: SA11A1.12827 |
| City St. Paul | State MN | Zip Code 55105 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Mercy Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Holquist Alan E. Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address 8241 Woodcreek Dr | | Transaction ID: SA11A1.12731 |
| City Florence | State KY | Zip Code 41042 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Hoswell James E. Dr. | | Date of Receipt M / D / Y 12 / 31 / 2003 |
| Mailing Address Laboratory 130 Division Street | | Transaction ID: SA11A1.12714 |
| City Derby | State CT | Zip Code 06418 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Griffin Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1600.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 17 / 31 | |
| | <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

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Hoak David C. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address PD Box 3405 | | Transaction ID: SA11A1.12748 |
| City Spokane | State WA | Zip Code 99220-3405 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Pathology Associates Inc PS | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Hoehner Judith J. Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address Department of Pathology 416 Connable Street | | Transaction ID: SA11A1.12601 |
| City Petoskey | State MI | Zip Code 49770-9770 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. House Daniel Lee Dr. | | Date of Receipt M / D / Y 12 / 16 / 2003 |
| Mailing Address 1000 N. 18th Street | | Transaction ID: SA11A1.12784 |
| City New Castle | State IN | Zip Code 47362 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 / 31 | |
| | <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. Johnson Rebecca L. Dr. | | Date of Receipt M / D / Y 12 / 30 / 2003 |
| Mailing Address Pathology & Clinical Labs 725 North Street | | Transaction ID: SA11A1.12715 |
| City Pittsfield | State MA | Zip Code 01201 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Berkshire Health Systems | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kwon David L. Dr. | | Date of Receipt M / D / Y 12 / 17 / 2003 |
| Mailing Address Department of Pathology 201 State Street | | Transaction ID: SA11A1.12621 |
| City Erie | State PA | Zip Code 16550 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Harol Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Lanehart Willem H. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 |
| Mailing Address 99 Vine Avenue | | Transaction ID: SA11A1.12713 |
| City Clifton Forge | State VA | Zip Code 24422-9628 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Allegheny Regional Hospital | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 / 31 | |
| | <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

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mason John W. Dr. | | Date of Receipt M / D / Y 12 / 30 / 2003 |
| Mailing Address Pathology & Lab Med Svc (113) PO Box 5005 | | Transaction ID: SA11A1.12534 |
| City Bay Pines | State FL | Zip Code 33744 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer VA Med Ctr-Bay Pines | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. McTigue Arthur H. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address Department of Pathology One Hospital Drive | | Transaction ID: SA11A1.12622 |
| City Lewisburg | State PA | Zip Code 17837 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Evangelical Community Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Monte Stephen Flint Dr. | | Date of Receipt M / D / Y 12 / 17 / 2003 |
| Mailing Address Department of Pathology 1395 South Pinellas Avenue | | Transaction ID: SA11A1.12824 |
| City Tarpon Springs | State FL | Zip Code 34689 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Helen Ellis Memorial Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 775.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 20 / 31 | |
| | <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. Mudrovich Steven A. Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address Department of Pathology 1400 Eighth Ave | | Transaction ID: SA11A1.12695 |
| City State Zip Code Ft Worth TX 76104-4110 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Pathologist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Nelson Janice M. Dr. | | Date of Receipt M / D / Y 12 / 06 / 2003 |
| Mailing Address 209 Ramona Avenue | | Transaction ID: SA11A1.12691 |
| City State Zip Code Sierra Madre CA 91024-2456 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Occupation Pathologist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Nelson Mary L. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address 7829 East Rockhill Building 400 | | Transaction ID: SA11A1.12618 |
| City State Zip Code Wichita KS 67208 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 325.00 |
| Name of Employer Occupation Pathologist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 825.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 21 / 31 | |
| | <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. Nixon John B. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address Department of Pathology 530 NE Glen Oak Ave | | Transaction ID: SA11A1.12706 |
| City Peoria | State IL | Zip Code 61637-1637 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Nugent Rod M. Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address 15 Willow Bridge Dr | | Transaction ID: SA11A1.12671 |
| City Amarillo | State TX | Zip Code 79106 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. O'Brien Lauren Irena Dr. | | Date of Receipt M / D / Y 12 / 19 / 2003 |
| Mailing Address 2322 California Avenue | | Transaction ID: SA11A1.12777 |
| City Santa Monica | State CA | Zip Code 90403-4528 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Pasadena Cytopathology Lab | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

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

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 22 / 31 | |
| | <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. O'Sheal Steven Frank Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address 1974 Chandalar Drive | | Transaction ID: SA11A1.12718 |
| City Pelham | State AL | Zip Code 35124-5124 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Cytology & Pathology Services | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr James E. Dr. | | Date of Receipt M / D / Y 12 / 24 / 2003 |
| Mailing Address Pathology Department 7435 West Talcott Avenue | | Transaction ID: SA11A1.12820 |
| City Chicago | State IL | Zip Code 60631 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Resurrection Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Paulson James A. Dr. | | Date of Receipt M / D / Y 12 / 11 / 2003 |
| Mailing Address 425 Anthwyn Road | | Transaction ID: SA11A1.12807 |
| City Narberth | State PA | Zip Code 19072-2301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Lankenau Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 / 31 | |
| | <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. Penna Regis T. Dr. | | Date of Receipt M / D / Y 12 / 10 / 2003 | |
| Mailing Address Department of Pathology 274 E Chicago St | | Transaction ID: SA11A1.12650 | |
| City State Zip Code Coldwater MI 49006-2088 | Amount of Each Receipt this Period 60.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Community Health Ctr | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Rabb James A. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 | |
| Mailing Address Medical Director 5361 NW 33rd Ave | | Transaction ID: SA11A1.12648 | |
| City State Zip Code Ft Lauderdale FL 33309-6313 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Integrated Regional Labs | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Romano Patricia R. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 | |
| Mailing Address 113 Buxton Road | | Transaction ID: SA11A1.12668 | |
| City State Zip Code Bedford Hills NY 10507 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer C&S Clinical Laboratory Inc | Occupation Pathologist | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 260.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 24 / 31 | |
| | <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. Roth William G. Dr. | | Date of Receipt M / D / Y 12 / 10 / 2003 |
| Mailing Address 446 S. Tamiami Tr 2nd Floor | | Transaction ID: SA11A1.12798 |
| City Venice | State FL | Zip Code 34285 |
| 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) B. Ryzelski Thomas H. Dr. | | Date of Receipt M / D / Y 12 / 28 / 2003 |
| Mailing Address Department of Pathology PO Box 413029 | | Transaction ID: SA11A1.12638 |
| City Naples | State FL | Zip Code 33941-3029 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Naples Community Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Seldner Anne L. Dr. | | Date of Receipt M / D / Y 12 / 19 / 2003 |
| Mailing Address 2950 Elmwood Avenue | | Transaction ID: SA11A1.12808 |
| City Buffalo | State NY | Zip Code 14217 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Kenmore Mercy Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 25 / 31 | |
| | <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. Savage Richard A. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address 1111 8th Avenue | | Transaction ID: SA11A1.12583 |
| City Des Moines | State IA | Zip Code 50314-2611 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Mercy Hospital | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Shattuck Maria Catherine Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address Department of Pathology 416 Connable Avenue | | Transaction ID: SA11A1.12789 |
| City Petoskey | State MI | Zip Code 49770 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Northern Pathology Associates | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Stonaker Charles E. Dr. | | Date of Receipt M / D / Y 12 / 19 / 2003 |
| Mailing Address 24410 Oaklawn Plantation Rd | | Transaction ID: SA11A1.12711 |
| City Pass Christian | State MS | Zip Code 39571 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 26 / 31 | |
| | <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. Sannier Joseph A. Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address 100 Worth Ave #514 | | Transaction ID: SA11A1.12687 |
| City Palm Beach | State FL | Zip Code 33480 |
| 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) B. Slesny Janet F. Dr. | | Date of Receipt M / D / Y 12 / 01 / 2003 |
| Mailing Address 2400 Susannah St PO Box 2484 | | Transaction ID: SA11A1.12804 |
| City Johnson City | State TN | Zip Code 37601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Outpatient Cytopathology Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Stolz Gerald A. Dr. | | Date of Receipt M / D / Y 12 / 05 / 2003 |
| Mailing Address PO Box 925 1430 West C St | | Transaction ID: SA11A1.12781 |
| City Russellville | State AR | Zip Code 72801 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Pathology Services Lab, PA | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

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|---|----------------|
| SUBTOTAL of Receipts TN's Page (optional) | 2250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 27 / 31 | |
| | <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. State Susan M. Dr. | | Date of Receipt M / D / Y 12 / 17 / 2003 |
| Mailing Address Department of Pathology 5420 Kell West Blvd | | Transaction ID: SA11A1.12696 |
| City State Zip Code Wichita Falls TX 76310 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 |
| Name of Employer Kell West Regional Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Szepko Paula E. Dr. | | Date of Receipt M / D / Y 12 / 11 / 2003 |
| Mailing Address PO Box 5001 | | Transaction ID: SA11A1.12792 |
| City State Zip Code High Point NC 27262-5001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer North State Pathology | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Tucker Warren G. Dr. | | Date of Receipt M / D / Y 12 / 24 / 2003 |
| Mailing Address Department of Pathology 316 Calhoun Street | | Transaction ID: SA11A1.12874 |
| City State Zip Code Charleston SC 29401 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer Roper Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|---|---|----------------|
| 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 28 / 31 | |
| | <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. Waldron Michael J. Dr. | | Date of Receipt M / D / Y 12 / 12 / 2003 |
| Mailing Address Department of Pathology 8257 Elmbrook | | Transaction ID: SA11A1.12990 |
| City Dallas | State TX | Zip Code 75247-5247 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ProPath Services | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Waters Leslie Lewis Dr. | | Date of Receipt M / D / Y 12 / 02 / 2003 |
| Mailing Address 5604 Banister Court | | Transaction ID: SA11A1.12743 |
| City Plano | State TX | Zip Code 75069-4227 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Med City Dallas Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Wales Gerald A. Dr. | | Date of Receipt M / D / Y 12 / 08 / 2003 |
| Mailing Address Department of Pathology 875 E Santa Clara | | Transaction ID: SA11A1.12742 |
| City San Jose | State CA | Zip Code 95112 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer San Jose Med Ctr | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|-------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 31 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Wheeler Thomas M. Dr. | | Date of Receipt M / D / Y 12 / 15 / 2003 |
| Mailing Address Department of Pathology 6565 Fannin St | | Transaction ID: SA11A1.12704 |
| City Houston | State TX | Zip Code 77030-2704 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer The Methodist Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Whitson Michael L. Dr. | | Date of Receipt M / D / Y 12 / 11 / 2003 |
| Mailing Address 244 Arnold Rd | | Transaction ID: SA11A1.12668 |
| City Jonesborough | State TN | Zip Code 37658 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 110.00 |
| Name of Employer Innovative Pathology Services | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Wilkinson David S. Dr. | | Date of Receipt M / D / Y 12 / 19 / 2003 |
| Mailing Address Department of Pathology PO Box 890662 | | Transaction ID: SA11A1.12724 |
| City Richmond | State VA | Zip Code 23298-0662 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Med College of Virginia | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1610.00 |
| 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 30 / 31 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Williams Thomas L. Dr. | | Date of Receipt M / D / Y 12 / 09 / 2003 |
| Mailing Address Pathology Department 8303 Dodge Street | | Transaction ID: SA11A1.12839 |
| City Omaha | State NE | Zip Code 68114 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Methodist Hospital | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Zeing Robert Allen Dr. | | Date of Receipt M / D / Y 12 / 28 / 2003 |
| Mailing Address Department of Pathology 217 E Chestnut Street | | Transaction ID: SA11A1.12882 |
| City Louisville | State KY | Zip Code 40220 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Jewish Hosp | Occupation Pathologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 350.00 |
| TOTAL This Period (last page this line number only) | ▶ | 26100.00 |

**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 31 / 31 | |
| | <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: SB23.12995 Date of Disbursement 12 / 11 / 2003 | |
| Mailing Address 424 C Street, NE First Floor | | Amount of Each Disbursement this Period 1000.00 | |
| City Washington | State DC | Zip Code 20002 | Category/ Type |
| Purpose of Disbursement | | Candidate Name | |
| Candidate Name | | | |
| 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. Earl Pomeroy for Congress | | Transaction ID: SB23.12994 Date of Disbursement 12 / 11 / 2003 | |
| Mailing Address P.O. Box 746 | | Amount of Each Disbursement this Period 2500.00 | |
| City Bismarck | State ND | Zip Code 58502 | Category/ Type |
| Purpose of Disbursement | | Candidate Name | |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | |
| State: ND | District: D0 | | |

| | | | |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial) C. lee PAC | | Transaction ID: SB23.12996 Date of Disbursement 12 / 11 / 2003 | |
| Mailing Address 4451 Brookfield Corporate Dr. Suite 200 | | Amount of Each Disbursement this Period 5000.00 | |
| City Chantilly | State VA | Zip Code 20151 | Category/ Type |
| Purpose of Disbursement PAC Contribution | | Candidate Name | |
| 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) | ▶ | 8500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 8500.00 |