

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

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

5. Covering Period 06 01 2002 through 06 30 2002

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

Type or Print Name of Treasurer John H. Scott

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h06 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	87547.18	
(c) Total Receipts (from Line 19)	7044.00	121035.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94591.18	162552.76
7. Total Disbursements (from Line 30)	21397.53	89359.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73193.65	73193.65
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^{MM}06 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4849.00	
(ii) Unitemized	2195.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7044.00	121035.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	7044.00	121035.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7044.00	121035.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	7044.00	121035.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1332.29	1809.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1332.29	1809.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20065.24	84401.63
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	648.26
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	21397.53	89359.11
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	21397.53	89359.11
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7044.00	121035.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7044.00	121035.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1332.29	1809.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1332.29	1809.00

**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 5 / 16

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arreder Michael B. Dr.

Mailing Address

Department of Pathology

443 W/ Oak St

City

State

Zip Code

El Dorado

AR

71731-1918

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Associated Pathologists Lab

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8709

Full Name (Last, First, Middle Initial)

B. Colaman A. Atwell

Mailing Address

Department of Pathology

1519 Taylor Street

City

State

Zip Code

Columbia

SC

29220

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Baptist Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8871

Full Name (Last, First, Middle Initial)

C. Dise Craig A. Dr.

Mailing Address

Department of Pathology

100 Madison Avenue

City

State

Zip Code

Morristown

NJ

07962-1958

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Morristown Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8868

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dito William R. Dr.

Mailing Address

PO Box 12538

City

La Jolla

State

CA

Zip Code

92039

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8712

Full Name (Last, First, Middle Initial)

B. Goshman Gary A. Dr.

Mailing Address

Medical Center

City

Bellflower

Department of Pathology

State

CA

Zip Code

90706

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaiser Permanente Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8870

Full Name (Last, First, Middle Initial)

C. Hammond M. Elizabeth H. Dr.

Mailing Address

Dept of Pathology

City

Salt Lake City

8th Ave and C St

State

UT

Zip Code

84143

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
LDS Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8719

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)

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

A. Full Name (Last, First, Middle Initial)
Jadvin David F. Dr.

Mailing Address
Department of Pathology 183D Flower St
City State Zip Code
Bakersfield CA 93305

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Kern Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.8717

B. Full Name (Last, First, Middle Initial)
Leverona Joseph P. Dr.

Mailing Address
Laboratory 69 W Exchange St
City State Zip Code
St Paul MN 55102

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer St. Joseph's Hosp Occupation Pathologist

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

Transaction ID: SA11A1.8713

C. Full Name (Last, First, Middle Initial)
Mason John W. Dr.

Mailing Address
1 Beach Dr SE #2702
City State Zip Code
St Petersburg FL 33701

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer VA Med Ctr-Bay Pines Occupation Pathologist

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

Transaction ID: SA11A1.8679

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 16	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Nielsen Mary L. Dr.

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 7B29 East Rockhill Building 400 _____
 City State Zip Code _____
 Wichita KS 67206 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period _____
 FEC ID number of contributing federal political committee. _____ 300.00

Name of Employer Occupation _____
 Kansas Pathology Consultants PA Pathologist _____

Receipt For: Aggregate Year-to-Date ▼ _____
 Primary General _____
 Other (specify) ▼ _____ 300.00

Transaction ID: SA11A1.8714

B. Peoples Thomas C. Dr.

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 Department of Pathology 38475 Five Mile Road _____
 City State Zip Code _____
 Livonia MI 48154 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period _____
 FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer Occupation _____
 St. Mary Mercy Hosp Pathologist _____

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

Transaction ID: SA11A1.8697

C. Riley Linda H. Dr.

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 Department of Pathology 333 N Smith Ave _____
 City State Zip Code _____
 St Paul MN 55102 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period _____
 FEC ID number of contributing federal political committee. _____ 249.00

Name of Employer Occupation _____
 Abbott Northwestern Hosp Pathologist _____

Receipt For: Aggregate Year-to-Date ▼ _____
 Primary General _____
 Other (specify) ▼ _____ 249.00

Transaction ID: SA11A1.8699

SUBTOTAL of Receipts This Page (optional) ▶ **799.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sreenan Joseph J. Dr.

Mailing Address

730 W Market Street

City

State

Zip Code

Lima

OH

45801

Date of Receipt

N M / D E / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Rita's Medical Center

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8720

Full Name (Last, First, Middle Initial)

B. Szepko Paula E. Dr.

Mailing Address

1465 Double Creek Dr

City

State

Zip Code

Lewisville

NC

27023

Date of Receipt

N M / D E / Y Y Y Y
06 / 13 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
North State Pathology

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8891

Full Name (Last, First, Middle Initial)

C. Wilkinson David S. Dr.

Mailing Address

Department of Pathology

PO Box 980862

City

State

Zip Code

Richmond

VA

23298-0862

Date of Receipt

N M / D E / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Med College of Virginia

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8715

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ► **4849.00**

**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)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 06 / 04 / 2002	
Mailing Address PO BOX 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 1320.29	
Purpose of Disbursement		Transaction ID: SB21B.8756	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Disbursement 06 / 21 / 2002	
Mailing Address PO BOX 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 12.00	
Purpose of Disbursement		Transaction ID: SB21B.8758	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	1332.29
TOTAL This Period (last page this line number only)	1332.29

**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 / 16

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

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

Full Name (Last, First, Middle Initial) A. 2002 PRESIDENT'S DINNER COMMITTEE; THE			Date of Disbursement 06 / 04 / 2002	
Mailing Address PO BOX 1721 City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Committee Candidate Name			Category/ Type	
Office Sought: House Senate President State: District:		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) Other		
Transaction ID: SB23.8611				

Full Name (Last, First, Middle Initial) B. Anne Berry			Date of Disbursement 06 / 25 / 2002	
Mailing Address 1350 I Street NW Suite 590 City: Washington State: DC Zip Code: 20005			Amount of Each Disbursement this Period 275.30	
Purpose of Disbursement In Kind Candidate Name COLLINS FOR SENATOR			Category/ Type	
Office Sought: House Senate President State: ME District: 00		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify)		
Transaction ID: SB23.8613				

Full Name (Last, First, Middle Initial) C. BILL THOMAS CAMPAIGN COMMITTEE			Date of Disbursement 06 / 25 / 2002	
Mailing Address PO BOX 395 City: BAKERSFIELD State: CA Zip Code: 93302			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name BILL THOMAS CAMPAIGN COMMITTEE			Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 22		Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify)		
Transaction ID: SB23.8615				

SUBTOTAL of Disbursements This Page (optional)	3775.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bruce Morgan CAP		Date of Disbursement 06 / 25 / 2002
Mailing Address 1350 I Street NW Suite 590 City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 789.94
Purpose of Disbursement In Kind	Candidate Name Fred Upton	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.8617
State: MI District: 06		

Full Name (Last, First, Middle Initial) B. CAPUANO FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 25 / 2002
Mailing Address 301 4th Street NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name Michael Capuano	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8619
State: MA District: 06		

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Date of Disbursement 06 / 04 / 2002
Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name Susan Collins	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.8620
State: ME District: 00		

SUBTOTAL of Disbursements This Page (optional)	3289.94
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 / 18	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. DAVE CAMP FOR CONGRESS 2002			Date of Disbursement 06 / 25 / 2002	
Mailing Address 5815 EASTMAN AVE. SUITE 100 5815 EASTMAN AVE. SUITE 100 City State Zip Code MIDLAND MI 48640			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/ Type	Transaction ID: SB23.8621
Candidate Name Dave Camp for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MI District: 04				

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVE WELDON			Date of Disbursement 06 / 10 / 2002	
Mailing Address PO BOX 18021 City State Zip Code Alexandria VA 22302			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/ Type	Transaction ID: SB23.8625
Candidate Name Dave Weldon				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: FL District: 15				

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARK FOLEY FOR CONGRESS			Date of Disbursement 06 / 25 / 2002	
Mailing Address PO BOX 30505 City State Zip Code Palm Beach Gardens FL 33410			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/ Type	Transaction ID: SB23.8627
Candidate Name Mark Foley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: FL District: 18				

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF SAM JOHNSON		Date of Disbursement 06 / 10 / 2002
Mailing Address PO BOX 860066 City: PLANO State: TX Zip Code: 75086		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Sam Johnson	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8628
State: TX District: 03		

Full Name (Last, First, Middle Initial) B. FRIENDS OF SHERROD BROWN		Date of Disbursement 06 / 04 / 2002
Mailing Address PO Box 2884 City: Washington State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Sherrod Brown	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8631
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. HOBSON FOR CONGRESS		Date of Disbursement 06 / 10 / 2002
Mailing Address 82 West Columbia City: Springfield State: OH Zip Code: 45503		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name Dave Hobson	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8623
State: OH District: 07		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HUTCHINSON FOR SENATE		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8632	
Candidate Name Tim Hutchinson		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR District: 00			

Full Name (Last, First, Middle Initial) B. Michael Bilirakis for Congress		Date of Disbursement 06 / 10 / 2002	
Mailing Address PO Box 897 City: Tarpon Springs State: FL Zip Code: 34688		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.8793	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 09			

Full Name (Last, First, Middle Initial) C. ROS-LEHTINEN FOR CONGRESS		Date of Disbursement 06 / 04 / 2002	
Mailing Address 1001 BRICKELL BAY DRIVE-8TH FLOOR City: MIAMI State: FL Zip Code: 33131		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8834	
Candidate Name Ileana Ros-Lehtinen		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 18			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. THE WISH LIST		Date of Disbursement 06 / 10 / 2002
Mailing Address 469 S. Capitol Street SW Suite 406 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other/PAC	State: District:	Transaction ID: SB23.8636

Full Name (Last, First, Middle Initial) B. TIM JOHNSON FOR SOUTH DAKOTA INC		Date of Disbursement 06 / 04 / 2002
Mailing Address PO BOX 1859 City State Zip Code SIOUX FALLS SD 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: SD District: 00	Transaction ID: SB23.8638

Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US		Date of Disbursement 06 / 10 / 2002
Mailing Address PO BOX 480 City State Zip Code ST JOSEPH MI 49085		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Fred Upton	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: MI District: 08	Transaction ID: SB23.8840

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	20065.24