

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

5. Covering Period 09 01 2003 through 09 30 2003

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 10 17 2003

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>09 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2003

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>Y</sup> 2003  |                         | 34154.78                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 47185.39                |                                   |
| (c) Total Receipts (from Line 19) .....   | 32133.00                | 168712.60                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 79318.39                | 202867.38                         |
| <hr/>   |                         |                                   |
| 7. Total Disbursements (from Line 31) .....   | 32053.26                | 155602.25                         |
| <hr/>   |                         |                                   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 47265.13                | 47265.13                          |
| <hr/>   |                         |                                   |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| <hr/>   |                         |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>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: <sup>M</sup>09 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2003

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 20469.00                      |                                   |
| (ii) Unitemized .....  | 11664.00                      |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....  | 32133.00                      | 168462.60                         |
| (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) .....     | 32133.00                      | 168462.60                         |
| 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)) .....                          | 32133.00                      | 168712.60                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 32133.00                      | 168712.60                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 53.26                         | 1628.92                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 53.26                         | 1628.92                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 32000.00                      | 153297.86                         |
| 24. Independent Expenditure (use Schedule E).....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees.....                                   | 0.00                          | 0.00                              |
| (b) Political Party Committees.....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶                          | 0.00                          | 0.00                              |
| 29. Other Disbursements.....   | 0.00                          | 675.48                            |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds.....                            | 0.00                          | 0.00                              |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....                | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 32053.26                      | 155602.25                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....                    | 32053.26                      | 155602.25                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 32133.00                      | 168462.60                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 32133.00                      | 168462.60                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 53.26                         | 1626.92                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 53.26                         | 1626.92                           |

**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 / 33                  |   |
|  | <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)<br><b>A. Alcorn Garrett D. Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>16251 Sylvester Road, SW        |  | Transaction ID: SA11A1.12085                   |
| City State Zip Code<br>Seattle WA 98166                                    | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>200.00   |
| Name of Employer<br>Highline Community Hosp                                | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>400.00                                     |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aleshire Stephan L. Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 1151 Lake Wellbrook Drive                                    |  | Transaction ID: SA11A1.11993                   |
| City State Zip Code<br>Athens GA 30606-6292                                  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>125.00   |
| Name of Employer<br>Athens Regional Medical Center                           | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>225.00                                     |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Altman Howard B. Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 12 / 2003 |
| Mailing Address 457D Vera Cruz Road                                       |  | Transaction ID: SA11A1.12080                   |
| City State Zip Code<br>Emmaus PA 18049-9588                               | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Warren Hosp   | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>400.00                                     |  |

|   |   |               |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>575.00</b> |
| TOTAL This Period (last page this line number only) ..... | ▶ |               |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 33 |                              |
|  | (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)<br>A. Andevolu Rao H. Dr. |  | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>253 Witherspoon Street |  | Transaction ID: SA11A1.11984                   |
| City State Zip Code<br>Princeton NJ 08540                         | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>150.00   |
| Name of Employer<br>Med Ctr at Princeton                          | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>400.00                                     |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>B. Arino Lawrence      |  | Date of Receipt<br>M / D / Y<br>09 / 18 / 2003 |
| Mailing Address Department of Pathology<br>25 North Winfield Road |  | Transaction ID: SA11A1.11991                   |
| City State Zip Code<br>Winfield IL 60190                          | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>1499.00  |
| Name of Employer<br>Central DuPage Hosp                           | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>2499.00                                    |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br>C. Atkinson Paul F. Dr. |  | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>1000 Johnson Ferry Road |  | Transaction ID: SA11A1.12022                   |
| City State Zip Code<br>Atlanta GA 30042                            | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Northside Hosp                                 | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>250.00                                     |  |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>1899.00</b> |
| 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 8 / 33 |                              |
|  | (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)<br><b>A. Bauer Stephen N. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Laboratory<br>6501 Coyle Ave.                             |                                    | Transaction ID: SA11A1.11992                   |
| City<br>Carmichael  | State<br>CA                        | Zip Code<br>95608                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Mercy San Juan Hosp                                   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Beatie James F. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 28 / 2003 |
| Mailing Address Dept of Pathology Attn Dr Geis<br>1719 Ashley Circle     |                                    | Transaction ID: SA11A1.12008                   |
| City<br>Bowling Green  | State<br>KY                        | Zip Code<br>42101                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bouras Eleni P. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address Hinsdale Hosp<br>120 N. Oak Street                       |                                    | Transaction ID: SA11A1.12120                   |
| City<br>Hinsdale   | State<br>IL                        | Zip Code<br>60521                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>DuPage Pathology Associates                          | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> 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 / 33                  |   |
|  | <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)<br><b>A. Campanini Rafael Z. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 10 / 2003 |
| Mailing Address Department of Pathology<br>1044 N. Francisco Street          |                                    | Transaction ID: SA11A1.11938                   |
| City Chicago   | State IL                           | Zip Code 60622-2794                            |
| FEC ID number of contributing federal political committee. <b>C</b>          |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>Norwegian American Hosp                                  | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>400.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Campbell Alfred Whay Dr.</b> |                                     | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>PO Box 12948                       |                                     | Transaction ID: SA11A1.12119                   |
| City Roanoke  | State VA                            | Zip Code 24029                                 |
| FEC ID number of contributing federal political committee. <b>C</b>           |                                     | Amount of Each Receipt this Period<br>2500.00  |
| Name of Employer<br>Carilion Roanoke Memorial Hosp                            | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>2500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Candel A. G. Dr.</b> |                                     | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>One Ingalls Drive          |                                     | Transaction ID: SA11A1.12077                   |
| City Harvey   | State IL                            | Zip Code 60428-0428                            |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Ingalls Memorial Hosp                             | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>2000.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>3600.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

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

|  |                               |                              |
|--|-------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 33 |                              |
|  | (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)<br><b>A. Clarke Haldane D. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 75 Oak Hill Drive  |                                    | Transaction ID: SA11A1.11911                   |
| City<br>East Norwich   | State<br>NY                        | Zip Code<br>11732                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                    | Amount of Each Receipt this Period<br>120.00   |
| Name of Employer<br>Lutheran Med Ctr                                       | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>370.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cooper Gary L. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>1801 Clinch Avenue           |                                    | Transaction ID: SA11A1.12030                   |
| City<br>Knoxville   | State<br>TN                        | Zip Code<br>37916                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>400.00   |
| Name of Employer<br>Ft Sanders Reg Med Ctr                              | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>700.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Curtis Jeffrey L. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address Department of Pathology<br>1801 Ygnacio Valley Road        |                                    | Transaction ID: SA11A1.12040                   |
| City<br>Walnut Creek   | State<br>CA                        | Zip Code<br>94598                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>John Muir Med Ctr                                      | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>300.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts TN's Page (optional) .....           | <b>620.00</b> |
| <b>TOTAL</b> 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 / 33                 |   |
|  | <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)<br><b>A. Dize Craig A. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>99 Beauvoir Ave             |                                    | Transaction ID: SA11A1.12016                   |
| City State Zip Code<br>Summit NJ 07802                                 |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>    |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Occupation<br>Pathologist                          |                                    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ditz William R. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address PO Box 12538   |                                    | Transaction ID: SA11A1.11922                   |
| City State Zip Code<br>La Jolla CA 92039                                 |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>      |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Occupation<br>Pathologist                            |                                    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Elerback Paul G. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address One Cathedral Square<br>205 Bluff Street                  |                                    | Transaction ID: SA11A1.12005                   |
| City State Zip Code<br>Dubuque IA 52001                                   |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>       |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Occupation<br>Pathologist                             |                                    |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1000.00</b> |
| 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 / 33                 |   |
|  | <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)<br><b>A. Farris Kenneth B. Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 10 / 2003 |
| Mailing Address Department of Pathology<br>1101 Medical Center Boulevard   |  | Transaction ID: SA11A1.11981                   |
| City State Zip Code<br>Marrero LA 70072                                    | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>West Jefferson Med Ctr                                 | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>300.00                                     |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Foster Steven V. Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>1441 North Beckley             |  | Transaction ID: SA11A1.12086                   |
| City State Zip Code<br>Dallas TX 75203                                    | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>Methodist Med Ctr                                     | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>300.00                                     |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friedman Kenneth Jay Dr.</b> |  | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address 1730 Elton Road<br>Suite 11                                   |  | Transaction ID: SA11A1.12055                   |
| City State Zip Code<br>Silver Spring MD 20903-1723                            | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Unaffiliated  | Occupation<br>Pathologist  |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                          | Aggregate Year-to-Date ▼<br>750.00                                     |  |

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|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>450.00</b> |
| <b>TOTAL</b> 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 / 33                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Geller Stephen A. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Dept of Pathology & Lab Med<br>8700 Beverly Blvd           |                                    | Transaction ID: SA11A1.11949                   |
| City Los Angeles   | State CA                           | Zip Code 90048-0750                            |
| FEC ID number of contributing federal political committee. <b>C</b>        |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer Cedars-Sinai Med Ctr                                      | Occupation Pathologist             |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Herbek Gene N. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Pathology Department<br>2720 Stone Park Blvd.           |                                    | Transaction ID: SA11A1.11961                   |
| City Sioux City   | State IA                           | Zip Code 51104                                 |
| FEC ID number of contributing federal political committee. <b>C</b>     |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer St. Luke's Reg Med Ctr                                 | Occupation Pathologist             |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                     |  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hisenbeck John R. Dr.</b> |                                     | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 6934 Old Kent Drive  |                                     | Transaction ID: SA11A1.11945                   |
| City Knoxville   | State TN                            | Zip Code 37919-7472                            |
| FEC ID number of contributing federal political committee. <b>C</b>        |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer Self-Employed   | Occupation Pathologist              |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts TN's Page (optional) .....           | ▶ | <b>1750.00</b> |
| 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 / 33                 |   |
|  | <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)<br><b>A. Hughes Douglas M. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 2885 Summit Ridge Rd                                       |                                    | Transaction ID: SA11A1.12084                   |
| City<br>Roanoke  | State<br>VA                        | Zip Code<br>24012                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Edwin David F. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 18 / 2003 |
| Mailing Address Department of Pathology<br>1830 Flower St               |                                    | Transaction ID: SA11A1.12021                   |
| City<br>Bakersfield   | State<br>CA                        | Zip Code<br>93305                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>75.00    |
| Name of Employer<br>Kern Med Ctr  | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>375.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jefferson William Emmett Dr.</b> |                                     | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 1236 Keffield St  |                                     | Transaction ID: SA11A1.12081                   |
| City<br>Roanoke   | State<br>VA                         | Zip Code<br>24019                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>            |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Unaffiliated  | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                         | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1325.00</b> |
| 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 / 33                 |   |
|  | <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)<br><b>A. Kelly Richard H. Dr.</b> |             | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |  |
| Mailing Address Department of Pathology<br>215 W. Janss Blvd.             |             | Transaction ID: SA11A1.11986                   |  |
| City<br>Thousand Oaks   | State<br>CA | Zip Code<br>91360                              | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>       |             |  |  |
| Name of Employer<br>Los Robles Reg Med Ctr                                |             | Occupation<br>Pathologist                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      |             | Aggregate Year-to-Date ▼<br>450.00             |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Leeburg William Thomas Dr.</b> |             | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |  |
| Mailing Address 8774 West R Avenue  |             | Transaction ID: SA11A1.11983                   |  |
| City<br>Kalamazoo   | State<br>MI | Zip Code<br>49008-9008                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee. <b>C</b>             |             |  |  |
| Name of Employer<br>Branson Methodist Hosp                                      |             | Occupation<br>Pathologist                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            |             | Aggregate Year-to-Date ▼<br>250.00             |  |

|   |             |  |  |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Luptford Edward H. Dr.</b> |             | Date of Receipt<br>M / D / Y<br>09 / 30 / 2003 |  |
| Mailing Address Laboratory<br>PO Box 32861                                  |             | Transaction ID: SA11A1.12118                   |  |
| City<br>Charlotte   | State<br>NC | Zip Code<br>28232                              | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee. <b>C</b>         |             |  |  |
| Name of Employer  |             | Occupation<br>Pathologist                      |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        |             | Aggregate Year-to-Date ▼<br>500.00             |  |

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|---|----------------|
| SUBTOTAL of Receipts This Page (optional) ..... ▶           | <b>1000.00</b> |
| 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 / 33                 |   |
|  | <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)<br><b>A. McLendon Richard E. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 1211 Union Ave<br>Suite 250                                  |                                    | Transaction ID: SA11A1.11987                   |
| City<br>Memphis  | State<br>TN                        | Zip Code<br>38104-6600                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Duckworth Pathology Group                                | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Miles Philip A. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address 8815 Dyer Street<br>#300                                 |                                    | Transaction ID: SA11A1.11954                   |
| City<br>El Paso  | State<br>TX                        | Zip Code<br>79904-2000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>GYN PATH Services Inc                                | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Miller Rodney T. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 12 / 2003 |
| Mailing Address Immunohistochemistry Division<br>8287 Elmbrook Drive      |                                    | Transaction ID: SA11A1.12011                   |
| City<br>Dallas  | State<br>TX                        | Zip Code<br>75247                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Propath Laboratory, Inc.                              | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>500.00 |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Receipts TN's Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> 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 17 / 33 |                              |
|  | (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)<br><b>A. Mooney Julia E. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 10 / 2003 |
| Mailing Address 2145 Court Street  |                                    | Transaction ID: SA11A1.12105                   |
| City   | State                              | Zip Code                                       |
| Redding  | CA                                 | 96001  |
| FEC ID number of contributing federal political committee. <b>C</b>      |                                    | Amount of Each Receipt this Period<br>200.00   |
| Name of Employer<br>Northern Diagnostic Pathology                        | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>850.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Murphy Kara K. Dr.</b> |                                     | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 1000 E 21st St Ste 4100                                 |                                     | Transaction ID: SA11A1.12054                   |
| City  | State                               | Zip Code                                       |
| Sioux Falls   | SD                                  | 57103  |
| FEC ID number of contributing federal political committee. <b>C</b>     |                                     | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Physicians Laboratory Ltd                           | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>1100.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Naryshin Sonya</b>  |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>1000 Mineral Point Avenue |                                    | Transaction ID: SA11A1.12028                   |
| City   | State                              | Zip Code                                       |
| Janesville   | WI                                 | 53547-5003                                     |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>Mercy Hosp                                       | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br>250.00 |  |

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|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>800.00</b> |
| <b>TOTAL</b> 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 / 33                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>A. Newkirk Russell E. Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>315 S. Manning Blvd.      |                                    | Transaction ID: SA11A1.12045                   |
| City Albany  | State NY                           | Zip Code 12208                                 |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>St. Peter's Hosp                                 | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. O'Sheal Steven Frank Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 1974 Chandalar Drive                                   |                                    | Transaction ID: SA11A1.12012                   |
| City Pelham  | State AL                           | Zip Code 35124-5124                            |
| FEC ID number of contributing federal political committee. <b>C</b>    |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Cytology & Pathology Services                      | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Ogburn James          |                                    | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address 2504 County Rd 4B25                                 |                                    | Transaction ID: SA11A1.12104                   |
| City Athens   | State TX                           | Zip Code 75752-5157                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>East Texas Med Ctr-Athens                       | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>450.00 |  |

|   |   |               |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>600.00</b> |
| 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 / 33                 |   |
|  | <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)<br><b>A. Parker Joseph C. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address<br>Department of Pathology<br>530 South Jackson Street    |                                    | Transaction ID: SA11A1.12047                   |
| City<br>Louisville  | State<br>KY                        | Zip Code<br>40292                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>University of Louisville                              | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>350.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Puchell Mark L. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address<br>3913 SW Stonybrook Dr                                 |                                    | Transaction ID: SA11A1.12112                   |
| City<br>Topeka   | State<br>KS                        | Zip Code<br>66610-1385                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Stormont-Vail Reg Health Ctr                         | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Rocha Ronald E. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 19 / 2003 |
| Mailing Address<br>1147 Fuller Road                                      |                                    | Transaction ID: SA11A1.12109                   |
| City<br>San Luis Obispo  | State<br>CA                        | Zip Code<br>93401-7842                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Unaffiliated   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |   |               |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>750.00</b> |
| 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 20 / 33                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Rynalski Thomas H. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>PO Box 413029                    |                                    | Transaction ID: SA11A1.11973                   |
| City<br>Naples  | State<br>FL                        | Zip Code<br>33841-3029                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>      |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Naples Community Hosp                                   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Santos Edward Felipe A. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>885 N Kellogg Street                  |                                    | Transaction ID: SA11A1.12089                   |
| City<br>Galesburg  | State<br>IL                        | Zip Code<br>61401                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>           |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Galesburg Cottage Hosp                                       | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Seully Peter A. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 4230 Burnham Avenue                                      |                                    | Transaction ID: SA11A1.12033                   |
| City<br>Las Vegas  | State<br>NV                        | Zip Code<br>89119                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>American Medical Labs                                | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |               |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>850.00</b> |
| 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 21 / 33 |                              |
|  | (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)<br>A. Sens Mary Ann Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>501 N Columbia Rd    |                                    | Transaction ID: SA11A1.12027                   |
| City<br>Grand Forks   | State<br>ND                        | Zip Code<br>58202                              |
| FEC ID number of contributing federal political committee.<br>C |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer  | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼            | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Snower Daniel Perry Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 12 / 2003 |
| Mailing Address Department of Pathology<br>22101 Moross Road          |                                    | Transaction ID: SA11A1.12034                   |
| City<br>Detroit   | State<br>MI                        | Zip Code<br>48236                              |
| FEC ID number of contributing federal political committee.<br>C       |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>St. John Hosp and Med Ctr                         | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Spencer James Robert Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address 2001 Webber St.  |                                    | Transaction ID: SA11A1.11930                   |
| City<br>Sarasota   | State<br>FL                        | Zip Code<br>34239-4239                         |
| FEC ID number of contributing federal political committee.<br>C        |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Sarasota Mem Hospital                              | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |        |
|---|--------|
| 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 22 / 33                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Taylor James R. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>1923 S Utica Ave              |                                    | Transaction ID: SA11A1.12053                   |
| City<br>Tulsa  | State<br>OK                        | Zip Code<br>74104-6520                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Pathology Laboratory Assoc                           | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Trump Michael J. Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 9712 Xylon Ct   |                                    | Transaction ID: SA11A1.12029                   |
| City<br>Bloomington   | State<br>MN                        | Zip Code<br>55438                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>United Hosp   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>325.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Vazquez Librada Teresa Dr.</b> |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address Department of Pathology<br>8012 South Crandon                   |                                    | Transaction ID: SA11A1.11955                   |
| City<br>Chicago   | State<br>IL                        | Zip Code<br>60617                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>South Shore Hosp  | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                            | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |   |               |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>450.00</b> |
| 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 / 33                 |   |
|  | <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)<br>A. Waldron Michael J. Dr. |                                     | Date of Receipt<br>M / D / Y<br>09 / 05 / 2003 |
| Mailing Address Department of Pathology<br>8257 Elmbrook             |                                     | Transaction ID: SA11A1.11982                   |
| City Dallas  | State TX                            | Zip Code 75247-5247                            |
| FEC ID number of contributing federal political committee. <b>C</b>  |                                     | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>ProPath Services                                 | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Webb Thomas A. Dr.    |                                    | Date of Receipt<br>M / D / Y<br>09 / 26 / 2003 |
| Mailing Address 210 W Walnut  |                                    | Transaction ID: SA11A1.12001                   |
| City Canton   | State IL                           | Zip Code 61520                                 |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer  | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Walls Robert B. Dr.   |                                    | Date of Receipt<br>M / D / Y<br>09 / 12 / 2003 |
| Mailing Address 901 Turtle Creek Drive                              |                                    | Transaction ID: SA11A1.12072                   |
| City Tyler  | State TX                           | Zip Code 75701-5701                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Pathology Associates of Tyler                   | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>1250.00</b> |
| 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 24 / 33 |                              |
|  | (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)<br>A. Zimmerman Kent G. Dr. |                                    | Date of Receipt<br>M / D / Y<br>09 / 10 / 2003 |
| Mailing Address 2802 S. Gaucha                                      |                                    | Transaction ID: SA11A1.11995                   |
| City  | State                              | Zip Code                                       |
| Mesa  | AZ                                 | 85202  |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>300.00   |
| Name of Employer<br>Clin-Path Associates. P.C.                      | Occupation<br>Pathologist          |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>600.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>B. Zolans Philip R. Dr.  |                                     | Date of Receipt<br>M / D / Y<br>09 / 10 / 2003 |
| Mailing Address 1255 W Washington Street                            |                                     | Transaction ID: SA11A1.12071                   |
| City  | State                               | Zip Code                                       |
| Tempe   | AZ                                  | 85281-1210                                     |
| FEC ID number of contributing federal political committee. <b>C</b> |                                     | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Clin-Path Associates. P.C.                      | Occupation<br>Pathologist           |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>1500.00 |  |

|   |   |          |
|---|---|----------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | 300.00   |
| TOTAL This Period (last page this line number only) ..... | ▶ | 20469.00 |



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

|   |   |                                    |                                    |                                    |                                   |                                    |              |
|---|---|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    |                                    |                                    |                                   |                                    | PAGE 25 / 33 |
|   | <input checked="" type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |              |

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

|   |   |   |  |                        |
|---|---|---|--|------------------------|
| Full Name (Last, First, Middle Initial)<br>A. Sun Trust Bank      |   | Transaction ID: SB21B.12163<br>Date of Disbursement<br>09 / 03 / 2003 |  |                        |
| Mailing Address PO Box 85024                                      |   | Amount of Each Disbursement this Period<br><br>40.26                  |  |                        |
| City<br>Richmond  | State<br>VA   |   |  | Zip Code<br>23285-5024 |
| Purpose of Disbursement<br>Bank Service charges                   |   |   |  | Category/<br>Type      |
| Candidate Name  |   |   |  |                        |
| Office Sought:<br>House<br>Senate<br>President<br>State: District | Disbursement For:<br>Primary General<br>Other (specify) ▼ |   |  |                        |

|   |   |   |  |                        |
|---|---|---|--|------------------------|
| Full Name (Last, First, Middle Initial)<br>B. Sun Trust Bank      |   | Transaction ID: SB21B.12183<br>Date of Disbursement<br>09 / 22 / 2003 |  |                        |
| Mailing Address PO Box 85024                                      |   | Amount of Each Disbursement this Period<br><br>13.00                  |  |                        |
| City<br>Richmond  | State<br>VA   |   |  | Zip Code<br>23285-5024 |
| Purpose of Disbursement<br>Account Analysis Fee                   |   |   |  | Category/<br>Type      |
| Candidate Name  |   |   |  |                        |
| Office Sought:<br>House<br>Senate<br>President<br>State: District | Disbursement For:<br>Primary General<br>Other (specify) ▼ |   |  |                        |

|   |   |       |
|---|---|-------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 53.26 |
| TOTAL This Period (last page this line number only) ..... | ▶ | 53.26 |

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

|   |                                      |                                    |   |                                    |                                   |                                    |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 26 / 33                      |                                    |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |

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

|   |   |  |                   |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. A LOT OF PEOPLE SUPPORTING TOM DASCHLE INC</b> |   | Transaction ID: SB23.12161<br>Date of Disbursement<br>09 / 09 / 2003 |                   |
| Mailing Address P O BOX 1656  |   | Amount of Each Disbursement this Period<br><br>1000.00               |                   |
| City<br>SIOUX FALLS   | State<br>SD   |  | Zip Code<br>57101 |
| Purpose of Disbursement   |   |  | Candidate Name    |
| Candidate Name  |   |  |                   |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President                 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ | Category/<br>Type  |                   |
| State: SD   | District: D0  |  |                   |

|   |   |  |                               |
|---|---|--|-------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. CITIZENS FOR BUNNING</b>       |   | Transaction ID: SB23.12162<br>Date of Disbursement<br>09 / 26 / 2003 |                               |
| Mailing Address 1717 DIXIE HIGHWAY SUITE 180                                    |   | Amount of Each Disbursement this Period<br><br>2000.00               |                               |
| City<br>FT WRIGHT   | State<br>KY   |  | Zip Code<br>41011             |
| Purpose of Disbursement   |   |  | Candidate Name<br>Jim Bunning |
| Candidate Name  |   |  |                               |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ | Category/<br>Type  |                               |
| State: KY   | District: D0  |  |                               |

|   |   |  |                   |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Dave Camp for Congress</b>     |   | Transaction ID: SB23.12167<br>Date of Disbursement<br>09 / 11 / 2003 |                   |
| Mailing Address P.O. Box 423  |   | Amount of Each Disbursement this Period<br><br>1000.00               |                   |
| City<br>Midland   | State<br>MI   |  | Zip Code<br>48840 |
| Purpose of Disbursement   |   |  | Candidate Name    |
| Candidate Name  |   |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ | Category/<br>Type  |                   |
| State: MI   | District: 4   |  |                   |

|  |   |                |
|--|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |                |

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

|   |                                      |                                    |   |                                    |                                   |                                    |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 27 / 33                      |                                    |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |

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

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. EARL POMEROY FOR CONGRESS</b>                            |  | Transaction ID: SB23.1217B<br>Date of Disbursement<br>09 / 23 / 2003 |  |                   |
| Mailing Address PO Box 746  |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City<br>Bismarck  | State<br>ND  |  |  | Zip Code<br>58502 |
| Purpose of Disbursement   |  |  |  | Category/<br>Type |
| Candidate Name  |  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: ND District: D0 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |                   |

|  |  |  |  |                   |
|--|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. FRIENDS FOR JIM McDERMOTT</b>                           |  | Transaction ID: SB23.12172<br>Date of Disbursement<br>09 / 17 / 2003 |  |                   |
| Mailing Address PO Box 21786   |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City<br>Seattle  | State<br>WA  |  |  | Zip Code<br>98111 |
| Purpose of Disbursement  |  |  |  | Category/<br>Type |
| Candidate Name   |  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: WA District: 7 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |                   |

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. FRIENDS OF BLANCHE LINCOLN</b>                           |  | Transaction ID: SB23.12169<br>Date of Disbursement<br>09 / 11 / 2003 |  |                   |
| Mailing Address PO BOX 3197   |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City<br>LITTLE ROCK   | State<br>AR  |  |  | Zip Code<br>72203 |
| Purpose of Disbursement   |  |  |  | Category/<br>Type |
| Candidate Name  |  |  |  |                   |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President<br>State: AR District: D0 | Disbursement For: 2004<br>Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |  |  |                   |

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

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

|   |                                      |                                    |   |                                    |                                   |                                    |  |  |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 28 / 33                      |                                    |  |  |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |  |  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FRIENDS OF CLAY SHAW</b>                                 |  | Transaction ID: SB23.12165<br>Date of Disbursement<br>09 / 09 / 2003 |  |
| Mailing Address P.O. Box 32579  |  |  |  |
| City<br>Palm Beach Gardens  | State<br>FL  | Zip Code<br>33420  | Amount of Each Disbursement this Period<br><br>1000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |  |
| Candidate Name  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: FL District: 22 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FRIENDS OF PATRICK J. KENNEDY, INC.</b>                  |  | Transaction ID: SB23.12160<br>Date of Disbursement<br>09 / 09 / 2003 |  |
| Mailing Address P.O. Box 321  |  |  |  |
| City<br>Pawtucket   | State<br>RI  | Zip Code<br>02862  | Amount of Each Disbursement this Period<br><br>2000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |  |
| Candidate Name  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: RI District: D1 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GINGREY FOR CONGRESS</b>                                 |  | Transaction ID: SB23.12152<br>Date of Disbursement<br>09 / 09 / 2003 |  |
| Mailing Address PO Box U  |  |  |  |
| City<br>Marietta  | State<br>GA  | Zip Code<br>30060  | Amount of Each Disbursement this Period<br><br>1000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |  |
| Candidate Name<br>Dr. Phil Gingrey  |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: GA District: 11 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |                                      |                                    |   |                                    |                                   |                                    |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 29 / 33                      |                                    |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |

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

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. HOBSON FOR CONGRESS</b>                                  |  | Transaction ID: SB23.12181<br>Date of Disbursement<br>09 / 26 / 2003 |  |                   |
| Mailing Address 82 West Columbia  |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City Springfield  | State OH   |  |  | Zip Code 45502    |
| Purpose of Disbursement   |  |  |  | Category/<br>Type |
| Candidate Name<br>Dave Hobson   |  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: OH District: D7 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |                   |

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. HULSHOF FOR CONGRESS</b>                                 |  | Transaction ID: SB23.12186<br>Date of Disbursement<br>09 / 10 / 2003 |  |                   |
| Mailing Address Post Office Box 1621  |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City Columbia   | State MO   |  |  | Zip Code 65010    |
| Purpose of Disbursement   |  |  |  | Category/<br>Type |
| Candidate Name<br>Kenny Hulshof   |  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: MO District: D8 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |                   |

|   |  |  |  |                   |
|---|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHNSON FOR CONGRESS COMMITTEE</b>                       |  | Transaction ID: SB23.12154<br>Date of Disbursement<br>09 / 09 / 2003 |  |                   |
| Mailing Address P.O. Box 1888   |  | Amount of Each Disbursement this Period<br><br>1000.00               |  |                   |
| City New Britain  | State CT   |  |  | Zip Code 06050    |
| Purpose of Disbursement   |  |  |  | Category/<br>Type |
| Candidate Name<br>Nancy Johnson   |  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: CT District: D5 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |                   |

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

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

|   |                                      |                                    |   |                                    |                                   |                                    |  |  |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 30 / 33                      |                                    |  |  |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |  |  |

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

|   |   |                   |  |  |  |
|---|---|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHNSON FOR CONGRESS COMMITTEE</b> |   |                   | Transaction ID: SB23.12157<br>Date of Disbursement<br>09 / 09 / 2003 |  |  |
| Mailing Address P.O. Box 1986   |   |                   | Amount of Each Disbursement this Period<br><br>5000.00               |  |  |
| City<br>New Britain   | State<br>CT   | Zip Code<br>06050 |  |  |  |
| Purpose of Disbursement   |   | Category/<br>Type |  |  |  |
| Candidate Name<br>Nancy Johnson   |   |                   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President     | Disbursement For: 2004<br>Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify) ▼ |                   |  |  |  |
| State: CT District: D5  |   |                   |  |  |  |

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KNOLLENBERG FOR CONGRESS COMMITTEE</b> |  |                   | Transaction ID: SB23.12175<br>Date of Disbursement<br>09 / 22 / 2003 |  |  |
| Mailing Address 27867 Orchard Lake Road   |  |                   | Amount of Each Disbursement this Period<br><br>1000.00               |  |  |
| City<br>Royal Oak   | State<br>MI  | Zip Code<br>48034 |  |  |  |
| Purpose of Disbursement   |  | Category/<br>Type |  |  |  |
| Candidate Name<br>Rep. Joe Knollenberg  |  |                   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President         | Disbursement For: 2004<br>X Primary General<br>Other (specify) ▼ |                   |  |  |  |
| State: MI District: 9   |  |                   |  |  |  |

|   |  |                   |  |  |  |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LEVIN FOR CONGRESS</b>         |  |                   | Transaction ID: SB23.12173<br>Date of Disbursement<br>09 / 17 / 2003 |  |  |
| Mailing Address P.O. Box 37   |  |                   | Amount of Each Disbursement this Period<br><br>1500.00               |  |  |
| City<br>Roseville   | State<br>MI  | Zip Code<br>48068 |  |  |  |
| Purpose of Disbursement   |  | Category/<br>Type |  |  |  |
| Candidate Name<br>Sander Levin  |  |                   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2004<br>X Primary General<br>Other (specify) ▼ |                   |  |  |  |
| State: MI District: 12  |  |                   |  |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |                                      |                                    |   |                                    |                                   |                                    |  |  |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 31 / 33                      |                                    |  |  |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |  |  |

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

|   |  |  |         |
|---|--|--|---------|
| Full Name (Last, First, Middle Initial)<br><b>A. LINC PAC</b> |  | Transaction ID: SB23.1216B<br>Date of Disbursement<br>09 / 11 / 2003 |         |
| Mailing Address 818 Connecticut Avenue, NW<br>Suite 1100      |  | Amount of Each Disbursement this Period                              |         |
| City Washington   | State DC   | Zip Code 20006   | 2500.00 |
| Purpose of Disbursement<br>PAC Contribution                   |  | Category/<br>Type  |         |
| Candidate Name  |  |  |         |
| Office Sought: House<br>Senate<br>President                   | Disbursement For: 2003<br>Primary General<br><input checked="" type="checkbox"/> Other (specify) ▼ |  |         |
| State: District   | Other  |  |         |

|   |  |  |         |
|---|--|--|---------|
| Full Name (Last, First, Middle Initial)<br><b>B. MARSHA BLACKBURN FOR CONGRESS INC.</b> |  | Transaction ID: SB23.12155<br>Date of Disbursement<br>09 / 09 / 2003 |         |
| Mailing Address PO Box 682185   |  | Amount of Each Disbursement this Period                              |         |
| City Franklin   | State TN   | Zip Code 37068   | 1000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |         |
| Candidate Name  |  |  |         |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President         | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |         |
| State: TN   | District 07  |  |         |

|   |  |  |         |
|---|--|--|---------|
| Full Name (Last, First, Middle Initial)<br><b>C. MCCRERY FOR CONGRESS COMMITTEE</b> |  | Transaction ID: SB23.12180<br>Date of Disbursement<br>09 / 23 / 2003 |         |
| Mailing Address Post Office Box 52956<br>333 Texas Street Suite 1900                |  | Amount of Each Disbursement this Period                              |         |
| City Shreveport   | State LA   | Zip Code 71135   | 2000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |         |
| Candidate Name<br>Jim McCrery   |  |  |         |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President     | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |         |
| State: LA   | District 04  |  |         |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>5500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|   |                                      |                                    |   |                                    |                                   |                                    |  |  |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 32 / 33                      |                                    |  |  |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |  |  |

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

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. PETE STARK RE-ELECTION COMMITTEE</b>                     |  | Transaction ID: SB23.1215B<br>Date of Disbursement<br>09 / 09 / 2003 |                   |
| Mailing Address P.O. Box 8331   |  | Amount of Each Disbursement this Period<br><br>1000.00               |                   |
| City Fremont  | State CA   |  | Zip Code 94537    |
| Purpose of Disbursement   |  |  | Category/<br>Type |
| Candidate Name  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: CA District: 13 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SENSENBRENNER COMMITTEE</b>                              |  | Transaction ID: SB23.12163<br>Date of Disbursement<br>09 / 09 / 2003 |                   |
| Mailing Address PO BOX 575  |  | Amount of Each Disbursement this Period<br><br>1000.00               |                   |
| City BROOKFIELD   | State WI   |  | Zip Code 53008    |
| Purpose of Disbursement   |  |  | Category/<br>Type |
| Candidate Name James Sensenbrenner  |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: WI District: 05 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. UPTON FOR ALL OF US</b>                                  |  | Transaction ID: SB23.12162<br>Date of Disbursement<br>09 / 09 / 2003 |                   |
| Mailing Address PO BOX 490  |  | Amount of Each Disbursement this Period<br><br>1000.00               |                   |
| City ST JOSEPH  | State MI   |  | Zip Code 49085    |
| Purpose of Disbursement   |  |  | Category/<br>Type |
| Candidate Name Fred Upton   |  |  |                   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: MI District: 06 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |                   |

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



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

|   |                                      |                                    |   |                                    |                                   |                                    |  |  |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |   |                                    | PAGE 33 / 33                      |                                    |  |  |
|   | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |  |  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WALDEN FOR CONGRESS INC</b>                            |  | Transaction ID: SB23.1217D<br>Date of Disbursement<br>09 / 11 / 2003 |  |
| Mailing Address PO Box 1091   |  |  |  |
| City<br>Hood River  | State<br>OR  | Zip Code<br>97031  | Amount of Each Disbursement this Period<br><br>1000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |  |
| Candidate Name<br>Greg Walden   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: OR District 2 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WYDEN FOR SENATE</b>                                    |  | Transaction ID: SB23.12159<br>Date of Disbursement<br>09 / 09 / 2003 |  |
| Mailing Address P.O. Box 3498  |  |  |  |
| City<br>PORTLAND   | State<br>OR  | Zip Code<br>07208  | Amount of Each Disbursement this Period<br><br>1000.00 |
| Purpose of Disbursement  |  | Category/<br>Type  |  |
| Candidate Name<br>Sen. Ron Wyden   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President<br>State: OR District 00 | Disbursement For: 2004<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |  |  |

|   |   |          |
|---|---|----------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 2000.00  |
| TOTAL This Period (last page this line number only) ..... | ▶ | 32000.00 |