

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

College of American Pathologists Political Action Committee

ADDRESS (number and street)  
▼

1350 I Street, NW

Suite 590

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00274944

3. IS THIS  
REPORTNEW  
(N)

OR

X

AMENDED  
(A)4. TYPE OF REPORT  
(Choose One)(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

(a) Quarterly Reports:

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)April 15  
Quarterly Report(Q1)

Apr 20 (M4)

X

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (M13)

July 15  
Quarterly Report(Q2)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

October 15  
Quarterly Report(Q3)PRE Election  
Report for the:

Convention (12C)

Special (12S)

January 31  
Quarterly Report(YE)

Election on

in the  
State ofJuly 31 Mid-Year  
Report(Non-election  
Year Only) (MY)

(d) 30-Day

Post -Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Termination Report  
(TER)

Election on

in the  
State of

5. Covering Period

08

01

2002

through

08

30

2002

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

Type or Print Name of Treasurer

John H. Scott

Signature of Treasurer

Electronically Filed by John H. Scott

Date

08

09

2002

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

Office  
Use  
OnlyFEC FORM 3X  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 06 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	82552.34	
(c) Total Receipts (from Line 19) .....	7044.00	116040.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	89596.34	157557.76
7. Total Disbursements (from Line 30) .....	21397.53	89358.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68198.81	68198.81
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>h</sup>0 <sup>m</sup>6 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>0 <sup>m</sup>6 <sup>d</sup>30 <sup>y</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4849.00	
(i) Itemized (use Schedule A) .....	2195.00	
(ii) Unitemized .....		
(III) TOTAL (add Lines 11(a)(i) and (ii) ..... ►	7044.00	116040.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(III), (b) and (c)) (Carry Totals to Line 32, page 4) ..... ►	7044.00	116040.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ►	7044.00	116040.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ►	7044.00	116040.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1332.29	1809.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	1332.29	1809.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20065.24	84401.63
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	648.12
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	21397.53	89358.95
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	21397.53	89358.95
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3) .....	7044.00	116040.00
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	7044.00	116040.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ►	1332.29	1809.00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	1332.29	1809.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 16

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arreder Michael B. Dr.

Mailing Address

Department of Pathology

443 W Oak St

City

State

Zip Code

El Dorado

AR

71731-1918

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

Associated Pathologists Lab

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8709

Full Name (Last, First, Middle Initial)

B. Coleman A. Atwell

Mailing Address

Department of Pathology

1519 Taylor Street

City

State

Zip Code

Columbia

SC

29220

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer

Baptist Med Ctr

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8871

Full Name (Last, First, Middle Initial)

C. Dize Craig A. Dr.

Mailing Address

Department of Pathology

100 Madison Avenue

City

State

Zip Code

Morristown

NJ

07902-1958

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

Morristown Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8868

**SUBTOTAL** of Receipts This Page (optional) .....

**1000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dito William R. Dr.

Mailing Address

PO Box 12538

City

State

Zip Code

La Jolla

CA

92039

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2002

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8712

Full Name (Last, First, Middle Initial)

B. Goshman Gary A. Dr.

Mailing Address

Medical Center

Department of Pathology

City

State

Zip Code

Bellflower

CA

90706

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2002

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Kaiser Permanente Med Ctr

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8870

Full Name (Last, First, Middle Initial)

C. Hammond M. Elizabeth H. Dr.

Mailing Address

Dept of Pathology

8th Ave and C St

City

State

Zip Code

Salt Lake City

UT

84143

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2002

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
LDS Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8719

**SUBTOTAL** of Receipts This Page (optional) .....

**1250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jadin David F. Dr.

Mailing Address

Department of Pathology

183D Flower St

City

State

Zip Code

Bakersfield

CA

93305

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Kern Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8717

Full Name (Last, First, Middle Initial)

B. Leverone Joseph P. Dr.

Mailing Address

Laboratory

69 W Exchange St

City

State

Zip Code

St Paul

MN

55102

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
St. Joseph's Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8713

Full Name (Last, First, Middle Initial)

C. Mason John W. Dr.

Mailing Address

1 Beach Dr SE

#2702

City

State

Zip Code

St Petersburg

FL

33701

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
VA Med Ctr-Bay Pines

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8679

**SUBTOTAL** of Receipts This Page (optional) .....

**750.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nielsen Mary L. Dr.

Mailing Address

7B29 East Rockhill

Building 400

City

State

Zip Code

Wichita

KS

67206

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer  
Kansas Pathology Consultants PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8714

Full Name (Last, First, Middle Initial)

B. Peoples Thomas C. Dr.

Mailing Address

Department of Pathology

38475 Five Mile Road

City

State

Zip Code

Livonia

MI

48154

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
St. Mary Mercy Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8897

Full Name (Last, First, Middle Initial)

C. Riley Linda H. Dr.

Mailing Address

Department of Pathology

333 N Smith Ave

City

State

Zip Code

St Paul

MN

55102

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

249.00

Name of Employer  
Abbott Northwestern Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Transaction ID: SA11A1.8899

**SUBTOTAL** of Receipts This Page (optional) .....

**799.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sreenan Joseph J. Dr.

Mailing Address

730 W Market Street

City

State

Zip Code

Lima

OH

45801

FEC ID number of contributing  
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

250.00

Name of Employer  
St. Rita's Medical Center

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8720

Full Name (Last, First, Middle Initial)

B. Szepko Paula E. Dr.

Mailing Address

1465 Double Creek Dr

City

State

Zip Code

Lewisville

NC

27023

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
0 6 / 1 3 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer  
North State Pathology

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8891

Full Name (Last, First, Middle Initial)

C. Wilkinson David S. Dr.

Mailing Address

Department of Pathology

PO Box 980862

City

State

Zip Code

Richmond

VA

23298-0862

FEC ID number of contributing  
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

500.00

Name of Employer  
Med College of Virginia

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8715

**SUBTOTAL** of Receipts This Page (optional) .....

**1050.00**

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

**4849.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Sun Trust Bank</b></p> <p>Mailing Address  PO BOX 85024  City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>06 / 04 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>1320.29</p> <p>Transaction ID: SB21B.8756</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Sun Trust Bank</b></p> <p>Mailing Address  PO BOX 85024  City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>06 / 21 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>12.00</p> <p>Transaction ID: SB21B.8758</p>		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1332.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1332.29</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 2002 PRESIDENT'S DINNER COMMITTEE; THE

Mailing Address

PO BOX 1721

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

Candidate Committee

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

X Other (specify) ▼

Other

State:

District:

Date of Disbursement

06 / 04 / 2002

Amount of Each Disbursement this Period

2500.00

Transaction ID: SB23.8611

Full Name (Last, First, Middle Initial)

B. Anne Barry

Mailing Address

1350 I Street NW Suite 590

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

In Kind

Candidate Name

COLLINS FOR SENATOR

Category/  
Type

Office Sought:

House

X Senate

President

Disbursement For:

2006

X Primary

General

Other (specify) ▼

State: ME

District: 00

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

275.30

Transaction ID: SB23.8613

Full Name (Last, First, Middle Initial)

C. BILL THOMAS CAMPAIGN COMMITTEE

Mailing Address

PO BOX 395

City

BAKERSFIELD

State

CA

Zip Code

93302

Purpose of Disbursement

Candidate Name

BILL THOMAS CAMPAIGN COMMITTEE

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State: CA

District: 22

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8615

SUBTOTAL of Disbursements This Page (optional) ▶

3775.30

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Bruce Morgan CAP</b></p> <p>Mailing Address</p> <p>1350 I Street NW Suite 590</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement In Kind</p> <p>Candidate Name Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>State: MI District: 06</p>			<p>Date of Disbursement</p> <p>06 / 25 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>789.94</p> <p>Transaction ID: SB23.8617</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. CAPUANO FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address</p> <p>301 4th Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name Michael Capuano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p> <p>State: MA District: 08</p>			<p>Date of Disbursement</p> <p>06 / 25 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p> <p>Transaction ID: SB23.8619</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. COLLINS FOR SENATOR</b></p> <p>Mailing Address</p> <p>PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement</p> <p>Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>State: ME District: 00</p>			<p>Date of Disbursement</p> <p>06 / 04 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>2000.00</p> <p>Transaction ID: SB23.8620</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3289.94**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. DAVE CAMP FOR CONGRESS 2002**

Mailing Address

5815 EASTMAN AVE. SUITE 100

5815 EASTMAN AVE. SUITE 100

City

State

Zip Code

MIDLAND

MI

48640

Purpose of Disbursement

Candidate Name

Dave Camp for Congress

Category/  
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

Other (specify) ▼

State: MI

District: 04

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8621

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF DAVE WELDON**

Mailing Address

PO BOX 18021

City

State

Zip Code

Alexandria

VA

22302

Purpose of Disbursement

Candidate Name

Dave Weldon

Category/  
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

Other (specify) ▼

State: FL

District: 15

Date of Disbursement

06 / 10 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8625

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF MARK FOLEY FOR CONGRESS**

Mailing Address

PO BOX 30505

City

State

Zip Code

Palm Beach Gardens

FL

33410

Purpose of Disbursement

Candidate Name

Mark Foley

Category/  
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2002

☐ Primary

☒ General

Other (specify) ▼

State: FL

District: 18

Date of Disbursement

06 / 25 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8627

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 16

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. FRIENDS OF SAM JOHNSON</b></p> <p>Mailing Address PO BOX 860066 City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sam Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Category/ Type</p>			<p>Date of Disbursement</p> <p>06 / 10 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.8628</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. FRIENDS OF SHERROD BROWN</b></p> <p>Mailing Address PO Box 2884 City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Category/ Type</p>			<p>Date of Disbursement</p> <p>06 / 04 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.8631</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. HOBSON FOR CONGRESS</b></p> <p>Mailing Address 82 West Columbia City Springfield State OH Zip Code 45503</p> <p>Purpose of Disbursement</p> <p>Candidate Name Dave Hobson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Category/ Type</p>			<p>Date of Disbursement</p> <p>06 / 10 / 2002</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p> <p>Transaction ID: SB23.8623</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>			<p><b>2500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>			

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

<p><b>A. HUTCHINSON FOR SENATE</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO BOX 998 City ROGERS State AR Zip Code 72757</p> <p>Purpose of Disbursement</p> <p>Candidate Name Tim Hutchinson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 00</p>			<p>Date of Disbursement 06 / 10 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.8632</p>	
<p><b>B. Michael Bilirakis for Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 897 City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 09</p>			<p>Date of Disbursement 06 / 10 / 2002</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Transaction ID: SB23.8793</p>	
<p><b>C. ROS-LEHTINEN FOR CONGRESS</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1001 BRICKELL BAY DRIVE-8TH FLOOR City MIAMI State FL Zip Code 33131</p> <p>Purpose of Disbursement</p> <p>Candidate Name Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 18</p>			<p>Date of Disbursement 06 / 04 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.8834</p>	

**SUBTOTAL** of Disbursements This Page (optional) ..... **3500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. THE WISH LIST**

Mailing Address

489 S. Capitol Street SW

Suite 408

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

PAC

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

☒ Other (specify) ▼

Other/PAC

State:

District:

Date of Disbursement

06 / 10 / 2002

Amount of Each Disbursement this Period

2000.00

Transaction ID: SB23.8636

Full Name (Last, First, Middle Initial)

## **B. TIM JOHNSON FOR SOUTH DAKOTA INC**

Mailing Address

PO BOX 1859

City

SIOUX FALLS

State

SD

Zip Code

57101

Purpose of Disbursement

Candidate Name

TIM JOHNSON FOR SOUTH DAKOTA INC

Category/  
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

2002

☒ Primary

General

Other (specify) ▼

State: SD

District: 00

Date of Disbursement

06 / 04 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8638

Full Name (Last, First, Middle Initial)

## **C. UPTON FOR ALL OF US**

Mailing Address

PO BOX 480

City

ST JOSEPH

State

MI

Zip Code

49085

Purpose of Disbursement

Candidate Name

Fred Upton

Category/  
Type

Office Sought:

☒ House

Senate

President

Disbursement For:

2006

☒ Primary

General

Other (specify) ▼

State: MI

District: 08

Date of Disbursement

06 / 10 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8840

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

4000.00

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

20065.24