

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00274944

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
X July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)
(b) Monthly Report Due On:
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
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 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 07 11 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 Only

FEC 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: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		9683.31
(b) Cash on Hand at Beginning of Reporting Period	9683.31	
(c) Total Receipts (from Line 19)	64489.00	64489.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74172.31	74172.31
7. Total Disbursements (from Line 30)	55832.11	55832.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18340.20	18340.20
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: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	35900.00	
(ii) Unitemized	28589.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	64489.00	64489.00
(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)	64489.00	64489.00
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)	64489.00	64489.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	64489.00	64489.00

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.....	1050.63	1050.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1050.63	1050.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54781.48	54781.48
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	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	55832.11	55832.11
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	55832.11	55832.11
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	64489.00	64489.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	64489.00	64489.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1050.63	1050.63
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1050.63	1050.63

**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 / 55

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

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Assarian Gary Steven Dr.

Mailing Address

Department of Pathology 23775 Northwestern Hwy

City State Zip Code

Southfield MI 48075

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Professional Lab Management

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5746

Full Name (Last, First, Middle Initial)

B. Dr. Loren Agres

Mailing Address

311 Marilyn Place

City State Zip Code

Arcadia CA 91006-1539

Date of Receipt

N M / D E / Y Y Y Y
01 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5247

Full Name (Last, First, Middle Initial)

C. Belesubramaniam Nedraajah

Mailing Address

Dept. of Pathology 1101 Nott St

City State Zip Code

Schenectady NY 12308

Date of Receipt

N M / D E / Y Y Y Y
03 / 18 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ellis Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5708

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Joseph C. Bergeron, MD

Mailing Address
5 Huckleberry Lane

City State Zip Code
Acton MA 01720

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Self Employed Pathologist

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

Transaction ID: SA11A1.5366

Full Name (Last, First, Middle Initial)
B. Paul Biggs, MD

Mailing Address
5008 Grand Rock Road

City State Zip Code
Mountain Brook AL 35223

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer BMC Pathology Occupation
BMC Pathology Pathologist

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

Transaction ID: SA11A1.5411

Full Name (Last, First, Middle Initial)
C. Bight Cathy O. Dr.

Mailing Address
Department of Pathology

City State Zip Code
Flint MI 48503-5893

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Hurley Med Ctr Occupation
Hurley Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5636

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 7 / 55

(check only one)

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. Bologna Stephen M. Dr.

Mailing Address

Department of Pathology 1406 8th Avenue, North

City State Zip Code

St Cloud MN 56303

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
St. Cloud Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5750

Full Name (Last, First, Middle Initial)

B. Brandon Philip A. Dr.

Mailing Address

Department of Pathology 3300 Gallows Road

City State Zip Code

Falls Church VA 22046

Date of Receipt

M M / D D / Y Y Y Y
04 / 13 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Inova Fairfax Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5845

Full Name (Last, First, Middle Initial)

C. Cafferty Lee L. Dr.

Mailing Address

Department of Pathology 301 SW Becker Avenue

City State Zip Code

Willmar MN 56201-5017

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Rice Memorial Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5574

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Candel Antimo G. Dr.

Mailing Address
100 E Huron St Apt 2603

City State Zip Code
Chicago IL 60611-5907

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.5454

B. Full Name (Last, First, Middle Initial)
Crawford James MacKinnon Dr.

Mailing Address
Department of Pathology PD Box 100275, JHMHC Rm M648

City State Zip Code
Gainesville FL 32610-0275

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Univ of Florida Occupation
Pathologist

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

Transaction ID: SA11A1.5874

C. Full Name (Last, First, Middle Initial)
Datweler Jeffrey Gaston Dr.

Mailing Address
6100 Harris Pky

City State Zip Code
Ft Worth TX 76132

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Harris Methodist Forth Worth Occupation
Pathologist

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

Transaction ID: SA11A1.5994

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

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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. Debveler Rosemary Ellen Dr.

Mailing Address

Department of Pathology 150D S Main
City State Zip Code
Ft Worth TX 76104

Date of Receipt

N M / D E / Y Y Y Y
06 01 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
John Peter Smith Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5692

Full Name (Last, First, Middle Initial)

B. Dala Kevin B. Dr.

Mailing Address

Department of Pathology 210D Dorchester Avenue
City State Zip Code
Boston MA 02124

Date of Receipt

N M / D E / Y Y Y Y
03 30 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Carney Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5770

Full Name (Last, First, Middle Initial)

C. Dougherty Bert G. Dr.

Mailing Address

Department of Pathology 3800 Florida Blvd
City State Zip Code
Baton Rouge LA 70806-1918

Date of Receipt

N M / D E / Y Y Y Y
04 13 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Baton Rouge Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5840

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Gerald W. Eggers

Mailing Address
3333 Silas Creek Parkway

City State Zip Code
Winston-Salem NC 27104

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathologists Diagnostic Services Pathologist

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

Transaction ID: SA11A1.5425

B. Full Name (Last, First, Middle Initial)
Fagra Jon L. Dr.

Mailing Address
5801 N. Swing

City State Zip Code
Ames IA 50014

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ames Pathology, P.C. Pathologist

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

Transaction ID: SA11A1.5914

C. Full Name (Last, First, Middle Initial)
Goetz Steven P. Dr.

Mailing Address
8 Arrowwood

City State Zip Code
Mason City IA 50401

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mercy Med Ctr-North Iowa Pathologist

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

Transaction ID: SA11A1.5876

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)
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FOR LINE NUMBER:
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Goldstein Jeffrey D. Dr.

Mailing Address
Department of Pathology 800 Prudential Drive
City State Zip Code
Jacksonville FL 32207

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Baptist Med Center Pathologist

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

Transaction ID: SA11A1.5656

B. Full Name (Last, First, Middle Initial)
George Paul B. Dr.

Mailing Address
6311 Kingston Pike Suite 23 E
City State Zip Code
Knoxville TN 37919

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Pathologist

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

Transaction ID: SA11A1.5815

C. Full Name (Last, First, Middle Initial)
Greer Sandra

Mailing Address
325 Waukegan Road
City State Zip Code
Northfield IL 60093-2750

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
College of American Pathologists VP, Communication Services

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

Transaction ID: SA11A1.5796

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 55

(check only one)

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. Hall J. Cameron

Mailing Address

6D48 Knight Arnold Rd

Suite 101

City

State

Zip Code

Memphis

TN

38115

Date of Receipt

N M / D E / Y Y Y Y
04 / 10 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Trumbull Laboratories, LLC

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5832

Full Name (Last, First, Middle Initial)

B. Hanson Daniel J. Dr.

Mailing Address

1846 N. 13th Street

Suite 301

City

State

Zip Code

Toledo

OH

43624

Date of Receipt

N M / D E / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pathology Laboratories Inc

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5762

Full Name (Last, First, Middle Initial)

C. Harbour John R. Dr.

Mailing Address

6112 Laurel Valley Ct

City

State

Zip Code

Ft Worth

TX

76132

Date of Receipt

N M / D E / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Harris Methodist Forth Worth

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5846

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

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. Dr. Richard J. Hausner

Mailing Address

8524 Highway 8 North

#279

City

State

Zip Code

Houston

TX

77095

Date of Receipt

N M / D E / Y Y Y Y
02 / 15 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Hausner & Associates

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5277

Full Name (Last, First, Middle Initial)

B. Hebert Michelle M. Dr.

Mailing Address

Department of Pathology

485 IH 45 South

City

State

Zip Code

Huntsville

TX

77340

Date of Receipt

N M / D E / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Huntsville Mem Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5792

Full Name (Last, First, Middle Initial)

C. Hebek Gene N. Dr.

Mailing Address

Pathology Department

2720 Stone Park Blvd.

City

State

Zip Code

Sioux City

IA

51104

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Luke's Reg Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5740

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

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. Hibenbeck John R. Dr.

Mailing Address

6834 Old Kent Drive

City

State

Zip Code

Knoxville

TN

37919-7472

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 1 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5891

Full Name (Last, First, Middle Initial)

B. Melvin Hoshiko, MD

Mailing Address

Memorial Hospital Med Ctr

2801 Atlantic Ave

City

State

Zip Code

Long Beach

CA

90801

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Long Beach Memorial Pathology Med
Grp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5830

Full Name (Last, First, Middle Initial)

C. Isaccoa Mary V. Dr.

Mailing Address

Christiana Hospital

4755 Ogletown-Stanton Road

City

State

Zip Code

Newark

DE

19716

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Christiana Care Health Services
Inc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5758

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Rebecca L. Johnson

Mailing Address
725 North Street

City State Zip Code
Pittsfield MA 01201

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Mass Pathology Services Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1100.00

Transaction ID: SA11A1.5286

Full Name (Last, First, Middle Initial)
B. Kafia Michael T. Dr.

Mailing Address
Department of Pathology 272D Stone Park Blvd

City State Zip Code
Sioux City IA 51104

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Luke's Reg Med Ctr Pathologist

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

Transaction ID: SA11A1.5912

Full Name (Last, First, Middle Initial)
C. Robert H. Knapp, MD

Mailing Address
2500 Oakwood Drive, SE

City State Zip Code
East Grand Rapids MI 49506

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Laboratory Pathologists, PC Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.5312

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 55

(check only one)

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. Krause Laurel A. Dr.

Mailing Address

Department of Pathology 405D Coon Rapids Blvd.

City State Zip Code

Coon Rapids MN 55433

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
Mercy Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5748

Full Name (Last, First, Middle Initial)

B. Ligato Savaria

Mailing Address

Department of Pathology 540 Litchfield Street

City State Zip Code

Torrington CT 06790

Date of Receipt

N M / D E / Y Y Y Y
05 / 18 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Charlotte Hungerford Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5918

Full Name (Last, First, Middle Initial)

C. Macke Ruth A. Dr.

Mailing Address

Department of Pathology 1026 A Avenue, N.E.

City State Zip Code

Cedar Rapids IA 52402

Date of Receipt

N M / D E / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
St. Luke's Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5588

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Magrini-Greyson Marlene

Mailing Address
Department of Pathology 100D North Lee St
City State Zip Code
Oklahoma City OK 73102

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Anthony Hosp Pathologist

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

Transaction ID: SA11A1.5385

Full Name (Last, First, Middle Initial)
B. Dr. John E. McDonald

Mailing Address
2500 Canyon Ridge Drive
City State Zip Code
Arlington TX 76006

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ameripath Pathologist

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

Transaction ID: SA11A1.5289

Full Name (Last, First, Middle Initial)
C. Mendes Freire S. Dr.

Mailing Address
2322 Ninth Avenue
City State Zip Code
San Francisco CA 94116-1937

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
California Pacific Med Ctr Pathologist

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

Transaction ID: SA11A1.5638

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Miller Karen A. Dr.

Mailing Address
Department of Pathology 1255 W Washington St
City State Zip Code
Tempe AZ 85281-1210

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Clin-Path Associates Pathologist

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

Transaction ID: SA11A1.5544

Full Name (Last, First, Middle Initial)
B. Miller Rick

Mailing Address
1350 I Street, NW Suite 500
City State Zip Code
Washington DC 20005-3305

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
College of American Pathologists Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5858

Full Name (Last, First, Middle Initial)
C. Nawn James Joseph Dr.

Mailing Address
5287 Poala Street
City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

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

Transaction ID: SA11A1.5436

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.5658

Full Name (Last, First, Middle Initial)
B. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 600.00

Transaction ID: SA11A1.5824

Full Name (Last, First, Middle Initial)
C. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 700.00

Transaction ID: SA11A1.5843

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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 20 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: SA11A1.5854

Full Name (Last, First, Middle Initial)
B. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 950.00

Transaction ID: SA11A1.5902

Full Name (Last, First, Middle Initial)
C. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street

City State Zip Code
Honolulu HI 96821

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2001

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1100.00

Transaction ID: SA11A1.5919

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Nevin James Joseph Dr.

Mailing Address
5287 Poala Street
City: Honolulu State: HI Zip Code: 06821

Date of Receipt
M / D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Cytopath Inc Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Transaction ID: SA11A1.6007

Full Name (Last, First, Middle Initial)
B. Neff John C. Dr.

Mailing Address
Department of Pathology 1924 Alcoa Highway
City: Knoxville State: TN Zip Code: 37920

Date of Receipt
M / D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
1500.00

FEC ID number of contributing federal political committee.

Name of Employer: Univ of Tennessee Med Ctr Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Transaction ID: SA11A1.5460

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

Mailing Address
Department of Pathology 1924 Alcoa Highway
City: Knoxville State: TN Zip Code: 37920

Date of Receipt
M / D / Y Y Y Y
05 / 03 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Univ of Tennessee Med Ctr Occupation: Pathologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Transaction ID: SA11A1.5881

SUBTOTAL of Receipts This Page (optional) ▶ **2100.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 55

(check only one)

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. John G. Newby, MD

Mailing Address

11110 Medical Campus Road

City

State

Zip Code

Hagerstown

MD

21742

Date of Receipt

N M / D E / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5313

Full Name (Last, First, Middle Initial)

B. Newland Gary L. Dr.

Mailing Address

Department of Pathology

1111 Crater Lake Avenue

City

State

Zip Code

Medford

OR

97504

Date of Receipt

N M / D E / Y Y Y Y
03 / 08 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Providence Medford Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5828

Full Name (Last, First, Middle Initial)

C. R.M. Nugent, MD

Mailing Address

800 Avondale

City

State

Zip Code

Amarillo

TX

79106

Date of Receipt

N M / D E / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5341

SUBTOTAL of Receipts This Page (optional) ▶

1550.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Odell Dale S. Dr.

Mailing Address
Department of Pathology 820D Walnut Hill Ln
City State Zip Code
Dallas TX 75231

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian Hospital of Dallas Pathologist

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

Transaction ID: SA11A1.5786

Full Name (Last, First, Middle Initial)
B. Odell Dale S. Dr.

Mailing Address
Department of Pathology 820D Walnut Hill Ln
City State Zip Code
Dallas TX 75231

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian Hospital of Dallas Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: SA11A1.5813

Full Name (Last, First, Middle Initial)
C. Dr. Steven Paul Olson

Mailing Address
1000 E. 21st Street
City State Zip Code
Sioux Falls SD 57102

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Physicians Laboratory Pathologist

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

Transaction ID: SA11A1.5314

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

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. Parker Joseph C. Dr.

Mailing Address

Department of Pathology 530 South Jackson Street

City State Zip Code

Louisville KY 40292

Date of Receipt

N M / D E / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
University of Louisville

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5860

Full Name (Last, First, Middle Initial)

B. Patton Richard G. Dr.

Mailing Address

Department of Pathology 1550 N. 115th Street

City State Zip Code

Seattle WA 98133

Date of Receipt

N M / D E / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Northwest Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5828

Full Name (Last, First, Middle Initial)

C. Puckett Thomas G. Dr.

Mailing Address

Department of Pathology 415 S 28th Ave

City State Zip Code

Hattiesburg MS 39401

Date of Receipt

N M / D E / Y Y Y Y
04 / 20 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Hattiesburg Clinic, PA

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5853

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Resbivius Paul A. Dr.

Mailing Address
Lab for Clinical Medicine 200 Corporate Place #7
City State Zip Code
Peabody MA 01860-3840

Date of Receipt
M M / D D / Y Y Y Y
04 / 13 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Consultants Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5834

Full Name (Last, First, Middle Initial)
B. Rainke Dennis D. Dr.

Mailing Address
2336 Rolling Drive
City State Zip Code
Bismarck ND 58501

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Med Ctr One Pathologist

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

Transaction ID: SA11A1.5860

Full Name (Last, First, Middle Initial)
C. Richard Savage. MD

Mailing Address
8715 Oakdale Drive
City State Zip Code
Johnston IA 50131

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mercy Hospital Des Moines Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5391

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Scholtz Stephen Dr.

Mailing Address
960 S. Westgate Ave 110

City State Zip Code
Los Angeles CA 90049

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2001

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LA County Coroner Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.6027

B. Full Name (Last, First, Middle Initial)
Schwartz Jared N. Dr.

Mailing Address
Dept of Lab Med & Pathology PO Box 33548

City State Zip Code
Charlotte NC 28233

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian Health Care Sys Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.6011

C. Full Name (Last, First, Middle Initial)
H.E. Sotzer, MD

Mailing Address
P.O. Box 1217

City State Zip Code
Billings MT 59103

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Consultants, PC Pathologist

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

Transaction ID: SA11A1.5328

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Skinner Margaret S. Dr.

Mailing Address
300 Butler St

City State Zip Code
West Palm Beach FL 33407

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Beach Pathology Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5612

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

Mailing Address
1B Westwood Road

City State Zip Code
Asheville NC 28803

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Memorial Mission Hosp Pathologist

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

Transaction ID: SA11A1.5684

Full Name (Last, First, Middle Initial)
C. Enel Joy

Mailing Address
Cytopathology P.O. Box 129

City State Zip Code
Lawton OK 73502

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Comanche County Memorial Hosp Pathologist

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

Transaction ID: SA11A1.5678

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 55

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. Dr. James Robert Spencer

Mailing Address

2001 Webber St.

City

Sarasota

State

FL

Zip Code

34230

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Sarasota Pathology

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5302

Full Name (Last, First, Middle Initial)

B. Stewart David T. Dr.

Mailing Address

PO Box 14389

City

Tallahassee

State

FL

Zip Code

32317-4389

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pathology Associates

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5578

Full Name (Last, First, Middle Initial)

C. Synovec Mark S. Dr.

Mailing Address

1500 SW 10th Street

City

Topeka

State

KS

Zip Code

66604

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 9 / 2 0 0 1

Amount of Each Receipt this Period

600.00

FEC ID number of contributing
federal political committee.

Name of Employer
Topeka Pathology Group, PA

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: SA11A1.5828

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 55

(check only one)

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. Szypko Paula E. Dr.

Mailing Address

1401 Thornhill Lane

City

State

Zip Code

Winston-Salem

NC

27106

Date of Receipt

N M / D E / Y Y Y Y
04 / 09 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
North State Pathology

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5826

Full Name (Last, First, Middle Initial)

B. Uirsch Rudolf C. Dr.

Mailing Address

1138 Wilshire Blvd

Suite 305

City

State

Zip Code

Los Angeles

CA

90017

Date of Receipt

N M / D E / Y Y Y Y
03 / 22 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ilium Pathology Med Group

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5744

Full Name (Last, First, Middle Initial)

C. Arthur M. Vogel, MD

Mailing Address

Cytolab Pathology Svcs, Inc PSC

6825 216th Street SW, Ste E

City

State

Zip Code

Lynnwood

WA

98036-7379

Date of Receipt

N M / D E / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Cytolab Pathology Svcs, Inc PSC

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5399

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 55

(check only one)

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. Vogel Deryl G. Dr.

Mailing Address

PMB 208 834 S. Burlington Blvd

City State Zip Code

Burlington WA 98233-3310

Date of Receipt

N M / D E / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Shagil Valley Laboratories

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5670

Full Name (Last, First, Middle Initial)

B. Waldron Michael J. Dr.

Mailing Address

Department of Pathology 8267 Elmbrook

City State Zip Code

Dallas TX 75247-5247

Date of Receipt

N M / D E / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
ProPath Services

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5634

Full Name (Last, First, Middle Initial)

C. Robert B. Wells. MD

Mailing Address

901 Turtle Creek

City State Zip Code

Tyler TX 75701-5701

Date of Receipt

N M / D E / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
Pathology Associates of Tyler

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5405

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 55

(check only one)

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. Wheeler Thomas M. Dr.

Mailing Address

Department of Pathology

6565 Fannin St

City

State

Zip Code

Houston

TX

77030-2704

Date of Receipt

N M / D E / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period

400.00

FEC ID number of contributing
federal political committee.

Name of Employer
The Methodist Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.5774

Full Name (Last, First, Middle Initial)

B. Wilkinson David S. Dr.

Mailing Address

Department of Pathology

PO Box 980862

City

State

Zip Code

Richmond

VA

23298-0862

Date of Receipt

N M / D E / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Med College of Virginia

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5778

Full Name (Last, First, Middle Initial)

C. Wilson Joseph T. Dr.

Mailing Address

890 Cobb Street

City

State

Zip Code

Jonesboro

AR

72401-4110

Date of Receipt

N M / D E / Y Y Y Y
03 / 16 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Doctors' Anatomic Pathology Serv-
ces

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5886

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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 32 / 55	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Kent G. Zimmerman

Mailing Address
2602 S. Gaucho

City State Zip Code
Mesa AZ 85202

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Clin-Pathology Associates Pathologist

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

Transaction ID: SA11A1.5344

Full Name (Last, First, Middle Initial)
B. Zil Robert S. Dr.

Mailing Address
PO Box 1568

City State Zip Code
Tomball TX 77377-1568

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2001

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Texas Pathology Associates Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.5990

C.

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	35900.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 03 / 02 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 281.56
Purpose of Disbursement Electronic Funds Debit		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5141
State: District:		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 03 / 21 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00
Purpose of Disbursement Account Analysis Service Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5142
State: District:		

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 04 / 03 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 232.73
Purpose of Disbursement Electronic Funds Debit		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5143
State: District:		

SUBTOTAL of Disbursements This Page (optional)	524.29
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 04 / 23 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00
Purpose of Disbursement Account Analysis Service Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5144
State: District:		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 05 / 02 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 224.78
Purpose of Disbursement ACH Debit		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5440
State: District:		

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 05 / 22 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00
Purpose of Disbursement Account Analysis Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5441
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	284.78
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 06 / 04 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 37.71
Purpose of Disbursement ACH Debit	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.5444

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 06 / 14 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 43.80
Purpose of Disbursement Check Order	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.5447

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 06 / 25 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Account Analysis Fee	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: District:	Transaction ID: SB21B.5448

SUBTOTAL of Disbursements This Page (optional)	▶	101.61
TOTAL This Period (last page this line number only)	▶	910.68

**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 38 / 55

<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				

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

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

Full Name (Last, First, Middle Initial) A. ABERCROMBIE FOR CONGRESS		Date of Disbursement 06 / 06 / 2001	
Mailing Address 1357 KAPIOLANI BLVD SUITE 1005 City: HONOLULU State: HI Zip Code: 96814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5955	

Full Name (Last, First, Middle Initial) B. ANNA ESHOO FOR CONGRESS		Date of Disbursement 06 / 15 / 2001	
Mailing Address 555 CAPITOL MALL SUITE 1425 City: SACRAMENTO State: CA Zip Code: 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5968	

Full Name (Last, First, Middle Initial) C. BERKLEY 2000		Date of Disbursement 06 / 22 / 2001	
Mailing Address P.O. Box 2884 City: Washington State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5935	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. BILL THOMAS CAMPAIGN COMMITTEE		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 385 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.5121
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA District: 21		

Full Name (Last, First, Middle Initial) B. BILLY TAUZIN CONGRESSIONAL COM		Date of Disbursement 03 / 29 / 2001
Mailing Address 412 SOUTH VAN City: HOUMA State: LA Zip Code: 70360		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.5110
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: LA District: 03		

Full Name (Last, First, Middle Initial) C. BOB MATSUI FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 04 / 2001
Mailing Address 729 15th Street, NW 3rd Floor City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.5963
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA District: 06		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CAPUANO FOR CONGRESS COMMITTEE		Date of Disbursement 01 / 01 / 2001
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement Voted Check #1998 Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06	Disbursement For: 2001 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.8572		

Full Name (Last, First, Middle Initial) B. City Club		Date of Disbursement 03 / 29 / 2001
Mailing Address 555 14th Street NW City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 579.48
Purpose of Disbursement In Kind Candidate Name RE-Elect Nancy Johnson to Congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 06	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.7254		

Full Name (Last, First, Middle Initial) C. COLLINS FOR SENATOR		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 1096 City State Zip Code BANGOR ME 04402		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Transaction ID: SB23.5116		

SUBTOTAL of Disbursements This Page (optional) ▶	1079.48
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. COMMITTEE TO ELECT LINDSEY GRAHAM		Date of Disbursement 03 / 23 / 2001
Mailing Address P.O. BOX 1155 PO BOX 1155 City State Zip Code SENECA SC 29679		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.5096
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: SC District: 03		

Full Name (Last, First, Middle Initial) B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)		Date of Disbursement 03 / 23 / 2001
Mailing Address 5815 EASTMAN AVENUE SUITE 100 City State Zip Code MIDLAND MI 48640		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.5104
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CRANE FOR CONGRESS COMMITTEE		Date of Disbursement 05 / 17 / 2001
Mailing Address PO BOX 8534 City State Zip Code ROLLING MEADOWS IL 60008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.5933
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DAKPAC		Date of Disbursement 06 / 15 / 2001	
Mailing Address 607 14TH STREET NW SUITE 800 City: WASHINGTON State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.5973	

Full Name (Last, First, Middle Initial) B. DEDICATED AMERICANS FOR THE SENATE AND THE HOUSE PAC(DA-SHPAC)		Date of Disbursement 06 / 15 / 2001	
Mailing Address 424 C STREET NE City: WASHINGTON State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.5975	

Full Name (Last, First, Middle Initial) C. EARL POMEROY FOR CONGRESS		Date of Disbursement 05 / 22 / 2001	
Mailing Address POST OFFICE BOX 746 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: ND District: 00	Disbursement For: Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		
		Transaction ID: SB23.5944	

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)
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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. EHRlich FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 15 / 2001	
Mailing Address 1301 YORK RD SUITE 705 City LUTHERVILLE State MD Zip Code 21093		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5970	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD District: 02			

Full Name (Last, First, Middle Initial) B. FLETCHER FOR CONGRESS		Date of Disbursement 06 / 24 / 2001	
Mailing Address P.O. Box 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.5950	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District: 06			

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Date of Disbursement 06 / 22 / 2001	
Mailing Address PO BOX 3197 P O BOX 118 City LITTLE ROCK State AR Zip Code 72203		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5979	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR District: 01			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF CLAY SHAW		Date of Disbursement 06 / 06 / 2001	
Mailing Address 2600 N E 14TH STREET CAUSEWAY City: POMPANO BEACH State: FL Zip Code: 33062		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5956	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DICK DURBIN COMMITTEE		Date of Disbursement 06 / 17 / 2001	
Mailing Address P O BOX 1B49 City: SPRINGFIELD State: IL Zip Code: 62706		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5951	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JENNIFER B DUNN		Date of Disbursement 02 / 07 / 2001	
Mailing Address P.O. Box 70513 City: Washington State: DC Zip Code: 20024		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5085	

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN PETERSON		Date of Disbursement 06 / 15 / 2001	
Mailing Address PO BOX 285 City PLEASANTVILLE State PA Zip Code 18341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5972	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 05			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN TANNER		Date of Disbursement 06 / 07 / 2001	
Mailing Address POST OFFICE BOX 3301 City Alexandria State VA Zip Code 22302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5954	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TN District: 08			

Full Name (Last, First, Middle Initial) C. FRIENDS OF LOIS CAPPIS		Date of Disbursement 03 / 23 / 2001	
Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5108	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 22			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARK FOLEY FOR CONGRESS		Date of Disbursement 06 / 15 / 2001
Mailing Address PO BOX 30505 City: PALM BEACH GARDENS State: FL Zip Code: 33420		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5985
State: FL District: 16		

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS 2002		Date of Disbursement 02 / 07 / 2001
Mailing Address 203 C Street, NE City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5094
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROY BLUNT		Date of Disbursement 02 / 07 / 2001
Mailing Address PO BOX 278 City: STRAFFORD State: MO Zip Code: 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5098
State: MO District: 07		

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)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF SAM JOHNSON		Date of Disbursement 05 / 31 / 2001	
Mailing Address PO BOX 860096 City PLANO State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5948	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 03			

Full Name (Last, First, Middle Initial) B. FRIENDS OF SCOTT MCINNIS INC		Date of Disbursement 05 / 01 / 2001	
Mailing Address P.O. BOX 3157 City GRAND JUNCTION, State CO Zip Code 81502		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5940	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CO District: 03			

Full Name (Last, First, Middle Initial) C. FRIENDS OF SENATOR ROCKEFELLER		Date of Disbursement 05 / 01 / 2001	
Mailing Address 236 MASSACHUSETTS AVENUE #310 City WASHINGTON State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5942	
Candidate Name		Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WV District: 00			

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF SHERROD BROWN		Date of Disbursement 05 / 17 / 2001
Mailing Address P.O. Box 2884 City: WASHINGTON State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5934
State: OH District: 13		

Full Name (Last, First, Middle Initial) B. HUTCHINSON FOR SENATE		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 998 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5117
State: AR District: 00		

Full Name (Last, First, Middle Initial) C. JERRY WELLER FOR CONGRESS INC		Date of Disbursement 06 / 22 / 2001
Mailing Address PO BOX 15283 City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5977
State: IL District: 11		

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)
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(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. JIM TURNER FOR CONGRESS COMMITTEE		Date of Disbursement 05 / 17 / 2001	
Mailing Address PO BOX 780 City CROCKETT		State TX	Zip Code 75835
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 02	Transaction ID: SB23.5932		

Full Name (Last, First, Middle Initial) B. JOHN SHADEGG FOR CONGRESS		Date of Disbursement 06 / 04 / 2001	
Mailing Address P O BOX 45444 City PHOENIX		State AZ	Zip Code 85064
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AZ District: 04	Transaction ID: SB23.5959		

Full Name (Last, First, Middle Initial) C. KEN BENTSEN FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 15 / 2001	
Mailing Address 5815 MORNINGSIDE #301 City HOUSTON		State TX	Zip Code 77005
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 26	Transaction ID: SB23.5966		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KIRK FOR CONGRESS INC		Date of Disbursement 05 / 17 / 2001	
Mailing Address P O BOX 8 City WINNETKA State IL Zip Code 60093		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5946	
State: IL District: 10			

Full Name (Last, First, Middle Initial) B. MAJORITY LEADER'S FUND		Date of Disbursement 03 / 29 / 2001	
Mailing Address 4451 BROOKFIELD CORPORATE DR #200 City CHANTILLY State VA Zip Code 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5102	
State: District:			

Full Name (Last, First, Middle Initial) C. MARTY MEEHAN FOR CONGRESS COMMITTEE		Date of Disbursement 01 / 01 / 2001	
Mailing Address 75 PRINCETON STREET City NO CHELMSFORD State MA Zip Code 01863		Amount of Each Disbursement this Period -500.00	
Purpose of Disbursement Voided Check #2014 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8573	
State: MA District: 05			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MCCREERY FOR CONGRESS		Date of Disbursement 04 / 04 / 2001	
Mailing Address 1800 DEPOSIT GUARANTY TOWER 333 TEXAS STREET City State Zip Code SHREVEPORT LA 71101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5123	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA District: 04			

Full Name (Last, First, Middle Initial) B. MCCREERY FOR CONGRESS		Date of Disbursement 05 / 01 / 2001	
Mailing Address 1800 DEPOSIT GUARANTY TOWER 333 TEXAS STREET City State Zip Code SHREVEPORT LA 71101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5829	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA District: 04			

Full Name (Last, First, Middle Initial) C. MIKE MCINTYRE FOR CONGRESS		Date of Disbursement 03 / 23 / 2001	
Mailing Address P.O. Box 1 City State Zip Code LUMBERTN NC 28359		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5107	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 07			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Manole		Date of Disbursement 05 / 23 / 2001	
Mailing Address 107 D Street, NE City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 802.15	
Purpose of Disbursement in Kind Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: SD District:	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.7285

Full Name (Last, First, Middle Initial) B. NUSSLE FOR CONGRESS COMMITTEE		Date of Disbursement 05 / 17 / 2001	
Mailing Address P.O. Box 324 City Manchester State IA Zip Code 52057		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: IA District: 02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.5938

Full Name (Last, First, Middle Initial) C. Oceanaire		Date of Disbursement 05 / 02 / 2001	
Mailing Address 1201 F Street City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 954.98	
Purpose of Disbursement in kind Candidate Name THURMAN FOR CONGRESS		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: FL District: 06	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.7257

SUBTOTAL of Disbursements This Page (optional) ▶	2557.11
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. Oceanaire Restaurant		Date of Disbursement 04 / 04 / 2001
Mailing Address 1201 F Street NW City: Washington State: DC Zip Code: 20004		Amount of Each Disbursement this Period 1144.89
Purpose of Disbursement In Kind	Candidate Name FRIENDS OF MARK FOLEY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 16		Transaction ID: SB23.7262

Full Name (Last, First, Middle Initial) B. FALLONE FOR CONGRESS		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 3176 City: LDNC BRANCH State: NJ Zip Code: 07740		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NJ District: 06		Transaction ID: SB23.5129

Full Name (Last, First, Middle Initial) C. PATSY T MINK CAMPAIGN COMMITTEE		Date of Disbursement 01 / 01 / 2001
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement Voided Check #1993	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: HI District: 02		Transaction ID: SB23.8574

SUBTOTAL of Disbursements This Page (optional)	1644.89
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. PEOPLE FOR ENGLISH		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 1940 City: ERIE State: PA Zip Code: 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: PA District: 21	Transaction ID: SB23.5962	

Full Name (Last, First, Middle Initial) B. PETE STARK RE-ELECTION COMMITTEE		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 8331 City: FREMONT State: CA Zip Code: 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA District: 13	Transaction ID: SB23.5961	

Full Name (Last, First, Middle Initial) C. PRYCE FOR CONGRESS		Date of Disbursement 02 / 07 / 2001
Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: OH District: 16	Transaction ID: SB23.5091	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 1986 City NEW BRITAIN State CT Zip Code 06050		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5126
State: CT District: 06		

Full Name (Last, First, Middle Initial) B. REED COMMITTEE		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 8828 City CRANSTON State RI Zip Code 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5127
State: RI District: 00		

Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 37091 City CHARLOTTE State NC Zip Code 28237		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5131
State: NC District: 09		

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

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

Use separate schedule(s)
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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. TED STRICKLAND FOR CONGRESS		Date of Disbursement 06 / 04 / 2001	
Mailing Address PO BOX 580 1337 THOMAS HOLLOW ROAD City State Zip Code LUCASVILLE OH 45648		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5958	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 06			

Full Name (Last, First, Middle Initial) B. The Freedom Project		Date of Disbursement 06 / 15 / 2001	
Mailing Address 111 C Street, SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.5967	
Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. TIM JOHNSON FOR SOUTH DAKOTA INC		Date of Disbursement 03 / 23 / 2001	
Mailing Address 420 C Street, NE Basement Level City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5112	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SD District: 00			

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

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

Use separate schedule(s)
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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. UPTON FOR ALL OF US		Date of Disbursement 05 / 01 / 2001	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5925	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 06			

Full Name (Last, First, Middle Initial) B. WALDEN FOR CONGRESS		Date of Disbursement 03 / 29 / 2001	
Mailing Address P.O. Box 2159 City State Zip Code Arlington VA 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5108	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OR District: 02			

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	54781.48