

**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) X Oct 20 (M10) Jan 31 (M13)  
April 15 Quarterly Report(Q1)  
July 15 Quarterly Report(Q2) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
October 15 Quarterly Report(Q3) Convention (12C) Special (12S)  
January 31 Quarterly Report(YE) Election on in the State of  
July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
Termination Report (TER) Election on in the State of

5. Covering Period 09 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 10 18 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: <sup>h</sup>09 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>09 <sup>d</sup>30 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	58149.71	
(c) Total Receipts (from Line 19) .....	29378.89	156443.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87528.60	197961.65
7. Total Disbursements (from Line 30) .....	20139.97	130573.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67388.63	67388.63
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>MM</sup>09 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>09 <sup>DD</sup>30 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	19449.00	
(ii) Unitemized .....	9235.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28684.00	155749.00
(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) .....	28684.00	155749.00
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 .....	694.89	694.89
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) .....	29378.89	156443.89
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	29378.89	156443.89

**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.....	139.97	2161.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	139.97	2161.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	125212.16
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	699.16
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	20139.97	130573.02
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	20139.97	130573.02
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	28684.00	155749.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	28684.00	155749.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	139.97	2161.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	139.97	2161.66

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

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

FOR LINE NUMBER: PAGE 5 / 28

(check only one)

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. Almerseer Ined Y. Dr.

Mailing Address

Dept of Pathology 1775 Dempster St  
City State Zip Code  
Park Ridge IL 60068

Date of Receipt

N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Lutheran General Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9168

Full Name (Last, First, Middle Initial)

B. Almas James P. Dr.

Mailing Address

Department of Pathology 989 Lakeland Drive  
City State Zip Code  
Jackson MS 39216

Date of Receipt

N M / D E / Y Y Y Y  
09 24 2002

Amount of Each Receipt this Period

199.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Dominic Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Transaction ID: SA11A1.9217

Full Name (Last, First, Middle Initial)

C. Ang Elsa P. Dr.

Mailing Address

PO Box 6245  
City State Zip Code  
Bakersfield CA 93366-6245

Date of Receipt

N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Kern Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9173

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **949.00**

**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 / 28	
	<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)  
Ang Ehs P. Dr.

Mailing Address  
PO Box 8245  
City State Zip Code  
Bakersfield CA 93386-6245

Date of Receipt  
M / D / Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Kern Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.9227

**B.** Full Name (Last, First, Middle Initial)  
Ayres Loren R. Dr.

Mailing Address  
311 Marilyn Place  
City State Zip Code  
Arcadia CA 91006-1539

Date of Receipt  
M / D / Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Methodist Hosp of Southern CA Occupation Pathologist

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

Transaction ID: SA11A1.9209

**C.** Full Name (Last, First, Middle Initial)  
Bennet Kath W. Dr.

Mailing Address  
Department of Pathology 2000 Neuse Blvd.  
City State Zip Code  
New Bern NC 28561

Date of Receipt  
M / D / Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Craven Regional Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.9120

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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

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(check only one)

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

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blomberg David J. Dr.

Mailing Address

1314 S Ridge Rd

City

Duluth

State

MN

Zip Code

55804

Date of Receipt

N M / D E / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Arrowhead Pathologists PA

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9205

Full Name (Last, First, Middle Initial)

B. Brackanridge Robert L. Dr.

Mailing Address

2750 Clay Edwards Dr

Suite 420

City

North Kansas City

State

MO

Zip Code

64116

Date of Receipt

N M / D E / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
MAWD Pathology Group Inc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9198

Full Name (Last, First, Middle Initial)

C. Cafferty Lee L. Dr.

Mailing Address

Department of Pathology

301 SW Becker Avenue

City

Willmar

State

MN

Zip Code

56201-5017

Date of Receipt

N M / D E / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period

400.00

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 ▼

400.00

Transaction ID: SA11A1.9128

**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)  
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(check only one)

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

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Campbell Alfred Wray Dr.

Mailing Address

Department of Pathology

PO Box 12946

City

State

Zip Code

Roanoke

VA

24029

Date of Receipt

N M / D E / Y Y Y Y  
09 / 06 / 2002

Amount of Each Receipt this Period

1500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Carilion Roanoke Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Transaction ID: SA11A1.9082

Full Name (Last, First, Middle Initial)

B. Casas Victor

Mailing Address

3 New Street

City

State

Zip Code

Cranford

NJ

07016

Date of Receipt

N M / D E / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

JFK Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9127

Full Name (Last, First, Middle Initial)

C. Cash James B. Dr.

Mailing Address

1705 South Tarboro Street

City

State

Zip Code

Wilson

NC

27895

Date of Receipt

N M / D E / Y Y Y Y  
09 / 03 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Eastern Carolina Pathology, Inc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.9241

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

**1950.00**

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Castiello Alexander

Mailing Address

Department of Pathology 701 6th Street South

City State Zip Code

St Petersburg FL 33701

Date of Receipt

09 / 30 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Bayfront Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9242

Full Name (Last, First, Middle Initial)

B. Ellerbroek Renee R. Dr.

Mailing Address

Department of Pathology 1212 Pleasant Street

City State Zip Code

Des Moines IA 50309

Date of Receipt

09 / 10 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Iowa Pathology Assocs, PC

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9086

Full Name (Last, First, Middle Initial)

C. Flynn Cynthia E. Dr.

Mailing Address

Department of Pathology 4755 Ogletown-Stanton Rd

City State Zip Code

Newark DE 19716-8001

Date of Receipt

09 / 24 / 2002

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: SA11A1.9232

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Gardner William A. Dr.

Mailing Address  
American Registry of Pathology 14th St & Alaska Ave NW  
City State Zip Code  
Washington DC 20006-6000

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Armed Forces Inst of Pathology Pathologist

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

Transaction ID: SA11A1.9049

**B.** Full Name (Last, First, Middle Initial)  
Golubski Joseph Frank Dr.

Mailing Address  
2232 N 7th St  
City State Zip Code  
Sheboygan WI 53083

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sheboygan Memorial Med Ctr Pathologist

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

Transaction ID: SA11A1.9084

**C.** Full Name (Last, First, Middle Initial)  
Googe 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  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

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) ▼ 500.00

Transaction ID: SA11A1.9117

**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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FOR LINE NUMBER: PAGE 11 / 28

(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. Harbour John R. Dr.**

Mailing Address  
6112 Laurel Valley Ct  
City State Zip Code  
Ft Worth TX 76132

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Harris Methodist Forth Worth Pathologist

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

Transaction ID: SA11A1.9167

Full Name (Last, First, Middle Initial)  
**B. Harding Clarke T. Dr.**

Mailing Address  
2007 Greenbrier Drive  
City State Zip Code  
Collinsville IL 62234

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Unaffiliated Pathologist

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

Transaction ID: SA11A1.9160

Full Name (Last, First, Middle Initial)  
**C. Harris Steven G. Dr.**

Mailing Address  
PO Box 189  
City State Zip Code  
Oak Park IL 60305-0189

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
VA Med Ctr-Westside Pathologist

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

Transaction ID: SA11A1.9197

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Hughes Bruce Wayne Dr.

Mailing Address  
PO Box 901D

City State Zip Code  
Kokomo IN 46904-9010

Date of Receipt  
N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Joseph Hosp & Health Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 550.00

Transaction ID: SA11A1.9142

**B.** Full Name (Last, First, Middle Initial)  
Irani Mehraboon S. Dr.

Mailing Address  
1100 Central Ave S.E.

City State Zip Code  
Albuquerque NM 87106

Date of Receipt  
N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Presbyterian Hosp Pathologist

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

Transaction ID: SA11A1.9174

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

Mailing Address  
Pathology & Clinical Labs 725 North Street

City State Zip Code  
Pittsfield MA 01201

Date of Receipt  
N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Berkshire Health Systems Pathologist

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

Transaction ID: SA11A1.9165

**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 13 / 28	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Johnson Steven M. Dr.**

Mailing Address  
624 N Biltmore Drive

City State Zip Code  
St Louis MO 63105-2606

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Analytical Pathology Services Ltd Pathologist

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

Transaction ID: SA11A1.9121

Full Name (Last, First, Middle Initial)  
**B. Lonsler Roland E. Dr.**

Mailing Address  
Hinsdale Hospital 120 N. Oak St

City State Zip Code  
Hinsdale IL 60521-3829

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DuPage Pathology Associates Pathologist

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

Transaction ID: SA11A1.9164

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  
M M / D D / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Luke's Hosp Pathologist

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

Transaction ID: SA11A1.9222

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1450.00**

**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

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(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.** Magrini-Greyson Marlene

Mailing Address

Department of Pathology 100D North Lee St

City State Zip Code

Oklahoma City OK 73102

Date of Receipt

N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Anthony Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9119

Full Name (Last, First, Middle Initial)

**B.** Miles John D. Dr.

Mailing Address

11927 Arbandale

City State Zip Code

Houston TX 77024-5001

Date of Receipt

N M / D E / Y Y Y Y  
09 30 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Lyndon B. Johnson General Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9250

Full Name (Last, First, Middle Initial)

**C.** Miller Rodney T. Dr.

Mailing Address

Immunohistochemistry Division 8267 Elmbrook Drive

City State Zip Code

Dallas TX 75247

Date of Receipt

N M / D E / Y Y Y Y  
09 04 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Propath Laboratory, Inc.

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9063

**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 15 / 28	
	<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)  
O'Neil Dennis G. Dr.

Mailing Address  
Department of Pathology 71 Haynes St.  
City State Zip Code  
Manchester CT 06040

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Manchester Memorial Hosp Pathologist

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

Transaction ID: SA11A1.9198

**B.** Full Name (Last, First, Middle Initial)  
Parlap Prabha

Mailing Address  
8 Dunleith Dr  
City State Zip Code  
St Louis MO 63124-1895

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
County Surgical Pathologist

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

Transaction ID: SA11A1.9084

**C.** Full Name (Last, First, Middle Initial)  
Pilon Vernon A. Dr.

Mailing Address  
Director of Pathology 600 Northern Blvd.  
City State Zip Code  
Albany NY 12204

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Albany Memorial Hosp Pathologist

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

Transaction ID: SA11A1.9162

**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 16 / 28	
	<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. Ramirez-Weiser Rafael R. Dr.**

Mailing Address  
G. PO Box 38-6258  
City: San Juan State: PR Zip Code: 00936

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Unaffiliated Occupation: Pathologist

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

Transaction ID: SA11A1.9108

Full Name (Last, First, Middle Initial)  
**B. Robb James A. Dr.**

Mailing Address  
Medical Director 5361 NW 33rd Ave  
City: Ft Lauderdale State: FL Zip Code: 33309-6313

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Integrated Regional Labs Occupation: Pathologist

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

Transaction ID: SA11A1.9175

Full Name (Last, First, Middle Initial)  
**C. Rona Valeria Rane' Dr.**

Mailing Address  
301 N Frio Street  
City: San Antonio State: TX Zip Code: 78207-3034

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Severance & Associates Occupation: Pathologist

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

Transaction ID: SA11A1.9089

**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  
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(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.** Shishido Ralph M. Dr.

Mailing Address

Department of Pathology 4077 5th Avenue

City State Zip Code

San Diego CA 92103

Date of Receipt

09 / 12 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer  
Scripps Mercy Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.9176

Full Name (Last, First, Middle Initial)

**B.** Smythe Peter Stanley Dr.

Mailing Address

Department of Pathology 2142 N Cove Blvd

City State Zip Code

Toledo OH 43606

Date of Receipt

09 / 18 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
The Toledo Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9129

Full Name (Last, First, Middle Initial)

**C.** Sotke David R. Dr.

Mailing Address

Department of Pathology 400 State of Franklin Road

City State Zip Code

Johnson City TN 37804

Date of Receipt

09 / 18 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Johnson City Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9131

**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: PAGE 18 / 28

(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.** Tannerbaum Matt

Mailing Address

1800 Parkwood St Apt A305  
City State Zip Code  
Idaho Falls ID 83401-6117

Date of Receipt

N M / D E / Y Y Y Y  
09 06 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ of Utah HSC

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9081

Full Name (Last, First, Middle Initial)

**B.** Taylor James R. Dr.

Mailing Address

Department of Pathology 1923 S Utica Ave  
City State Zip Code  
Tulsa OK 74104-6520

Date of Receipt

N M / D E / Y Y Y Y  
09 12 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Pathology Laboratory Assoc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9143

Full Name (Last, First, Middle Initial)

**C.** Thompson Eric Justin Dr.

Mailing Address

P.O. Box 799  
City State Zip Code  
Muskogee OK 74402-0799

Date of Receipt

N M / D E / Y Y Y Y  
09 03 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Muskogee Clinical Lab

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9255

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 28	
	<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. Trump Michael J. Dr.**

Mailing Address  
9712 Xylon Ct.

City State Zip Code  
Bloomington MN 55438

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 225.00

Transaction ID: SA11A1.9152

Full Name (Last, First, Middle Initial)  
**B. Vasquez Librada Teresa Dr.**

Mailing Address  
Department of Pathology 8012 South Crandon

City State Zip Code  
Chicago IL 60617

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Shore Hosp Pathologist

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

Transaction ID: SA11A1.9153

Full Name (Last, First, Middle Initial)  
**C. Via Charles Timothy Dr.**

Mailing Address  
Dept. of Pathology PO Box 13367

City State Zip Code  
Roanoke VA 24033-3367

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carilion Roanoke Memorial Hosp Pathologist

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

Transaction ID: SA11A1.9178

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City

State

Zip Code

Peoria

IL

61615-2240

Date of Receipt

N M / D E / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Peoria-Tazewell Path Group

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.9210

Full Name (Last, First, Middle Initial)

B. Williams Arthur H. Dr.

Mailing Address

Pathology Department

438 W Las Tunas

City

State

Zip Code

San Gabriel

CA

91776

Date of Receipt

N M / D E / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

San Gabriel Valley Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.9149

Full Name (Last, First, Middle Initial)

C. ZH Robert S. Dr.

Mailing Address

PO Box 1568

City

State

Zip Code

Tomball

TX

77377-1568

Date of Receipt

N M / D E / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period

3000.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Texas Pathology Associates

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Transaction ID: SA11A1.9203

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3750.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **19449.00**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 28
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2002

Mailing Address  
1318 Lake Victoria Dr

City State Zip Code  
Lake Worth FL 33461

Amount of Each Receipt this Period  
694.89

FEC ID number of contributing federal political committee.  
C00289140

Name of Employer Occupation  
Ref of contribution over limit 8/29/01

Receipt For: 2002 Aggregate Year-to-Date ▼  
X Primary General 694.89  
Other (specify) ▼

Transaction ID: SA16.9036

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>694.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>694.89</b>

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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) <b>A. Sun Trust Bank</b>		Date of Disbursement 09 / 04 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 91.97	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9034	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sun Trust Bank</b>		Date of Disbursement 09 / 29 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 48.00	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.9035	
State: District:			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>139.97</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>139.97</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ADAM SMITH FOR CONGRESS</b>		Date of Disbursement 09 / 16 / 2002	
Mailing Address PO BOX 23626 City State Zip Code FEDERAL WAY WA 98093		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8993	
Candidate Name ADAM SMITH FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA      District: 09			

Full Name (Last, First, Middle Initial) <b>B. COMMITTEE FOR A DEMOCRATIC MAJORITY</b>		Date of Disbursement 09 / 12 / 2002	
Mailing Address 301 4th St NE Suite 202 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC		Transaction ID: SB23.8995	
Candidate Name		Category/ Type	
Office Sought:   House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State:              District:			

Full Name (Last, First, Middle Initial) <b>C. Dave Camp for Congress</b>		Date of Disbursement 09 / 25 / 2002	
Mailing Address PO Box 423 City State Zip Code Midland MI 48640		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8982	
Candidate Name Dave Camp for Congress		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI      District: 4			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(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) <b>A. FLETCHER FOR CONGRESS</b>		Date of Disbursement 09 / 19 / 2002	
Mailing Address PO BOX 4703 City Lexington State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8988	
Candidate Name Ernie Fletcher		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY      District: 06			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CLAY SHAW</b>		Date of Disbursement 09 / 09 / 2002	
Mailing Address 2600 NE 14th. Street Causeway      2600 NE 14th. Street Causeway City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement		Transaction ID: SB23.8974	
Candidate Name Clay Shaw		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: FL      District: 22			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE WELDON</b>		Date of Disbursement 09 / 24 / 2002	
Mailing Address PO Box 16021 City Alexandria State VA Zip Code 22302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8989	
Candidate Name Dave Weldon		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 16			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(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) <b>A. FRIENDS OF DON SHERWOOD</b>		Date of Disbursement 09 / 26 / 2002	
Mailing Address 81 WARREN STREET City TUNKHANNOCK State PA Zip Code 18657		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.9005	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 10			

Full Name (Last, First, Middle Initial) <b>B. HOBSON FOR CONGRESS</b>		Date of Disbursement 09 / 09 / 2002	
Mailing Address 82 West Columbia City Springfield State OH Zip Code 45503		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8976	
Candidate Name Dave Hobson		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 07			

Full Name (Last, First, Middle Initial) <b>C. HUTCHINSON FOR SENATE</b>		Date of Disbursement 09 / 27 / 2002	
Mailing Address PO Box 115D City Little Rock State AR Zip Code 72203-9498		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9003	
Candidate Name Tim Hutchinson		Category/ Type	
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR      District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(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) <b>A. Martin Frost Campaign Cte</b>		Date of Disbursement 09 / 24 / 2002	
Mailing Address 469 South Capitol St SW Ste 219A City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.9001	
Candidate Name MARTIN FROST CAMPAIGN COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX      District: 24			

Full Name (Last, First, Middle Initial) <b>B. NRCC</b>		Date of Disbursement 09 / 16 / 2002	
Mailing Address c/o Epiphany Productions 104 Hume Ave City State Zip Code Alexandria VA 22301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC		Transaction ID: SB23.8986	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Other		
State:              District:			

Full Name (Last, First, Middle Initial) <b>C. NRCC</b>		Date of Disbursement 09 / 16 / 2002	
Mailing Address c/o Epiphany Productions 104 Hume Ave City State Zip Code Alexandria VA 22301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC		Transaction ID: SB23.8987	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> Other		
State:              District:			

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

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

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

FOR LINE NUMBER:  
(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) <b>A. PETE STARK RE-ELECTION COMMITTEE</b>		Date of Disbursement 09 / 25 / 2002
Mailing Address P.O. Box 8331 City: Fremont State: CA Zip Code: 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		
Candidate Name PETE STARK RE-ELECTION COMMITTEE		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: 5B23.8980
State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>B. The Pryce Project</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: 5B23.8984
State: District:		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20000.00</b>