

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

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

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

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

5. Covering Period 08 01 2002 through 08 31 2002

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

Type or Print Name of Treasurer John H. Scott

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h08 ^d01 ^y2002 To: ^h08 ^d31 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	62995.61	
(c) Total Receipts (from Line 19)	7200.00	132060.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70195.61	173577.76
7. Total Disbursements (from Line 30)	7051.06	110433.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63144.55	63144.55
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^{MM}08 ^{DD}01 ^{YYYY}2002 To: ^{MM}08 ^{DD}31 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4000.00	
(ii) Unitemized	3200.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7200.00	132060.00
(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)	7200.00	132060.00
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)	7200.00	132060.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	7200.00	132060.00

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.....	0.00	2021.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2021.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	105212.16
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.....	51.06	699.34
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7051.06	110433.21
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7051.06	110433.21
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7200.00	132060.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7200.00	132060.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	2021.69
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	2021.69

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

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

FOR LINE NUMBER: PAGE 5 / 11

(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. Barnes Carl A. Dr.

Mailing Address

PO Box 1179

City

State

Zip Code

Florence

AL

35631-1179

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Eliza Coffee Memorial Hospital

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8925

Full Name (Last, First, Middle Initial)

B. Biggs Paul J. Dr.

Mailing Address

5008 Grand Rock Rd.

City

State

Zip Code

Birmingham

AL

35223

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Baptist Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8936

Full Name (Last, First, Middle Initial)

C. Bouras Eleni P. Dr.

Mailing Address

Hinsdale Hosp

120 N. Oak Street

City

State

Zip Code

Hinsdale

IL

60521

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
DuPage Pathology Associates

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8910

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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FOR LINE NUMBER:
(check only one)

PAGE 6 / 11

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. Candell Antimo G. Dr.

Mailing Address

100 E Huron St Apt 2603

City

Chicago

State

IL

Zip Code

60611-5907

Date of Receipt

08 / 22 / 2002

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 ▼

1000.00

Transaction ID: SA11A1.8948

Full Name (Last, First, Middle Initial)

B. Day Philip L. Dr.

Mailing Address

3980 Lago Vista Drive

City

Belton

State

TX

Zip Code

76513-7258

Date of Receipt

08 / 22 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Metroplex Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8940

Full Name (Last, First, Middle Initial)

C. Doris Manuel Esp Dr.

Mailing Address

Department of Pathology

City

Peoria

530 NE Glen Oak Av

State

IL

Zip Code

61637

Date of Receipt

08 / 22 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
OSF St. Francis Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8928

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: PAGE 7 / 11

(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. Goetz Steven P. Dr.

Mailing Address

8 Arrowwood

City

State

Zip Code

Mason City

IA

50401

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Mercy Med Ctr-North Iowa

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8952

Full Name (Last, First, Middle Initial)

B. Harer William V. Dr.

Mailing Address

Department of Pathology

1800 Haddon Avenue

City

State

Zip Code

Camden

NJ

08103

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Our Lady of Lourdes Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8909

Full Name (Last, First, Middle Initial)

C. Kzymowski George A. Dr.

Mailing Address

741 Lakewood Lane

City

State

Zip Code

Marquette

MI

49855

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Medical Labs of Marquette

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8946

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 8 / 11	
	<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. Rynalski Thomas H. Dr.

Mailing Address
Department of Pathology PO Box 413029
City State Zip Code
Naples FL 33941-3029

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

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

Name of Employer Occupation
Naples Community Hosp Pathologist

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

Transaction ID: SA11A1.8912

Full Name (Last, First, Middle Initial)
B. Wu Horace C. Dr.

Mailing Address
4230 Burnham Ave
City State Zip Code
Las Vegas NV 89119

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
American Medical Labs Pathologist

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

Transaction ID: SA11A1.8958

C.

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	4000.00

**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)

PAGE 9 / 11

<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 MARY LANDRIEU INC			Date of Disbursement 08 / 20 / 2002	
Mailing Address 503 Capitol Ct, NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Candidate Name			Transaction ID: SB23.8877	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: LA District: 00				

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS 2002			Date of Disbursement 08 / 21 / 2002	
Mailing Address 203 C St, NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name			Transaction ID: SB23.8879	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: MT District: 00				

Full Name (Last, First, Middle Initial) C. HAWKEYE PAC, THE			Date of Disbursement 08 / 01 / 2002	
Mailing Address PO BOX 7255 City DES MOINES State IA Zip Code 50309			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC Candidate Name			Transaction ID: SB23.8881	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	6000.00
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. PALLONE FOR CONGRESS		Date of Disbursement 08 / 07 / 2002	
Mailing Address PO BOX 3176 City State Zip Code LONG BRANCH NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Candidate Name	
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: NJ District: 06		Transaction ID: 5B23.8875	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	7000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" 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. Sun Trust Bank		Date of Disbursement 08 / 02 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 51.06	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: 5B29.8971	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	51.06
TOTAL This Period (last page this line number only)	51.06