

**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 AMENDED (A)

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

5. Covering Period 05 01 2002 through 05 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 06 20 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: ^{Month} 05 ^{Day} 01 ^{Year} 2002 To: ^{Month} 05 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	89159.46	
(c) Total Receipts (from Line 19)	11241.00	108996.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100400.46	150513.76
7. Total Disbursements (from Line 30)	17200.00	67313.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83200.46	83200.46
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}05 ^{DD}01 ^{YYYY}2002 To: ^{MM}05 ^{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)	5301.00	
(ii) Unitemized	5940.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11241.00	108996.00
(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)	11241.00	108996.00
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)	11241.00	108996.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	11241.00	108996.00

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	476.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	476.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17200.00	64336.59
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)..... ▶	17200.00	67313.30
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17200.00	67313.30
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11241.00	108996.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11241.00	108996.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	476.71
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	476.71

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

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

A. Full Name (Last, First, Middle Initial)
Altran Howard B. Dr.

Mailing Address
4570 Vera Cruz Road

City State Zip Code
Emmaus PA 18049-9586

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Warren Hosp Pathologist

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

Transaction ID: SA11A1.8485

B. Full Name (Last, First, Middle Initial)
Barcalo Mark Jeffrey Dr.

Mailing Address
Department of Pathology 38000 Euclid Avenue

City State Zip Code
Willoughby OH 44094

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lake West Hosp Pathologist

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

Transaction ID: SA11A1.8482

C. Full Name (Last, First, Middle Initial)
Eckert E. Randy

Mailing Address
3100 Burks Ln

City State Zip Code
Austin TX 78732-2118

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Austin Med Ctr Pathologist

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

Transaction ID: SA11A1.8482

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 6 / 15

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. Frus Ronald D. Dr.

Mailing Address

1520 7th Street

City

State

Zip Code

Moline

IL

61265-1265

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8448

Full Name (Last, First, Middle Initial)

B. Goldstein Jeffrey D. Dr.

Mailing Address

Department of Pathology

800 Prudential Drive

City

State

Zip Code

Jacksonville

FL

32207

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Baptist Med Center

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8463

Full Name (Last, First, Middle Initial)

C. Goswitz Joseph J. Dr.

Mailing Address

311 Woodlawn Avenue

City

State

Zip Code

St. Paul

MN

55105

Date of Receipt

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

Amount of Each Receipt this Period

250.00

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 ▼

250.00

Transaction ID: SA11A1.8483

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: PAGE 7 / 15

(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. Herbek Gene N. Dr.

Mailing Address

Pathology Department 272D Stone Park Blvd.

City State Zip Code

Sioux City IA 51104

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.8416

Full Name (Last, First, Middle Initial)

B. Iacocca Mary V. Dr.

Mailing Address

Dept of Path, Box 6001 4755 Ogletown-Stanton Rd

City State Zip Code

Newark DE 19718

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Christiana Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8487

Full Name (Last, First, Middle Initial)

C. Kafka Michael T. Dr.

Mailing Address

Department of Pathology 272D Stone Park Blvd

City State Zip Code

Sioux City IA 51104

Date of Receipt

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

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.8387

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(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. Leeburg William Thomas Dr.

Mailing Address

8774 West R Avenue

City

State

Zip Code

Kalamazoo

MI

49009-9009

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Bronson Methodist Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8456

Full Name (Last, First, Middle Initial)

B. Murphy Kara K. Dr.

Mailing Address

1000 E 21st St Ste 4100

City

State

Zip Code

Sioux Falls

SD

57103

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Physicians Laboratory Ltd

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8471

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

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

Amount of Each Receipt this Period

200.00

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 ▼

2100.00

Transaction ID: SA11A1.8396

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neff John C. Dr.

Mailing Address

Department of Pathology 1924 Alcoa Highway

City State Zip Code

Knoxville TN 37920

Date of Receipt

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

Amount of Each Receipt this Period

1.00

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 ▼

1001.00

Transaction ID: SA11A1.8385

Full Name (Last, First, Middle Initial)

B. Odell Dale S. Dr.

Mailing Address

Department of Pathology 8200 Walnut Hill Ln

City State Zip Code

Dallas TX 75231

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Presbyterian Hospital of Dallas

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8387

Full Name (Last, First, Middle Initial)

C. Olson Steven P. Dr.

Mailing Address

1000 E 21st Suite 4100

City State Zip Code

Sioux Falls SD 57105

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Physicians Laboratory Ltd

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8509

SUBTOTAL of Receipts This Page (optional) ▶ **551.00**

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 / 15	
	<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. Quirey Robert A. Dr.

Mailing Address
2045 N. Alabama Street

City State Zip Code
Indianapolis IN 46202

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Vincent Hosp Pathologist

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

Transaction ID: SA11A1.8424

Full Name (Last, First, Middle Initial)
B. Wable Sarah V. Dr.

Mailing Address
Department of Pathology 1800 Hospital Parkway

City State Zip Code
Bedford TX 76022

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harris Methodist HEB Pathologist

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

Transaction ID: SA11A1.8474

Full Name (Last, First, Middle Initial)
C. Walls Robert B. Dr.

Mailing Address
901 Turtle Creek Drive

City State Zip Code
Tyler TX 75701-5701

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Associates of Tyler Pathologist

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

Transaction ID: SA11A1.8401

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	5301.00

**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 11 / 15

<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 PAC		Date of Disbursement 05 / 06 / 2002	
Mailing Address P.O. Box 23661 City: Alexandria State: VA Zip Code: 22304		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8557	
Office Sought: <input checked="" 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) ▼ Other		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Committee for Preservation of Capitalism		Date of Disbursement 05 / 22 / 2002	
Mailing Address P.O. Box 22614 City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8561	
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) ▼ Other		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. DASHPAC		Date of Disbursement 05 / 01 / 2002	
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		Transaction ID: SB23.8533	
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) ▼ Other		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

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

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

Full Name (Last, First, Middle Initial) A. Dave Camp for Congress			Date of Disbursement 05 / 06 / 2002	
Mailing Address P.O. Box 423 City: Midland State: MI Zip Code: 48640			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			Transaction ID: SB23.8555	
Candidate Name		Category/ Type		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress			Date of Disbursement 05 / 29 / 2002	
Mailing Address P.O. Box 746 City: Bismarck State: ND Zip Code: 58502			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.8549	
Candidate Name		Category/ Type		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Friends of J.C. Watts			Date of Disbursement 05 / 06 / 2002	
Mailing Address P.O. Box 720445 City: Norman State: OK Zip Code: 73070			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.8559	
Candidate Name		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			

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. Jim Ramstad Volunteer Committee			Date of Disbursement 05 / 21 / 2002	
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			Transaction ID: SB23.853B	
Candidate Name		Category/ Type		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. John Dingell for Congress			Date of Disbursement 05 / 08 / 2002	
Mailing Address P.O. Box 75214 City: Washington State: DC Zip Code: 20013			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.8541	
Candidate Name		Category/ Type		
Office Sought: House Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Pete Start Re-Election Committee			Date of Disbursement 05 / 15 / 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			Transaction ID: SB23.8543	
Candidate Name		Category/ Type		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼			
State: District:				

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. Pioneer PAC		Date of Disbursement 05 / 21 / 2002	
Mailing Address 412 First Street, SE, Suite 100 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8547	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: District:			

Full Name (Last, First, Middle Initial) B. Price for Congress		Date of Disbursement 05 / 01 / 2002	
Mailing Address City State Zip Code		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8553	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Redwine Congressional Committee		Date of Disbursement 05 / 22 / 2002	
Mailing Address 528 Nebraska Street City State Zip Code Sioux City IA 51101		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement		Transaction ID: SB23.8551	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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. Ron Lewis		Date of Disbursement 05 / 01 / 2002	
Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8535	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Shaddegg for Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8545	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Tim Johnson for US Senator		Date of Disbursement 05 / 06 / 2002	
Mailing Address City State Zip Code		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8563	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	17000.00