

**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 X NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2002 through 07 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 08 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.

**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: ^h07 ^D01 ^v2002 To: ^h07 ^D31 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	68198.81	
(c) Total Receipts (from Line 19)	3825.00	119865.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72023.81	161382.76
7. Total Disbursements (from Line 30)	14023.04	103381.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58000.77	58000.77
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: 07 01 2002

To: 07 31 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)	2750.00	
(ii) Unitemized	1075.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3825.00	119865.00
(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)	3825.00	119865.00
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)	3825.00	119865.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	3825.00	119865.00

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.....	212.69	2021.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	212.69	2021.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13810.35	98212.16
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	648.12
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	14023.04	103381.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	14023.04	103381.99
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	3825.00	119865.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	3825.00	119865.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	212.69	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)..... ▶	212.69	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 / 12

(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. Bauer Stephen N. Dr.

Mailing Address

Laboratory 8501 Coyle Ave.

City State Zip Code

Carmichael CA 95608

Date of Receipt

N M / D E / Y Y Y Y
07 / 15 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Mercy San Juan Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8834

Full Name (Last, First, Middle Initial)

B. Ferguson Jere W. Dr.

Mailing Address

1918 W State St

City State Zip Code

Bristol TN 37620

Date of Receipt

N M / D E / Y Y Y Y
07 / 15 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Intermountain Pathology Assoc

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8838

Full Name (Last, First, Middle Initial)

C. Mazur Michael T. Dr.

Mailing Address

600 E Genesee St Suite 905

City State Zip Code

Syracuse NY 13202

Date of Receipt

N M / D E / Y Y Y Y
07 / 29 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Crouse Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8852

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 6 / 12
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input 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. Neff John C. Dr.

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ of Tennessee Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2001.00

Transaction ID: SA11A1.8853

Full Name (Last, First, Middle Initial)
B. O'Brien Michael J. Dr.

Mailing Address
Department of Pathology 784 Massachusetts Ave.
City State Zip Code
Boston MA 02118

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Boston Med Ctr Pathologist

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

Transaction ID: SA11A1.8846

C.

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	2750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 07 th : 02 nd : 2002 nd	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 200.69	
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.8887	
State: District:			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	200.69
TOTAL This Period (last page this line number only)	▶	200.69

**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

<p>A. Full Name (Last, First, Middle Initial) AMERICA'S MAJORITY TRUST</p> <p>Mailing Address 1155 21ST STREET NW SUITE 300 City: WASHINGTON State: DC Zip Code: 20036</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other</p>	<p>Date of Disbursement 07 / 22 / 2002</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Transaction ID: SB23.8808</p>
<p>B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress</p> <p>Mailing Address PO Box 2008 City: Murfreesboro State: TN Zip Code: 37133</p> <p>Purpose of Disbursement</p> <p>Candidate Name Bart Gordon for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other</p>	<p>Date of Disbursement 07 / 23 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.8814</p>
<p>C. Full Name (Last, First, Middle Initial) Denise Bell</p> <p>Mailing Address 1350 I Street NW Suite 580 City: Washington State: DC Zip Code: 20005</p> <p>Purpose of Disbursement In Kind- America's Majority Trst Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other</p>	<p>Date of Disbursement 07 / 22 / 2002</p> <p>Amount of Each Disbursement this Period 1208.20</p> <p>Transaction ID: SB23.8812</p>

SUBTOTAL of Disbursements This Page (optional) ▶ **3208.20**

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. Manzullo for Congress		Date of Disbursement 07 / 25 / 2002	
Mailing Address 801 N Pitt St Suite 120 City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8807	
State: IL District: 16			

Full Name (Last, First, Middle Initial) B. NORWOOD FOR CONGRESS		Date of Disbursement 07 / 25 / 2002	
Mailing Address PO Box 499 PO BOX 499 City State Zip Code Evans CA 95808		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8817	
State: CA District: 10			

Full Name (Last, First, Middle Initial) C. PIONEER POLITICAL ACTION COMMITTEE		Date of Disbursement 07 / 23 / 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 PAC 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB23.8800	
State: OH District: 07			

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

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

Use separate schedule(s)
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. TIM JOHNSON FOR SOUTH DAKOTA INC		Date of Disbursement 07 ^N / 30 ^M / 2002 ^Y	
Mailing Address PO BOX 1859 City SIOUX FALLS		State SD	Zip Code 57101
Purpose of Disbursement		Amount of Each Disbursement this Period 1602.15	
Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		Category/ Type	
Office Sought:	House <input checked="" type="checkbox"/> Senate President	Disbursement For:	2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼
State: SD	District: 00	Transaction ID: SB23.8815	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1602.15
TOTAL This Period (last page this line number only)	13810.35