

**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:  
April 15 Quarterly Report(Q1) X 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) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G)  
Election on in the State of  
General (30G) Runoff (30R) Special (30S)

5. Covering Period 03 01 2002 through 03 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 Scott John H. Mr.

Signature of Treasurer Electronically Filed by Scott John H. Mr. Date 07 11 2002

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>Mo</sup> 03 <sup>Day</sup> 01 <sup>Year</sup> 2002 To: <sup>Mo</sup> 03 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Mo</sup> <sup>Year</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	48391.92	
(c) Total Receipts (from Line 19) .....	9390.00	21520.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57781.92	63037.76
7. Total Disbursements (from Line 30) .....	31582.38	36838.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26199.54	26199.54
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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>03 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>03 <sup>DD</sup>31 <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) .....	7550.00	
(ii) Unitemized .....	1840.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9390.00	21520.00
(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) .....	9390.00	21520.00
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) .....	9390.00	21520.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	9390.00	21520.00

**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.....	116.82	372.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	116.82	372.66
22. Transfers to Affiliated/Other Party Committees.....	2500.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28965.56	33965.56
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)..... ▶	31582.38	36838.22
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	31582.38	36838.22
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	9390.00	21520.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	9390.00	21520.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	116.82	372.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	116.82	372.66

**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 / 17

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. Balasubramaniam Naderajah

Mailing Address

Dept. of Pathology

1101 Nott St

City

State

Zip Code

Schenectady

NY

12308

Date of Receipt

N M / D E / Y Y Y Y  
03 / 26 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Elis Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.7546

Full Name (Last, First, Middle Initial)

B. Bologna Stephen M. Dr.

Mailing Address

Department of Pathology

1408 6th Avenue, North

City

State

Zip Code

St Cloud

MN

56303

Date of Receipt

N M / D E / Y Y Y Y  
03 / 26 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
St. Cloud Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7544

Full Name (Last, First, Middle Initial)

C. Branam George E. Dr.

Mailing Address

2401 university Ave.

City

State

Zip Code

Muncie

IN

47303

Date of Receipt

N M / D E / Y Y Y Y  
03 / 01 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Bai Memorial Hospital

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7563

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

**2000.00**

**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 / 17	
	<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. Candel Antimo G. Dr.**

Mailing Address  
100 E Huron St Apt 2603

City State Zip Code  
Chicago IL 60611-5907

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 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: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.7410

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

Mailing Address  
100 E Huron St Apt 2603

City State Zip Code  
Chicago IL 60611-5907

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 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: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.7443

Full Name (Last, First, Middle Initial)  
**C. Collins James G.P. Dr.**

Mailing Address  
1101 Green Street Apt 1101

City State Zip Code  
San Francisco CA 94109-2012

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer San Leandro Hosp Occupation Pathologist

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

Transaction ID: SA11A1.7535

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 17	
	<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)  
Date Kevin B. Dr.

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carney Hosp Pathologist

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

Transaction ID: SA11A1.7540

**B.** Full Name (Last, First, Middle Initial)  
Date Navin James Joseph Dr.

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

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

Transaction ID: SA11A1.7548

**C.** Full Name (Last, First, Middle Initial)  
Date Navin James Joseph Dr.

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

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

Transaction ID: SA11A1.7549

**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)

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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. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

06821

Date of Receipt

N M / D E / Y Y Y Y  
03 / 26 / 2002

Amount of Each Receipt this Period

300.00

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 ▼

1100.00

Transaction ID: SA11A1.7382

Full Name (Last, First, Middle Initial)

B. Noris Nicki

Mailing Address

408 Palmer Court

City

State

Zip Code

Riverwoods

IL

60015-3834

Date of Receipt

N M / D E / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
College of American Pathologists

Occupation  
Exec VP

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7402

Full Name (Last, First, Middle Initial)

C. Godeman Thomas M. Dr.

Mailing Address

Chairman Laboratory Medicine

10 Nevada Dr

City

State

Zip Code

Lake Success

NY

11042-1114

Date of Receipt

N M / D E / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
NorthShore LIJ Health Sys Laborat-  
ories

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.7359

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

**1800.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 17	
	<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)  
Vogel Deryl G. Dr.

Mailing Address  
PMB 208 934 S. Burlington Blvd  
City State Zip Code  
Burlington WA 98233-3310

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Shagil Valley Laboratories Pathologist

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

Transaction ID: SA11A1.7432

**B.** Full Name (Last, First, Middle Initial)  
Vok Emily Ellen Dr.

Mailing Address  
4708 Rambling Ct  
City State Zip Code  
Troy MI 48098-6629

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. John Hosp and Med Ctr Pathologist

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

Transaction ID: SA11A1.7390

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7550.00</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
<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. Sun Trust Bank</b>		Date of Disbursement 03 / 04 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 80.82	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7689	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sun Trust Bank</b>		Date of Disbursement 03 / 20 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7690	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sun Trust Bank</b>		Date of Disbursement 03 / 21 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 38.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7691	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>116.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>116.82</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 checked="" 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 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. CAMPAC</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO Box 17 City State Zip Code Midland WI 48640		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement		Transaction ID: SB22.7692	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pioneer PAC</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address 412 First St SE Suite 1000 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB22.7693	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

**C.**

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

PAGE 12 / 17

<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. Ed Whitfield for Congress</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO Box 391 City Hopkinville State KY Zip Code 42241		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.7481	
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: KY      District: 01			

Full Name (Last, First, Middle Initial) <b>B. FLETCHER FOR CONGRESS</b>		Date of Disbursement 03 / 19 / 2002	
Mailing Address P.O. Box 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.7512	
Candidate Name		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: KY      District: 05			

Full Name (Last, First, Middle Initial) <b>C. Friends of David Weldon</b>		Date of Disbursement 03 / 28 / 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: SB23.7484	
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: FL      District: 15			

<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. FRIENDS OF JOHN PETERSON</b>		Date of Disbursement 03 / 26 / 2002	
Mailing Address PO BOX 285 City PLEASANTVILLE State PA Zip Code 18341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.7514	
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: 05			

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Baucus</b>		Date of Disbursement 03 / 25 / 2002	
Mailing Address 203 C Street, NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.7515	
Candidate Name		Category/ Type	
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MT      District: 00			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SAM JOHNSON</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO BOX 880096 City PLANO State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.7487	
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: TX      District: 03			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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ITEMIZED DISBURSEMENTS**

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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. Hall for Congress</b>		Date of Disbursement 03 / 11 / 2002	
Mailing Address PO Box 711 City State Zip Code Rockwell TX 75087		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.7488	
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: TX      District: 04			

Full Name (Last, First, Middle Initial) <b>B. Jim Turner for Congress</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address 117 5th St NE City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.7491	
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: TX      District: 02			

Full Name (Last, First, Middle Initial) <b>C. John Dingell for Congress</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO Box 75214 City State Zip Code Washington DC 20013-5214		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.7493	
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: MI      District: 18			

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

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ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) <b>A. MALONEY FOR CONGRESS</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address 40 EAST 92ND STREET City NEW YORK State NY Zip Code 10128		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7497	

Full Name (Last, First, Middle Initial) <b>B. MCHUGH, JOHN M</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO BOX 8181 City WATERTOWN State NY Zip Code 13601		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7495	

Full Name (Last, First, Middle Initial) <b>C. PEOPLE FOR ENGLISH</b>		Date of Disbursement 03 / 06 / 2002	
Mailing Address PO BOX 1940 City ERIE State PA Zip Code 16507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7523	

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

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ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) <b>A. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE</b>		Date of Disbursement 03 / 12 / 2002
Mailing Address PO BOX 1986 City NEW BRITAIN State CT Zip Code 08050		Amount of Each Disbursement this Period 4420.52
Purpose of Disbursement In Kind Candidate Name		Transaction ID: SB23.7503
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: 05	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE</b>		Date of Disbursement 03 / 28 / 2002
Mailing Address PO BOX 1986 City NEW BRITAIN State CT Zip Code 08050		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.7505
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: 05	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. THE BILLY TAUZIN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement 03 / 06 / 2002
Mailing Address P.O. Box 2286 City Houna State LA Zip Code 70361		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.7525
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: 03	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8420.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Full Name (Last, First, Middle Initial) <b>A. THURMAN FOR CONGRESS</b>		Date of Disbursement 03 / 28 / 2002	
Mailing Address c/o Ellen Mazer 3610 38th Street, NW, #F270 City State Zip Code Washington DC 20016		Amount of Each Disbursement this Period 4045.04	
Purpose of Disbursement In Kind Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7526	

Full Name (Last, First, Middle Initial) <b>B. THURMAN FOR CONGRESS</b>		Date of Disbursement 03 / 28 / 2002	
Mailing Address c/o Ellen Mazer 3610 38th Street, NW, #F270 City State Zip Code Washington DC 20016		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement In Kind Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.7527	

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9045.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>28965.56</b>