

**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
Washington DC 20005
Check if different than previously reported. (ACC)

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:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	Mar 20 (M3) Apr 20 (M4)	<input checked="" type="checkbox"/> Jun 20 (M6)	Jul 20 (M7)	Sep 20 (M9) Oct 20 (M10)	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
		(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12G)	Runoff (12R)	
		Election on				in the State of
		(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on				in the State of

5. Covering Period 05 01 2003 through 05 31 2003

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 16 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.

Office Use Only							
-----------------	--	--	--	--	--	--	--

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M05 ^D01 ^Y2003 To: ^M05 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period	80423.88	
(c) Total Receipts (from Line 19)	13524.00	115131.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93947.88	149286.38
7. Total Disbursements (from Line 31)	36515.03	91853.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57432.83	57432.63
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M05 ⁻01 ⁻2003 To: ^M05 ⁻31 ⁻2003

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)	8320.00	
(ii) Unitemized	5204.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	13524.00	114881.60
(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 33, page 5)	13524.00	114881.60
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 37, page 5)	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	250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13524.00	115131.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13524.00	115131.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	867.18	1030.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	867.18	1030.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35647.85	90147.85
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	675.48
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36515.03	91853.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	36515.03	91853.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13524.00	114881.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13524.00	114881.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	867.18	1030.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	867.18	1030.42

**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 / 22	
	<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

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. Becker Carl G. Dr.		Date of Receipt M / D / Y 05 / 16 / 2003
Mailing Address Department of Pathology 8701 Watertown Plank Rd		Transaction ID: SA11A1.11438
City Milwaukee	State WI	Zip Code 53221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Med College of Wisconsin	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Goldstein Jeffrey D. Dr.		Date of Receipt M / D / Y 05 / 16 / 2003
Mailing Address Department of Pathology 800 Prudential Drive		Transaction ID: SA11A1.11446
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Baptist Med Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Hanson Daniel J. Dr.		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 1946 N. 13th Street Suite 3D1		Transaction ID: SA11A1.11393
City Toledo	State OH	Zip Code 43624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Laboratories Inc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
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 / 22	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Hubbard Robert J. Dr.		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address Dept. of Laboratory Service 1805 Medical Center Drive		Transaction ID: SA11A1.11482
City State Zip Code San Bernardino CA 92411	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer San Bernardino Community Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Hughes Bruce Wayne Dr.		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address PO Box 8010		Transaction ID: SA11A1.11480
City State Zip Code Kokomo IN 46904-9010	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph Hosp & Health Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hui Anthony N. Dr.		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address PO Box 1088		Transaction ID: SA11A1.11485
City State Zip Code Fayetteville AR 72702-1088	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer N.W. AR Path Assoc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 8 / 22	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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. Krepp Robert H. Dr.		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address Dept of Path and Lab Medicine 100 Michigan St NE		Transaction ID: SA11A1.11996
City Grand Rapids	State MI	Zip Code 49503-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Butterworth Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ligato Savario		Date of Receipt M / D / Y 05 / 30 / 2003
Mailing Address Department of Pathology 540 Litchfield Street		Transaction ID: SA11A1.11506
City Torrington	State CT	Zip Code 06790
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Hungerford Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. McCall Janice Brown Dr.		Date of Receipt M / D / Y 05 / 19 / 2003
Mailing Address Department of Pathology 3100 E. Fletcher Avenue		Transaction ID: SA11A1.11459
City Tampa	State FL	Zip Code 33613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ Community Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 9 / 22	
	<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

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. Mody Dina R. Dr.		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address Department of Pathology 6565 Fannin		Transaction ID: SA11A1.11467
City Houston	State TX	Zip Code 77030-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Noris Nicki		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 408 Palmer Court		Transaction ID: SA11A1.11468
City Riverwoods	State IL	Zip Code 60015-3834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer College of American Pathologists	Occupation Exec VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Pudgett James		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 280 Pembroke Dr		Transaction ID: SA11A1.11398
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Highland Park Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: PAGE 10 / 22	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Resbivius Paul A. Dr.		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address Lab for Clinical Medicine 200 Corporate Place #7		Transaction ID: SA11A1.11489
City Peabody	State MA	Zip Code 01860-3840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Pathology Consultants	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Siberman William C. Dr.		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address Box 1668		Transaction ID: SA11A1.11436
City Leesburg	State VA	Zip Code 20177-1668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 370.00
Name of Employer Loudoun Hosp Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Greenan Joseph J. Dr.		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 730 W Market Street		Transaction ID: SA11A1.11405
City Lima	State OH	Zip Code 45801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Rita's Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	920.00
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 11 / 22	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Szasz Janet F. Dr.		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address 2400 Susannah St PO Box 2484		Transaction ID: SA11A1.11406
City Johnson City	State TN	Zip Code 37605-2484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Outpatient Cytopathology Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Teears Robert J. Dr.		Date of Receipt M / D / Y 05 / 02 / 2003
Mailing Address Department of Pathology 180 East Bannock		Transaction ID: SA11A1.11410
City Boise	State ID	Zip Code 83712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Luke's Reg Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Vogel Daryl G. Dr.		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address PMB 208 934 S. Burlington Blvd		Transaction ID: SA11A1.11473
City Burlington	State WA	Zip Code 98233-5310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shagil Valley Laboratories	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1750.00
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 12 / 22	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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. White Frank L. Dr.		Date of Receipt M / D / Y 05 / 09 / 2003
Mailing Address 1211 Union Ave., Ste. 200		Transaction ID: SA11A1.11432
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	8320.00

**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 13 / 22
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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. Sun Trust Bank		Transaction ID: SB21B.11586 Date of Disbursement 05 / 02 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 804.18		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement bank service charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.11584 Date of Disbursement 05 / 20 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 63.00		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement bank charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	867.18
TOTAL This Period (last page this line number only)	▶	867.18

**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 14 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. BASS VICTORY COMMITTEE		Transaction ID: SB23.11527 Date of Disbursement 05 / 09 / 2003	
Mailing Address PO Box 3451			
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NH District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BOSWELL FOR CONGRESS		Transaction ID: SB23.11545 Date of Disbursement 05 / 29 / 2003	
Mailing Address 301 4th St., NE			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHRIS BELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.11551 Date of Disbursement 05 / 29 / 2003	
Mailing Address 6524 SAN FELIPE PMB 441			
City HOUSTON	State TX	Zip Code 77057	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 25	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 15 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. CITIZENS FOR BUNNING		Transaction ID: SB23.11513 Date of Disbursement 05 / 07 / 2003		
Mailing Address 9004 Advantage Court		Amount of Each Disbursement this Period 2000.00		
City Burke	State VA			Zip Code 22015
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: KY	District: D0			

Full Name (Last, First, Middle Initial) B. Committee for Preservation of Capitalism		Transaction ID: SB23.11530 Date of Disbursement 05 / 13 / 2003		
Mailing Address P.O. Box 22614		Amount of Each Disbursement this Period 5000.00		
City Alexandria	State VA			Zip Code 22314
Purpose of Disbursement golf event				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼			
State:	District	Other		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.11512 Date of Disbursement 05 / 07 / 2003		
Mailing Address PO BOX 3197		Amount of Each Disbursement this Period 2500.00		
City LITTLE ROCK	State AR			Zip Code 72203
Purpose of Disbursement				Category/ Type
Candidate Name Blanche Lincoln-LINC PAC				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: AR	District: D1			

SUBTOTAL of Disbursements This Page (optional)	9500.00
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 16 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. FRIENDS OF CLAY SHAW		Transaction ID: SB23.11547 Date of Disbursement 05 / 29 / 2003		
Mailing Address P.O. Box 32579		Amount of Each Disbursement this Period 1000.00		
City Palm Beach Gardens	State FL			Zip Code 33420
Purpose of Disbursement				Candidate Name
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 22	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. FRIENDS OF DON SHERWOOD		Transaction ID: SB23.11553 Date of Disbursement 05 / 29 / 2003		
Mailing Address 81 WARREN STREET		Amount of Each Disbursement this Period 1000.00		
City TUNKHANNOCK	State PA			Zip Code 18657
Purpose of Disbursement				Candidate Name
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE		Transaction ID: SB23.11580 Date of Disbursement 05 / 29 / 2003		
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period 3000.00		
City DES MOINES	State IA			Zip Code 50304
Purpose of Disbursement				Candidate Name Charles Grassley
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

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 17 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. HOBSON FOR CONGRESS		Transaction ID: SB23.11555 Date of Disbursement 05 / 29 / 2003		
Mailing Address 82 West Columbia		Amount of Each Disbursement this Period 1250.00		
City Springfield	State OH			Zip Code 45503
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: OH	District: D7			

Full Name (Last, First, Middle Initial) B. JIM RAMSTAD VOLUNTEER COMMITTEE		Transaction ID: SB23.11573 Date of Disbursement 05 / 21 / 2003		
Mailing Address 4451 Brookfield Corp. Drive #200		Amount of Each Disbursement this Period -1000.00		
City Chantilly	State VA			Zip Code 20151
Purpose of Disbursement void check dated 5/21/02				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: MN	District: D3			

Full Name (Last, First, Middle Initial) C. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.11549 Date of Disbursement 05 / 29 / 2003		
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00		
City New Britain	State CT			Zip Code 06050
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: CT	District: D5			

SUBTOTAL of Disbursements This Page (optional)	1250.00
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 18 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. JUDD GREGG COMMITTEE		Transaction ID: SB23.11533 Date of Disbursement 05 / 20 / 2003
Mailing Address 1331 H Street, NW 12th floor		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NH District: D0		

Full Name (Last, First, Middle Initial) B. KEEP OUR MAJORITY PAC		Transaction ID: SB23.11511 Date of Disbursement 05 / 07 / 2003
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA Zip Code 22320	
Purpose of Disbursement breakfast 5/8/03		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

Full Name (Last, First, Middle Initial) C. KIRK FOR CONGRESS		Transaction ID: SB23.11561 Date of Disbursement 05 / 29 / 2003
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka	State IL Zip Code 60093	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IL District: 10		

SUBTOTAL of Disbursements This Page (optional)	8500.00
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 19 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. LATHAM FOR CONGRESS		Transaction ID: SB23.11517 Date of Disbursement 05 / 07 / 2003	
Mailing Address PO Box 71			
City Clarion	State IA	Zip Code 50525	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LISA MURKOWSKI - U S SENATE		Transaction ID: SB23.11523 Date of Disbursement 05 / 07 / 2003	
Mailing Address PO BOX 100847			
City ANCHORAGE	State AK	Zip Code 09510	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AK District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MIKE BILIRAKIS FOR CONGRESS		Transaction ID: SB23.11535 Date of Disbursement 05 / 20 / 2003	
Mailing Address P O BOX 1077			
City TARPON SPRINGS	State FL	Zip Code 34688	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: D9	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)					PAGE 20 / 22
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. MIKE MCINTYRE FOR CONGRESS		Transaction ID: SB23.11543 Date of Disbursement 05 / 27 / 2003	
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 500.00	
City Lumberton	State NC		Zip Code 28359
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: NC District: D7	

Full Name (Last, First, Middle Initial) B. MORAN FOR KANSAS		Transaction ID: SB23.11520 Date of Disbursement 05 / 07 / 2003	
Mailing Address 228 S. Washington St. Suite B-20		Amount of Each Disbursement this Period 500.00	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement			Candidate Name Jerry Weller for Congress
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: KS District: D1	

Full Name (Last, First, Middle Initial) C. NRCC		Transaction ID: SB23.11567 Date of Disbursement 05 / 27 / 2003	
Mailing Address c/o Epiphany Productions 104 Hume Ave		Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA		Zip Code 22301
Purpose of Disbursement PAC Contribution			Candidate Name
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District Other	

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
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 21 / 22	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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. PIONEER POLITICAL ACTION COMMITTEE		Transaction ID: SB23.11537 Date of Disbursement 05 / 20 / 2003
Mailing Address 412 FIRST STREET SE SUITE 100		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement Contributions - Other	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: SB23.11557 Date of Disbursement 05 / 29 / 2003
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton	State MI Zip Code 48116	
Purpose of Disbursement	Candidate Name Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District D8		

Full Name (Last, First, Middle Initial) C. TIM JOHNSON FOR SOUTH DAKOTA INC		Transaction ID: SB23.11575 Date of Disbursement 05 / 21 / 2003
Mailing Address PO BOX 185B		Amount of Each Disbursement this Period -1602.15
City SIOUX FALLS	State SD Zip Code 57101	
Purpose of Disbursement void check dated 7/28/02	Candidate Name Category/ Type	
Office Sought: House Senate President State: SD District D0		

SUBTOTAL of Disbursements This Page (optional)	▶	397.85
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 22 / 22

<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	<input type="checkbox"/> 30b

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. TOM FEENEY FOR CONGRESS		Transaction ID: SB23.11539 Date of Disbursement 05 / 20 / 2003
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1500.00
City Arlington	State VA	
Zip Code 22202		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 24	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	35647.85