

FEC  
FORM 3XREPORT 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  
REPORTNEW  
(N)

OR

X

AMENDED  
(A)4. TYPE OF REPORT  
(Choose One)(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

(a) Quarterly Reports:

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)April 15  
Quarterly Report(Q1)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (M13)

July 15  
Quarterly Report(Q2)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

October 15  
Quarterly Report(Q3)PRE Election  
Report for the:

Convention (12C)

Special (12S)

X January 31  
Quarterly Report(YE)

Election on

in the  
State ofJuly 31 Mid-Year  
Report(Non-election  
Year Only) (MY)

(d) 30-Day

Post -Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Termination Report  
(TER)

Election on

in the  
State of

5. Covering Period

07

01

2001

through

12

31

2001

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

03

06

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  
OnlyFEC 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>h</sup>0<sup>h</sup> <sup>D</sup>0<sup>h</sup> <sup>y</sup>2001 To: <sup>h</sup>1<sup>h</sup> <sup>D</sup>3<sup>h</sup> <sup>y</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2001		9683.31
(b) Cash on Hand at Beginning of Reporting Period .....	18340.20	
(c) Total Receipts (from Line 19) .....	53446.00	119435.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	71786.20	129118.31
7. Total Disbursements (from Line 30) .....	30268.44	87600.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41517.76	41517.76
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: <sup>h</sup>0<sup>m</sup>7<sup>d</sup> <sup>h</sup>0<sup>m</sup>1<sup>d</sup> <sup>y</sup>2001<sup>y</sup> To: <sup>h</sup>1<sup>m</sup>2<sup>d</sup> <sup>h</sup>0<sup>m</sup>3<sup>d</sup>1<sup>d</sup> <sup>y</sup>2001<sup>y</sup>

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) .....	26450.00	
(ii) Unitemized .....	26996.00	
(III) TOTAL (add Lines 11(a)(i) and (ii)) ..... ►	53446.00	117935.00
(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) ..... ►	53446.00	117935.00
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	1500.00
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) ..... ►	53446.00	119435.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ►	53446.00	119435.00

**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.....	531.17	1581.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	531.17	1581.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29737.27	86018.75
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) .....	30268.44	87600.55
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	30268.44	87600.55
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3) .....	53446.00	117935.00
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	53446.00	117935.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ►	531.17	1581.80
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	531.17	1581.80

**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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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Assarian Gary Steven Dr.

Mailing Address

Department of Pathology 23775 Northwestern Hwy

City State Zip Code

Southfield MI 48075

FEC ID number of contributing  
federal political committee.

Name of Employer  
Professional Lab Management

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 18 / 2001

Amount of Each Receipt this Period

250.00

Transaction ID: SA11A1.6584

Full Name (Last, First, Middle Initial)

B. Austin R. Marshall

Mailing Address

785 Creekside Dr.

City State Zip Code

Mount Pleasant SC 29464

FEC ID number of contributing  
federal political committee.

Name of Employer  
Coastal Pathology Laboratories

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2001

Amount of Each Receipt this Period

500.00

Transaction ID: SA11A1.6063

Full Name (Last, First, Middle Initial)

C. Bestner Paul

Mailing Address

Dept of Pathology & Lab Medicine 800 Rose Street

City State Zip Code

Lexington KY 40536-0298

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ of Kentucky Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 18 / 2001

Amount of Each Receipt this Period

1000.00

Transaction ID: SA11A1.6034

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

**1750.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barcelo Mark Jeffrey Dr.

Mailing Address

Department of Pathology 36000 Euclid Avenue

City State Zip Code

Willoughby OH 44094

FEC ID number of contributing  
federal political committee.

Name of Employer  
Lake Hospital Systems, Inc.

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

N M / D E / Y Y Y Y  
08 13 2001

Amount of Each Receipt this Period

250.00

Transaction ID: SA11A1.6065

Full Name (Last, First, Middle Initial)

B. Becker Carl G. Dr.

Mailing Address

Department of Pathology PO Box 26509

City State Zip Code

Milwaukee WI 53226-0509

FEC ID number of contributing  
federal political committee.

Name of Employer  
Med College of Wisconsin

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D E / Y Y Y Y  
09 21 2001

Amount of Each Receipt this Period

300.00

Transaction ID: SA11A1.6407

Full Name (Last, First, Middle Initial)

C. Bills Gordon Lee Dr.

Mailing Address

9293 Witherbone Court

City State Zip Code

Cincinnati OH 45242

FEC ID number of contributing  
federal political committee.

Name of Employer  
Middletown Regional Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D E / Y Y Y Y  
09 04 2001

Amount of Each Receipt this Period

300.00

Transaction ID: SA11A1.6411

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

**850.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blessinger Karl Joseph Dr.

Mailing Address

Department of Pathology

172 4th Street SE

City

State

Zip Code

Huron

SD

57350

Date of Receipt

N M / D E / Y Y Y Y  
08 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

Huron Regional Med Ctr

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6073

Full Name (Last, First, Middle Initial)

B. Blomberg David J. Dr.

Mailing Address

Department of Pathology

502 E Second Street

City

State

Zip Code

Duluth

MN

55805

Date of Receipt

N M / D E / Y Y Y Y  
12 / 07 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

150.00

Name of Employer

Miller-Dwan Med Ctr

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6009

Full Name (Last, First, Middle Initial)

C. Brown Michael Sean Dr.

Mailing Address

2900 12th Avenue North

Suite 260W

City

State

Zip Code

Billings

MT

59101

Date of Receipt

N M / D E / Y Y Y Y  
08 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer

Yellowstone Pathology Institute  
Inc

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6083

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

**900.00**

**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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Campbell Alfred Whay Dr.

Mailing Address

Department of Pathology

PO Box 12946

City

State

Zip Code

Roanoke

VA

24029

Date of Receipt

N M / D C / Y Y Y Y  
1 1 / 0 9 2 0 0 1

FEC ID number of contributing  
federal political committee.

1000.00

Name of Employer  
Carilion Roanoke Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6470

Full Name (Last, First, Middle Initial)

B. Candel Alvaro G. Dr.

Mailing Address

200 Berteau Avenue

200 Berteau Avenue

City

State

Zip Code

Elmhurst

IL

60126-2966

Date of Receipt

N M / D C / Y Y Y Y  
0 8 / 1 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Elmhurst Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6087

Full Name (Last, First, Middle Initial)

C. Corpus Primitiva A Dr.

Mailing Address

Department of Pathology

1305 North Elms Street

City

State

Zip Code

Henderson

KY

42420

Date of Receipt

N M / D C / Y Y Y Y  
0 8 / 1 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

100.00

Name of Employer  
Methodist Hospital

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6096

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

**1350.00**

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



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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DeBlois Georgean E.G. Dr.

Mailing Address

Department of Pathology 1401 Johnston-Willis Dr.

City State Zip Code

Richmond VA 23235-4789

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 8 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer  
Commonwealth Lab Consultants

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6484

Full Name (Last, First, Middle Initial)

B. Dize Craig A. Dr.

Mailing Address

Department of Pathology 100 Madison Avenue

City State Zip Code

Morristown NJ 07962-1956

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 3 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Morristown Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6110

Full Name (Last, First, Middle Initial)

C. Essman Richard A. Dr.

Mailing Address

4275 Birch Street, NE

City State Zip Code

St. Petersburg FL 33703

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 0 2 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Memorial Hosp Jacksonville

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6130

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

**850.00**

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

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ewing Gene E. Dr.

Mailing Address

Department of Pathology 5808 Harry Hines Blvd.

City State Zip Code

Dallas TX 75235

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer  
St. Paul Medical Center

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6664

Full Name (Last, First, Middle Initial)

B. Flynn Cynthia E. Dr.

Mailing Address

Department of Pathology 4755 Ogletown-Stanton Rd

City State Zip Code

Newark DE 19718-6001

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Christiana Care Health Services  
Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6449

Full Name (Last, First, Middle Initial)

C. Frazier Robert A. Dr.

Mailing Address

1017 Brandon Road

City State Zip Code

Virginia Beach VA 23451-3724

Date of Receipt

N M / D E / Y Y Y Y  
0 9 / 1 4 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6418

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

**1050.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friedman Kenneth Jay Dr.

Mailing Address

1730 Elton Road

Suite 11

City

State

Zip Code

Silver Spring

MD

20903-1723

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

500.00

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6494

Full Name (Last, First, Middle Initial)

B. Gardner William A. Dr.

Mailing Address

Department of Pathology

2451 Fillingim Street

City

State

Zip Code

Mobile

AL

36617-2293

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

250.00

Name of Employer  
Univ of S Alabama Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6142

Full Name (Last, First, Middle Initial)

C. Glatz Leonard P. Dr.

Mailing Address

305 E. Park

City

State

Zip Code

Victoria

TX

77901

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

500.00

Name of Employer  
Regional Med Laboratory

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6144

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

**1250.00**

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

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harner William V. Dr.

Mailing Address

Department of Pathology 160D Haddon Avenue

City State Zip Code

Camden NJ 08103

FEC ID number of contributing  
federal political committee.

Name of Employer  
Our Lady of Lourdes Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

N M / D C / Y Y Y Y  
09 21 2001

Amount of Each Receipt this Period

250.00

Transaction ID: SA11A1.6375

Full Name (Last, First, Middle Initial)

B. Hart-Dittmer Kathleen P. Dr.

Mailing Address

1520 7th Street

City State Zip Code

Moline IL 61265

FEC ID number of contributing  
federal political committee.

Name of Employer  
Metropolitan Medical Lab

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D C / Y Y Y Y  
08 13 2001

Amount of Each Receipt this Period

200.00

Transaction ID: SA11A1.6153

Full Name (Last, First, Middle Initial)

C. Hoffman Howard Dr.

Mailing Address

4230 Bumham Ave

City State Zip Code

Las Vegas NV 89119

FEC ID number of contributing  
federal political committee.

Name of Employer  
Associated Pathologists Labs

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D C / Y Y Y Y  
07 16 2001

Amount of Each Receipt this Period

300.00

Transaction ID: SA11A1.6047

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

**750.00**

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hui Anthony N. Dr.

Mailing Address

PO Box 1086

City

State

Zip Code

Fayetteville

AR

72702-1086

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 0 8 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

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

Transaction ID: SA11A1.6513

Full Name (Last, First, Middle Initial)

B. Jensen David F. Dr.

Mailing Address

PO Box 213008

City

State

Zip Code

Stockton

CA

95213-9008

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
St. Joseph's Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6441

Full Name (Last, First, Middle Initial)

C. Johnson Rebecca L. Dr.

Mailing Address

Pathology & Clinical Labs

725 North Street

City

State

Zip Code

Pittsfield

MA

01201

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 8 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Berkshire Health Systems

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6517

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

**1250.00**

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kapps F. Donald

Mailing Address

Department of Pathology

333 N Smith Ave

City

State

Zip Code

St Paul

MN

55102

Date of Receipt

N M / D E / Y Y Y Y  
08 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
United Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6173

Full Name (Last, First, Middle Initial)

B. Keren David F. Dr.

Mailing Address

Department of Pathology

5025 Venture Drive

City

State

Zip Code

Ann Arbor

MI

48108

Date of Receipt

N M / D E / Y Y Y Y  
11 / 08 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Warde Med Laboratory

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6519

Full Name (Last, First, Middle Initial)

C. Kim Soo Yong Dr.

Mailing Address

Department of Pathology

934 Center Street

City

State

Zip Code

Elgin

IL

60120

Date of Receipt

N M / D E / Y Y Y Y  
11 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

50.00

Name of Employer  
Sherman Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6522

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

**1050.00**

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lambie Clark D.K. Dr.

Mailing Address

Department of Pathology 250 E. Dunlap Avenue

City State Zip Code

Phoenix AZ 85020-2825

FEC ID number of contributing  
federal political committee.

Name of Employer  
John C. Lincoln Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

N M / D E / Y Y Y Y  
08 02 2001

Amount of Each Receipt this Period

500.00

Transaction ID: SA11A1.6189

Full Name (Last, First, Middle Initial)

B. Lanehart William H. Dr.

Mailing Address

88 Vine Avenue

City State Zip Code

Clifton Forge VA 24422-9626

FEC ID number of contributing  
federal political committee.

Name of Employer  
Allegheny Regional Hospital

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

N M / D E / Y Y Y Y  
11 20 2001

Amount of Each Receipt this Period

200.00

Transaction ID: SA11A1.6527

Full Name (Last, First, Middle Initial)

C. Lewis Rodger P. Dr.

Mailing Address

PO Box 870

City State Zip Code

Union City TN 38261-0870

FEC ID number of contributing  
federal political committee.

Name of Employer  
Baptist Memorial Hosp-Union City

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D E / Y Y Y Y  
08 02 2001

Amount of Each Receipt this Period

300.00

Transaction ID: SA11A1.6199

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

**1000.00**

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lewis Rodger P. Dr.

Mailing Address

PO Box 870

City

State

Zip Code

Union City

TN

38281-0870

FEC ID number of contributing  
federal political committee.

Date of Receipt

12 / 07 / 2001

Amount of Each Receipt this Period

100.00

Name of Employer  
Baptist Memorial Hosp-Union City

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.6724

Full Name (Last, First, Middle Initial)

B. McCal Janice Brown Dr

Mailing Address

3100 E Fletcher Ave

City

State

Zip Code

Tampa

FL

33613

FEC ID number of contributing  
federal political committee.

Date of Receipt

12 / 31 / 2001

Amount of Each Receipt this Period

500.00

Name of Employer  
Univ Community Hospital

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6734

Full Name (Last, First, Middle Initial)

C. McTigue Arthur H. Dr.

Mailing Address

Department of Pathology

One Hospital Drive

City

State

Zip Code

Lewisburg

PA

17837

FEC ID number of contributing  
federal political committee.

Date of Receipt

10 / 12 / 2001

Amount of Each Receipt this Period

150.00

Name of Employer  
Evangelical Community Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6431

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

**750.00**

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



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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

96821

FEC ID number of contributing  
federal political committee.

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2001

Amount of Each Receipt this Period

150.00

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Transaction ID: SA11A1.6040

Full Name (Last, First, Middle Initial)

B. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

FEC ID number of contributing  
federal political committee.

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2001

Amount of Each Receipt this Period

100.00

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Transaction ID: SA11A1.6041

Full Name (Last, First, Middle Initial)

C. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

FEC ID number of contributing  
federal political committee.

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2001

Amount of Each Receipt this Period

150.00

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Transaction ID: SA11A1.6042

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

400.00

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

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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

96821

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 ▼

1800.00

Date of Receipt

N M / D E / Y Y Y Y  
07 / 30 / 2001

Amount of Each Receipt this Period

200.00

Transaction ID: SA11A1.6043

Full Name (Last, First, Middle Initial)

B. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

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 ▼

2000.00

Date of Receipt

N M / D E / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period

200.00

Transaction ID: SA11A1.6233

Full Name (Last, First, Middle Initial)

C. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

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 ▼

2200.00

Date of Receipt

N M / D E / Y Y Y Y  
08 / 02 / 2001

Amount of Each Receipt this Period

200.00

Transaction ID: SA11A1.6234

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

**600.00**

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

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

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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

96821

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 ▼

2300.00

Date of Receipt

MM / DD / YYYY  
08 / 13 / 2001

Amount of Each Receipt this Period

100.00

Transaction ID: SA11A1.6232

Full Name (Last, First, Middle Initial)

B. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

96821

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 ▼

2700.00

Date of Receipt

MM / DD / YYYY  
08 / 27 / 2001

Amount of Each Receipt this Period

400.00

Transaction ID: SA11A1.6235

Full Name (Last, First, Middle Initial)

C. Neff John C. Dr.

Mailing Address

Department of Pathology

1924 Alcoa Highway

City

State

Zip Code

Knoxville

TN

37920

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ of Tennessee Med Ctr

Occupation  
Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2001

Amount of Each Receipt this Period

1000.00

Transaction ID: SA11A1.6426

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

**1500.00**

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nielsen Mary L. Dr.

Mailing Address

7B29 East Rockhill

Building 400

City

State

Zip Code

Wichita

KS

67206

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Kansas Pathology Consultants PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6758

Full Name (Last, First, Middle Initial)

B. O'Brien Lauren Irene Dr.

Mailing Address

2322 California Avenue

City

State

Zip Code

Santa Monica

CA

90403-4526

Date of Receipt

N M / D E / Y Y Y Y  
0 9 / 1 4 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Pasadena Cytopathology Lab

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6409

Full Name (Last, First, Middle Initial)

C. O'Sheel Steven Frank Dr.

Mailing Address

1974 Chandalar Drive

City

State

Zip Code

Pelham

AL

35124-5124

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer  
Cytology & Pathology Services

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6255

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

**1050.00**

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Odere Fred G. Dr.

Mailing Address

2 Kimberly Drive

City

State

Zip Code

Durham

NC

27707

FEC ID number of contributing  
federal political committee.

Name of Employer  
Raleigh Community Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

N M / D E / Y Y Y Y  
07 / 06 / 2001

Amount of Each Receipt this Period

100.00

Transaction ID: SA11A1.6037

Full Name (Last, First, Middle Initial)

B. Odere Fred G. Dr.

Mailing Address

2 Kimberly Drive

City

State

Zip Code

Durham

NC

27707

FEC ID number of contributing  
federal political committee.

Name of Employer  
Raleigh Community Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

N M / D E / Y Y Y Y  
12 / 01 / 2001

Amount of Each Receipt this Period

50.00

Transaction ID: SA11A1.6763

Full Name (Last, First, Middle Initial)

C. Parlap Prabha

Mailing Address

8 Dunleith Dr

City

State

Zip Code

St Louis

MO

63124-1895

FEC ID number of contributing  
federal political committee.

Name of Employer  
County Surgical

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

N M / D E / Y Y Y Y  
08 / 13 / 2001

Amount of Each Receipt this Period

250.00

Transaction ID: SA11A1.6263

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

400.00

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Propp Karl H. Dr.

Mailing Address

Department of Pathology

81 Highland Ave

City

State

Zip Code

Salem

MA

01870

Date of Receipt

N M / D E / Y Y Y Y  
08 / 16 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
North Shore Med Ctr-Salem Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6269

Full Name (Last, First, Middle Initial)

B. Quigley James C. Dr.

Mailing Address

Department of Pathology

PO Box 2823

City

State

Zip Code

Shawnee Mission

KS

66201

Date of Receipt

N M / D E / Y Y Y Y  
09 / 14 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Shawnee Mission Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6391

Full Name (Last, First, Middle Initial)

C. Ramirez-Welster Rafael R. Dr.

Mailing Address

G.P.O Box 36-6258

City

State

Zip Code

San Juan

PR

00936

Date of Receipt

N M / D E / Y Y Y Y  
08 / 13 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer  
Unaffiliated

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6283

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

**1050.00**

**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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rendon-Faddis Susan M. Dr.

Mailing Address

913 E North Blvd

Suite B

City

State

Zip Code

Leesburg

FL

34748

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Pathology Medical Laboratories

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6447

Full Name (Last, First, Middle Initial)

B. Robboy Stanley J. Dr.

Mailing Address

Department of Pathology

DUMC-3712

City

State

Zip Code

Durham

NC

27710-3656

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 0 2 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Duke Univ Hosp & Health System

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6289

Full Name (Last, First, Middle Initial)

C. Rust Gary F. Dr.

Mailing Address

Pathology Department

18951 Memorial Dr. N.

City

State

Zip Code

Humble

TX

77336

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer  
Northeast Med Ctr Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6293

**SUBTOTAL** of Receipts This 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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Savage Richard A. Dr.

Mailing Address

1111 8th Avenue

City

State

Zip Code

Des Moines

IA

50314-2611

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 1 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Mercy Hospital

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6801

Full Name (Last, First, Middle Initial)

B. Scott Donald I. Dr.

Mailing Address

P.O. Box 55148

City

State

Zip Code

Little Rock

AR

72215-5148

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 6 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Arkansas Pathology Associates

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6807

Full Name (Last, First, Middle Initial)

C. Scott John H. Mr.

Mailing Address

1350 I Street

City

State

Zip Code

Washington

DC

20005

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 0 9 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
College of American Pathologists

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6557

**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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scully Robert E. Dr.

Mailing Address

Department of Pathology

32 Fruit Street

City

State

Zip Code

Boston

MA

02114

Date of Receipt

MM / DD / YYYY  
08 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Massachusetts General Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6309

Full Name (Last, First, Middle Initial)

B. Smedberg Carl Taylor Dr.

Mailing Address

1801 Airport Blvd

Suite 1

City

State

Zip Code

Melbourne

FL

32901-4379

Date of Receipt

MM / DD / YYYY  
08 / 02 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer  
Space Coast Pathologists, PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6317

Full Name (Last, First, Middle Initial)

C. Stenmler Richard H. Dr.

Mailing Address

7955 Tangleoak Lane

City

State

Zip Code

Castle Rock

CO

80104-9299

Date of Receipt

MM / DD / YYYY  
12 / 15 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

110.00

Name of Employer  
Portercare Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Transaction ID: SA11A1.6841

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

**1360.00**

**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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sturdivant Stephen E. Dr.

Mailing Address

137 El Dorado Drive

City

State

Zip Code

Little Rock

AR

72212-2763

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 6 2 0 0 1

Amount of Each Receipt this Period

500.00

Name of Employer  
Arkansas Pathology Associates

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6337

Full Name (Last, First, Middle Initial)

B. Sukumar Venkataraman

Mailing Address

50 Molly 'B' Rd, Mallard Point

City

State

Zip Code

Lewes

DE

19058

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 0 2 2 0 0 1

Amount of Each Receipt this Period

500.00

Name of Employer  
Beebe Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6339

Full Name (Last, First, Middle Initial)

C. Sukumar Venkataraman

Mailing Address

50 Molly 'B' Rd, Mallard Point

City

State

Zip Code

Lewes

DE

19058

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 6 2 0 0 1

Amount of Each Receipt this Period

140.00

Name of Employer  
Beebe Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Transaction ID: SA11A1.6842

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

**1140.00**

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

**SCHEDULE A (FEC Form 3X)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Taylor James R. Dr.

Mailing Address

Department of Pathology

1923 S Utica Ave

City

State

Zip Code

Tulsa

OK

74104-6520

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 0 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Pathology Laboratory Assoc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6346

Full Name (Last, First, Middle Initial)

B. Travers Henry

Mailing Address

Main Laboratory

1000 E. 21st St

City

State

Zip Code

Sioux Falls

SD

57105-7105

Date of Receipt

N M / D E / Y Y Y Y  
0 9 / 1 4 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Physicians Laboratory Ltd

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6397

Full Name (Last, First, Middle Initial)

C. Vitella Ronald L. Dr.

Mailing Address

1140 Northwoods Dr

Apt 210

City

State

Zip Code

Eagan

MN

55121

Date of Receipt

N M / D E / Y Y Y Y  
0 9 / 0 4 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
Allina Medical Laboratory

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6377

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

**750.00**

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Waldron Michael J. Dr.

Mailing Address

Department of Pathology

8267 Elmbrook

City

State

Zip Code

Dallas

TX

75247-5247

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 1 8 2 0 0 1

FEC ID number of contributing  
federal political committee.

100.00

Name of Employer  
ProPath Services

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.6859

Full Name (Last, First, Middle Initial)

B. Webb Sarah V. Dr.

Mailing Address

Department of Pathology

1800 Hospital Parkway

City

State

Zip Code

Bedford

TX

76022

Date of Receipt

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

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Harris Methodist HEB

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6443

Full Name (Last, First, Middle Initial)

C. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City

State

Zip Code

Peoria

IL

61615-2240

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 1 3 2 0 0 1

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Peoria-Tazelwef Path Group

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6355

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

**600.00**

**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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City

State

Zip Code

Peoria

IL

61615-2240

Date of Receipt

12 / 20 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

50.00

Name of Employer

Peoria-Tazewell Path Group

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6862

Full Name (Last, First, Middle Initial)

B. White Robert M Dr.

Mailing Address

P.O. Box 13367

City

State

Zip Code

Taeanoke

VA

24033

Date of Receipt

12 / 31 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

Carilion Roanoke Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6869

Full Name (Last, First, Middle Initial)

C. White Robert S. Dr.

Mailing Address

Department of Pathology

6161 S. Yale Ave.

City

State

Zip Code

Tulsa

OK

74136

Date of Receipt

12 / 03 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

St. Francis Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6871

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

**550.00**

**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  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wilkinson David S. Dr.

Mailing Address

Department of Pathology

PO Box 980662

City

State

Zip Code

Richmond

VA

23298-0662

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 2 8 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer  
Med College of Virginia

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6573

Full Name (Last, First, Middle Initial)

B. Williams Arthur H. Dr.

Mailing Address

Pathology Department

438 W Las Tunas

City

State

Zip Code

San Gabriel

CA

91776

Date of Receipt

N M / D E / Y Y Y Y  
0 9 / 2 1 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
San Gabriel Valley Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6399

Full Name (Last, First, Middle Initial)

C. Williams Gregory P. Dr.

Mailing Address

Dept. of Pathology

6161 S. Yale Ave.

City

State

Zip Code

Tulsa

OK

74136

Date of Receipt

N M / D E / Y Y Y Y  
0 8 / 2 7 / 2 0 0 1

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer  
St. Francis Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6365

**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

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(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wald Lester E. Dr.

Mailing Address

Dept of Path & Lab Medicine

530 Hilton Building

City

State

Zip Code

Rochester

MN

55905

Date of Receipt

MM / DD / YYYY  
12 / 07 / 2001

FEC ID number of contributing  
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

Mayo Clinic & Foundation

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6876

B.

C.

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

250.00

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

26450.00

# **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
<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>Full Name (Last, First, Middle Initial)</p> <p><b>A. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement bk fees</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 09 / 05 / 2001</p> <p>Amount of Each Disbursement this Period 184.28</p> <p>Transaction ID: SB21B.7215</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement bk fees</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 09 / 26 / 2001</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Transaction ID: SB21B.7216</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement bk fees</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 10 / 02 / 2001</p> <p>Amount of Each Disbursement this Period 48.58</p> <p>Transaction ID: SB21B.7214</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><b>242.84</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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(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

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement bk fees</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 11 / 02 / 2001</p> <p>Amount of Each Disbursement this Period 39.52</p> <p>Transaction ID: SB21B.7213</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 12 / 01 / 2001</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Transaction ID: SB21B.7211</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Sun Trust Bank</b></p> <p>Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement bk fees</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>State: District:</p>		<p>Date of Disbursement 12 / 04 / 2001</p> <p>Amount of Each Disbursement this Period 108.28</p> <p>Transaction ID: SB21B.7212</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><b>157.80</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p><b>400.64</b></p>

**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>Full Name (Last, First, Middle Initial)</p> <p><b>A. Bilirakis for Congress</b></p> <p>Mailing Address PO Box 1077 City Tarpon Springs State FL Zip Code 35688 Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 09</p> <p>Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>07 / 23 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>2000.00</p> <p>Transaction ID: SB23.6884</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Ed Bryant for Congress</b></p> <p>Mailing Address PO Box 1981 City Cordova State TN Zip Code 38088-1981 Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: TN District:</p> <p>Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>07 / 23 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.6887</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. FLETCHER FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 4703 City LEXINGTON State KY Zip Code 40544 Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President State: KY District: 08</p> <p>Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>10 / 22 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.6888</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><b>4000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

# **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 35 / 43

<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. Frank Pallone

Mailing Address

P.O. Box 3176

City

State

Zip Code

Long Branch

NJ

07740

Purpose of Disbursement

Date of Disbursement

12 / 31 / 2001

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State:

District:

Transaction ID: SB23.6890

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CLAY SHAW

Mailing Address

PO BOX 2188

City

State

Zip Code

Ft. Lauderdale

FL

33303

Purpose of Disbursement

Date of Disbursement

10 / 22 / 2001

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State: FL

District: 22

Transaction ID: SB23.6891

Full Name (Last, First, Middle Initial)

C. Friends of Mark Foley

Mailing Address

PO Box 30505

City

State

Zip Code

Palm Beach Gardens

FL

33410

Purpose of Disbursement

Date of Disbursement

09 / 29 / 2001

Amount of Each Disbursement this Period

3000.00

Candidate Name

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2002

X Primary

General

Other (specify) ▼

State: FL

District: 18

Transaction ID: SB23.6893

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 36 / 43

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address

203 C Street, NE

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 11 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.6896

Full Name (Last, First, Middle Initial)

B. Gephardt in Congress

Mailing Address

7435 Watson Road

Suite 107

City

St. Louis

State

MO

Zip Code

63119

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

11 / 28 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.6898

Full Name (Last, First, Middle Initial)

C. Geppetto Catering

Mailing Address

4505 Queenbury

City

Riverdale

State

MD

Zip Code

20737

Purpose of Disbursement

In kind- Catering

Candidate Name

Ed Bryant for Congress

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2001

X Primary

General

Other (specify) ▼

State: TN

District: 07

Date of Disbursement

08 / 23 / 2001

Amount of Each Disbursement this Period

248.75

Transaction ID: SB23.7241

**SUBTOTAL** of Disbursements This Page (optional) .....

**2248.75**

**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 37 / 43

<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>Full Name (Last, First, Middle Initial)</p> <p><b>A. Hasburt for Congress</b></p> <p>Mailing Address</p> <p>P.O. Box 625</p> <p>City State Zip Code</p> <p>Batavia IL 60510</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President</p> <p>Disbursement For: 2001 Primary X General Other (specify) ▼</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>12 / 31 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.6900</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. JD Hayworth for Congress</b></p> <p>Mailing Address</p> <p>4451 Brookfield Corporate Drive Suite 200</p> <p>City State Zip Code</p> <p>Chantilly VA 20151</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: X House Senate President</p> <p>Disbursement For: 2001 Primary X General Other (specify) ▼</p> <p>State: AZ District: 06</p>		<p>Date of Disbursement</p> <p>07 / 29 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p> <p>Transaction ID: SB23.6902</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. JOHN LEWIS FOR CONGRESS</b></p> <p>Mailing Address</p> <p>729 15th Street, NW Suite 300</p> <p>City State Zip Code</p> <p>Washington DC 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: X House Senate President</p> <p>Disbursement For: 2001 Primary X General Other (specify) ▼</p> <p>State: GA District: 06</p>		<p>Date of Disbursement</p> <p>10 / 22 / 2001</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Transaction ID: SB23.6903</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p><b>2500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

# **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. Ken Bentsen for Congress

Mailing Address

P.O. Box 75214

City

Washington

State

DC

Zip Code

20013

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

11 / 14 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8905

Full Name (Last, First, Middle Initial)

B. LATHAM FOR CONGRESS

Mailing Address

PO BOX 174

City

SIOUX CITY

State

IA

Zip Code

51102

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

X House

Senate

President

Disbursement For:

2001

Primary

X General

Other (specify) ▼

State: IA

District: 05

Date of Disbursement

10 / 22 / 2001

Amount of Each Disbursement this Period

500.00

Transaction ID: SB23.8906

Full Name (Last, First, Middle Initial)

C. Majority Leaders Fund

Mailing Address

4451 Brookfield Corporate Drive

City

Chantilly

State

VA

Zip Code

22151

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

General

X Other (specify) ▼

Other

State:

District:

Date of Disbursement

11 / 28 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8908

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Martin Frost Campaign Committee</p> <p>Mailing Address 4 E Street SE City Washington State DC Zip Code 20005</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</p> <p>State: TX District: 24</p>			<p>Date of Disbursement 08 / 23 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.8910</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Bono for Congress Committee</p> <p>Mailing Address PO Box 2776 City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement In Kind</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 44</p>			<p>Date of Disbursement 07 / 23 / 2001</p> <p>Amount of Each Disbursement this Period 1540.87</p> <p>Transaction ID: SB23.8923</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS</p> <p>Mailing Address P.O. Box 1 City LUMBERTN State NC Zip Code 28358</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</p> <p>State: NC District: 07</p>			<p>Date of Disbursement 10 / 22 / 2001</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.8911</p>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3040.67**

**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. OXLEY FOR CONGRESS

Mailing Address

PO BOX 2000

City

FINDLAY

State

OH

Zip Code

45838

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2001  
Primary ☒ General  
Other (specify) ▼

State: OH District: 04

Date of Disbursement

07 / 23 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8912

Full Name (Last, First, Middle Initial)

B. People for Pete

Mailing Address

P.O. Box 18748

City

Albuquerque

State

NM

Zip Code

87191

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For: 2001  
Primary ☒ General  
Other (specify) ▼

State: District:

Date of Disbursement

11 / 28 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8914

Full Name (Last, First, Middle Initial)

C. PRYCE FOR CONGRESS

Mailing Address

1200 Trinity Drive

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2001  
Primary ☒ General  
Other (specify) ▼

State: OH District: 16

Date of Disbursement

07 / 23 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8915

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 41 / 43

<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. Rangel for Congress

Mailing Address

PO Box 5577 Manhattanville Station

City

New York

State

NY

Zip Code

10027

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
Senate  
President

Disbursement For: 2001  
Primary ☐ General ☒  
Other (specify) ▼

State: NY

District: 15

Date of Disbursement

07 / 23 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8917

Full Name (Last, First, Middle Initial)

B. RE-Elect Nancy Johnson to Congress

Mailing Address

P.O. Box 1986

City

New Britain

State

CT

Zip Code

06050

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For: 2001  
Primary ☐ General ☒  
Other (specify) ▼

State:

District:

Date of Disbursement

10 / 22 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8919

Full Name (Last, First, Middle Initial)

C. Tauzin Committee

Mailing Address

2D16 Mt. Vernon Avenue

City

Alexandria

State

VA

Zip Code

22301

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For: 2001  
Primary ☐ General ☒  
Other (specify) ▼

State:

District:

Date of Disbursement

11 / 28 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8921

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 42 / 43

<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. The Freedom Project

Mailing Address

111 C Street, SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

General

☒ Other (specify) ▼

Other

State:

District:

Date of Disbursement

11 / 26 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.6925

Full Name (Last, First, Middle Initial)

B. Mr. Richard Burr The NC Fund

Mailing Address

116 South Royal Street

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

General

☒ Other (specify) ▼

Other

State:

District:

Date of Disbursement

12 / 31 / 2001

Amount of Each Disbursement this Period

500.00

Transaction ID: SB23.6927

Full Name (Last, First, Middle Initial)

C. Tim Johnson for US Senate

Mailing Address

P.O. Box 1850

City

Sioux Falls

State

SD

Zip Code

57101

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2001

Primary

☒ General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 11 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.6929

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (in full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Johnson for US Senate

Mailing Address

P. O. 1859

City

Sioux Falls

State

SD

Zip Code

57101

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

2001

Primary

☒ General

Other (specify) ▼

State: SD

District:

Date of Disbursement

11 / 26 / 2001

Amount of Each Disbursement this Period

397.85

Transaction ID: SB23.8930

Full Name (Last, First, Middle Initial)

B. Tim Johnson for US Senate

Mailing Address

P. O. 1859

City

Sioux Falls

State

SD

Zip Code

57101

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House

☒ Senate

President

Disbursement For:

2001

☒ Primary

General

Other (specify) ▼

State: SD

District:

Date of Disbursement

11 / 28 / 2001

Amount of Each Disbursement this Period

1000.00

Transaction ID: SB23.8931

Full Name (Last, First, Middle Initial)

C. Willoughby Country Club

Mailing Address

3001 SE Doubleton Drive

City

Stuart

State

FL

Zip Code

34997

Purpose of Disbursement

In Kind - dinner

Candidate Name

FRIENDS OF MARK FOLEY FOR CONGRESS

Category/  
Type

Office Sought:

☒ House

Senate

President

Disbursement For:

2001

☒ Primary

General

Other (specify) ▼

State: FL

District: 18

Date of Disbursement

09 / 29 / 2001

Amount of Each Disbursement this Period

550.00

Transaction ID: SB23.7244

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

1947.85

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

29737.27