

**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:  
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)

(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)  
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 07 01 2003 through 07 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 08 19 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									
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>07 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period .....	46315.64	
(c) Total Receipts (from Line 19) .....	4330.00	123756.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50645.64	157911.38
7. Total Disbursements (from Line 31) .....	12068.44	119334.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38577.20	38577.20
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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>07 <sup>D</sup>31 <sup>Y</sup>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) .....	3600.00	
(ii) Unitemized .....	730.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	4330.00	123506.60
(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) .....	4330.00	123506.60
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)) .....	4330.00	123756.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4330.00	123756.60

**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.....	68.44	1510.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	68.44	1510.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	117147.85
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))..	12068.44	119334.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	12068.44	119334.18

**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) .....	4330.00	123506.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4330.00	123506.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	68.44	1510.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68.44	1510.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 12	
	<input checked="" type="checkbox"/> 11a	<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) <b>A. Andres Dale F. Dr.</b>		Date of Receipt M / D / Y 07 / 21 / 2003	
Mailing Address Department of Pathology 1000 4th Street SW		Transaction ID: SA11A1.11697	
City State Zip Code Mason City IA 50401	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mercy Med Ctr-North Iowa	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Fagra Jon L. Dr.</b>		Date of Receipt M / D / Y 07 / 11 / 2003	
Mailing Address 5601 N. Swing		Transaction ID: SA11A1.11698	
City State Zip Code Ames IA 50014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ames Pathology, P.C.	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Herrer William V. Lt.</b>		Date of Receipt M / D / Y 07 / 21 / 2003	
Mailing Address Department of Pathology 1800 Haddon Avenue		Transaction ID: SA11A1.11691	
City State Zip Code Camden NJ 08103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>1600.00</b>
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 / 12	
	(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	

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

Full Name (Last, First, Middle Initial) <b>A. Jadin David F. Dr.</b>		Date of Receipt M / D / Y 07 / 11 / 2003
Mailing Address Department of Pathology 1830 Flower St		Transaction ID: SA11A1.11701
City Bakersfield	State CA	Zip Code 93305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Kern Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Neff John C. Dr.</b>		Date of Receipt M / D / Y 07 / 21 / 2003
Mailing Address 808 West Fourth North Street		Transaction ID: SA11A1.11693
City Morristown	State TN	Zip Code 37814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Rainke Dennis D. Dr.</b>		Date of Receipt M / D / Y 07 / 11 / 2003
Mailing Address 2336 Rolling Drive		Transaction ID: SA11A1.11704
City Bismarck	State ND	Zip Code 58501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Med Ctr One	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1700.00</b>
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 / 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Williams Thomas L. Dr.		Date of Receipt M / D / Y 07 / 21 / 2003
Mailing Address Pathology Department 8303 Dodge Street		Transaction ID: SA11A1.11695
City Omaha	State NE	Zip Code 68114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Methodist Hospital	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) .....	▶	3600.00



**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 9 / 12			
	<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		

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

Full Name (Last, First, Middle Initial) <b>A. BURNS FOR CONGRESS</b>		Transaction ID: SB23.11727 Date of Disbursement 07 / 15 / 2003	
Mailing Address PO BOX 1965			
City SYLVANIA	State GA	Zip Code 30467	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Max Burns			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRIS JOHN FOR CONGRESS</b>		Transaction ID: SB23.11724 Date of Disbursement 07 / 10 / 2003	
Mailing Address P.O. Box 971			
City Crowley	State LA	Zip Code 70527	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: LA District 7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BLANCHE LINCOLN</b>		Transaction ID: SB23.11720 Date of Disbursement 07 / 09 / 2003	
Mailing Address PO BOX 3197			
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period  500.00
Purpose of Disbursement		Category/ Type	
Candidate Name Blanche Lincoln-LINC PAC			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AR District 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 12			
	<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		

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN BOEHNER</b>		Transaction ID: SB23.1173D Date of Disbursement 07 / 15 / 2003	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period  1000.00	
City West Chester	State OH	Zip Code 45069	Category/ Type
Purpose of Disbursement			
Candidate Name John Boehner			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH	District: D8		

Full Name (Last, First, Middle Initial) <b>B. HULSHOF FOR CONGRESS</b>		Transaction ID: SB23.1171B Date of Disbursement 07 / 09 / 2003	
Mailing Address Post Office Box 1621		Amount of Each Disbursement this Period  1000.00	
City Columbia	State MO	Zip Code 65010	Category/ Type
Purpose of Disbursement			
Candidate Name Kenny Holshof			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO	District: D8		

Full Name (Last, First, Middle Initial) <b>C. JOHNSON FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.1171S Date of Disbursement 07 / 09 / 2003	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period  2000.00	
City New Britain	State CT	Zip Code 06050	Category/ Type
Purpose of Disbursement			
Candidate Name Nancy Johnson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: D5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 12	
	<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

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

Full Name (Last, First, Middle Initial) A. Michael Bilirakis for Congress		Transaction ID: SB23.11725 Date of Disbursement 07 / 10 / 2003			
Mailing Address PO Box 697		Amount of Each Disbursement this Period  2000.00			
City Tarpon Springs	State FL			Zip Code 34688	
Purpose of Disbursement				Candidate Name	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) ▼				

Full Name (Last, First, Middle Initial) B. PIONEER POLITICAL ACTION COMMITTEE		Transaction ID: SB23.11732 Date of Disbursement 07 / 17 / 2003			
Mailing Address 412 FIRST STREET SE SUITE 100		Amount of Each Disbursement this Period  500.00			
City WASHINGTON	State DC			Zip Code 20003	
Purpose of Disbursement PAC Contribution				Candidate Name	Category/ Type
Candidate Name					
Office Sought: House Senate President State: District	Disbursement For: 2003 <input checked="" type="checkbox"/> Other (specify) ▼ Other				

Full Name (Last, First, Middle Initial) C. STUPAK FOR CONGRESS		Transaction ID: SB23.11721 Date of Disbursement 07 / 10 / 2003			
Mailing Address PO BOX 143		Amount of Each Disbursement this Period  1000.00			
City MENOMINEE	State MI			Zip Code 49858	
Purpose of Disbursement				Candidate Name Bart Stupak	Category/ Type
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: D1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<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

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

Full Name (Last, First, Middle Initial) A. The MikeR Fund		Transaction ID: SB23.11734 Date of Disbursement 07 / 22 / 2003
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period  1000.00
City Arlington	State VA	
Zip Code 22202	Category/ Type	
Purpose of Disbursement PAC Contribution	Candidate Name Mike Rogers	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: B	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

Full Name (Last, First, Middle Initial) B. The Pryce Project		Transaction ID: SB23.11713 Date of Disbursement 07 / 09 / 2003
Mailing Address 2042 Peach Orchard Drive Suite 31B		Amount of Each Disbursement this Period  1000.00
City Falls Church	State VA	
Zip Code 22043	Category/ Type	
Purpose of Disbursement PAC Contribution	Candidate Name	
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other	

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	12000.00