

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
1350 I Street, NW
Suite 590
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00274944 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2003 through 01 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 02 20 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.

**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: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 3 To: ^h 0 1 ^D 3 1 ^v / ^v 2 0 0 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 3		34154.78
(b) Cash on Hand at Beginning of Reporting Period	34154.78	
(c) Total Receipts (from Line 19)	17117.60	17117.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51272.38	51272.38
7. Total Disbursements (from Line 30)	17221.14	17221.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34051.24	34051.24
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: ^{MM}01 ^{DD}01 ^{YYYY}2003 To: ^{MM}01 ^{DD}31 ^{YYYY}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)	11050.00	
(ii) Unitemized	6067.60	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17117.60	17117.60
(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 32, page 4)	17117.60	17117.60
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	17117.60	17117.60
20. Total Federal Receipts (subtract Line 18 from Line 19)	17117.60	17117.60

DETAILED SUMMARY PAGE

of Disbursements

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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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
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.....	221.14	221.14
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	17221.14	17221.14
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17221.14	17221.14
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	17117.60	17117.60
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	17117.60	17117.60
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Ayres Loren R. Dr.

Mailing Address
2158 Kiawa Cir
City State Zip Code
Bishop CA 83514-8078

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Northern Inyo Hosp

Occupation
Pathologist

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

Transaction ID: SA11A1.10335

Full Name (Last, First, Middle Initial)
B. Blessinger Karl Joseph Dr.

Mailing Address
Department of Pathology 172 4th Street SE
City State Zip Code
Huron SD 57350

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Huron Regional Med Ctr

Occupation
Pathologist

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

Transaction ID: SA11A1.10417

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
M M / D D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Yellowstone Pathology Institute Inc

Occupation
Pathologist

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

Transaction ID: SA11A1.10422

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dolan C. Terrence

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2003

Mailing Address
Regional Medical Lab 1923 S Utica Ave
City State Zip Code
Tulsa OK 74104

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
St. John Med Ctr Pathologist

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

Transaction ID: SA11A1.10318

B. Full Name (Last, First, Middle Initial)
Goetz Steven P. Dr.

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2003

Mailing Address
8 Arrowwood
City State Zip Code
Mason City IA 50401

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Mercy Med Ctr-North Iowa Pathologist

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

Transaction ID: SA11A1.10408

C. Full Name (Last, First, Middle Initial)
Hill J. Cameron

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2003

Mailing Address
6046 Knight Arnold Rd Suite 101
City State Zip Code
Memphis TN 38115

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Tumbull Laboratories, LLC Pathologist

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

Transaction ID: SA11A1.10385

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER:
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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hinrichs H. Richard

Mailing Address

Department of Pathology 830D Constitution Av NE

City State Zip Code

Albuquerque NM 87110-7110

Date of Receipt

MM / DD / YYYY
01 / 21 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaseman Presbyterian Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10320

Full Name (Last, First, Middle Initial)

B. Hoffman W. Howard

Mailing Address

423D Burnham Avenue

City State Zip Code

Las Vegas NV 89119-5410

Date of Receipt

MM / DD / YYYY
01 / 20 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Quest Diagnostics Incorporated

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10343

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

MM / DD / YYYY
01 / 30 / 2003

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Berkshire Health Systems

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.10444

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kafka Michael T. Dr.

Mailing Address

Department of Pathology 272D Stone Park Blvd

City State Zip Code

Sioux City IA 51104

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Luke's Reg Med Ctr

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10362

Full Name (Last, First, Middle Initial)

B. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City State Zip Code

Honolulu HI 96821

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Straub Clinic & Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.10394

Full Name (Last, First, Middle Initial)

C. Navin James Joseph Dr.

Mailing Address

5287 Poala Street

City State Zip Code

Honolulu HI 96821

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 7 / 2 0 0 3

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Straub Clinic & Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10393

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)
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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. Nevin James Joseph Dr.

Mailing Address

5287 Poala Street

City

State

Zip Code

Honolulu

HI

06821

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 4 / 2 0 0 3

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Straub Clinic & Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: SA11A1.10395

Full Name (Last, First, Middle Initial)

B. Neff John C. Dr.

Mailing Address

Department of Pathology

1924 Alcoa Highway

City

State

Zip Code

Knoxville

TN

37920

Date of Receipt

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

Amount of Each Receipt this Period

500.00

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 ▼

500.00

Transaction ID: SA11A1.10311

Full Name (Last, First, Middle Initial)

C. Perkoche Luke A. Dr.

Mailing Address

50 Fanning Way

City

State

Zip Code

San Francisco

CA

94116

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: SA11A1.10380

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Scott Donald I. Dr.

Mailing Address
PO Box 55148
City State Zip Code
Little Rock AR 72215-5148

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Arkansas Pathology Associates Pathologist

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

Transaction ID: SA11A1.10337

B. Full Name (Last, First, Middle Initial)
Siberman William C. Dr.

Mailing Address
Department of Pathology 44045 Riverside Parkway
City State Zip Code
Leesburg VA 20176

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Loudoun Hosp Ctr Pathologist

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

Transaction ID: SA11A1.10352

C. Full Name (Last, First, Middle Initial)
Smadberg Carl Taylor Dr.

Mailing Address
Clinical Laboratory 1350 S Hickory St
City State Zip Code
Melbourne FL 32901

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Holmes Regional Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.10369

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sonnier Joseph A. Dr.

Mailing Address

3B10 Hanover

City

Dallas

State

TX

Zip Code

75225

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ameripath Texas d/b/a UniPath

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.10360

Full Name (Last, First, Middle Initial)

B. Weiss Ronald L. Dr.

Mailing Address

500 Chipata Way

City

Salt Lake City

State

UT

Zip Code

84108-4108

Date of Receipt

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

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
ARUP Clinical Laboratories

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.10375

Full Name (Last, First, Middle Initial)

C. Wilson Joseph T. Dr.

Mailing Address

411 E Matthews Ave

City

Jonesboro

State

AR

Zip Code

72401

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Doctor's Path. Svcs., PA

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.10522

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

TOTAL This Period (last page this line number only) ▶ **11050.00**

**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 12 / 17

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

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial) A. BROWBACK FOR US SENATE		Date of Disbursement 01 / 27 / 2003	
Mailing Address PO Box 2776 City: Arlington State: VA Zip Code: 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.10484	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS District: 00			

Full Name (Last, First, Middle Initial) B. CITIZENS FOR ARLEN SPECTER		Date of Disbursement 01 / 27 / 2003	
Mailing Address 734 7TH STREET, SE, 2ND FLOOR 111 SOUTH 15TH STREET City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Arlen Specter		Transaction ID: SB23.10470	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 00			

Full Name (Last, First, Middle Initial) C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)		Date of Disbursement 01 / 21 / 2003	
Mailing Address 5915 EASTMAN AVENUE SUITE 10D City: MIDLAND State: MI Zip Code: 48640		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement PAC Contribution Candidate Name		Transaction ID: SB23.10540	
Office Sought: House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4500.00
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. EARL POMEROY FOR CONGRESS		Date of Disbursement 01 / 24 / 2003
Mailing Address POST OFFICE BOX 746 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.10465
Candidate Name EARL POMEROY FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF BLANCHE LINCOLN		Date of Disbursement 01 / 27 / 2003
Mailing Address PO BOX 3197 P O BOX 118 City: LITTLE ROCK State: AR Zip Code: 72203		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.10479
Candidate Name Blanche Lincoln-LINC PAC Category/Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: AR District: 01		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN PETERSON		Date of Disbursement 01 / 27 / 2003
Mailing Address 114 W STATE ST PO BOX 295 City: PLEASANTVILLE State: PA Zip Code: 16341		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.10472
Candidate Name Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: 05		

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. FRIENDS OF KENT CONRAD		Date of Disbursement 01 / 27 / 2003	
Mailing Address 420 C Street, NE City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10468	
State: ND District: 00			

Full Name (Last, First, Middle Initial) B. GRASSLEY COMMITTEE		Date of Disbursement 01 / 27 / 2003	
Mailing Address 5327 Homes Run Pkwy City: Alexandria State: VA Zip Code: 22304		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10477	
State: IA District: 00			

Full Name (Last, First, Middle Initial) C. JOHN BREAUX COMMITTEE		Date of Disbursement 01 / 27 / 2003	
Mailing Address 110 B East Broad St City: Falls Church State: VA Zip Code: 22046		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.10491	
State: LA District: 00			

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. NUSSLE FOR CONGRESS COMMITTEE		Date of Disbursement 01 / 27 / 2003
Mailing Address P.O. Box 324 City: Manchester State: IA Zip Code: 52057		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.10474
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Date of Disbursement 01 / 27 / 2003
Mailing Address Post Office Box 581 City: Brighton State: MI Zip Code: 48116		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.10486
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MI District: 08		

Full Name (Last, First, Middle Initial) C. The Judd Gregg Committee		Date of Disbursement 01 / 24 / 2003
Mailing Address 1331 H St NW City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.10482
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NH District: 00		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	17000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25
 26 27 28a 28b 28c 29

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 01 / 03 / 2003	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 117.84	
Purpose of Disbursement Nova Info System fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.10506	
State: District:			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Disbursement 01 / 06 / 2003	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 6.50	
Purpose of Disbursement Penalty for returned deposited item		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.10514	
State: District:			

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Date of Disbursement 01 / 06 / 2003	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Returned deposit from 2002		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB29.10523	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	149.14
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Sun Trust Bank		Date of Disbursement 01 / 22 / 2003	
Mailing Address Po Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 72.00	
Purpose of Disbursement Bank Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: SB29.10485	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	72.00
TOTAL This Period (last page this line number only)	221.14