

**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) 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 10 01 2003 through 10 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 11 18 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>10 <sup>Y</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>10 <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 .....	47265.13	
(c) Total Receipts (from Line 19) .....	19330.00	188042.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66595.13	222197.38
<hr/>		
7. Total Disbursements (from Line 31) .....	19050.30	174652.55
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47544.83	47544.83
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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>10 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>10 <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) .....	14650.00	
(ii) Unitemized .....	4680.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	19330.00	187792.60
(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) .....	19330.00	187792.60
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)) .....	19330.00	188042.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19330.00	188042.60

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	550.30	2179.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	550.30	2179.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	171797.86
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))..	19050.30	174652.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	19050.30	174652.55

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	19330.00	187792.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19330.00	187792.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	550.30	2179.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	550.30	2179.22

**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 / 23	
	<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. Bell Stephen W. Dr.</b>		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address Department of Pathology 800 East Carpenter		Transaction ID: SA11A1.12233
City State Zip Code Springfield IL 62769	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 350.00
Name of Employer St. John's Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Bennett Keith W. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address Department of Pathology 2000 Neuse Blvd.		Transaction ID: SA11A1.12234
City State Zip Code New Bern NC 28561	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Craven Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Cafferty Lee L. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address Department of Pathology 301 SW Becker Avenue		Transaction ID: SA11A1.12238
City State Zip Code Willmar MN 56201-5017	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 325.00
Name of Employer Rice Memorial Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> 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 / 23	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Casas Victor</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 3 Telegraph Hill Rd		Transaction ID: SA11A1.12240
City	State	Zip Code
Holmdel	NJ	07733-1465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer	Occupation	
	Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	<b>250.00</b>

Full Name (Last, First, Middle Initial) <b>B. Dala Kevin B. Dr.</b>		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address Department of Pathology 2100 Dorchester Avenue		Transaction ID: SA11A1.12339
City	State	Zip Code
Boston	MA	02124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	
Carney Hosp	Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	<b>500.00</b>

Full Name (Last, First, Middle Initial) <b>C. Ellerbroek Renee R. Dr.</b>		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address Department of Pathology 1212 Pleasant Street		Transaction ID: SA11A1.12247
City	State	Zip Code
Des Moines	IA	50309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	
Iowa Pathology Assocs, PC	Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼	<b>500.00</b>

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</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 / 23	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Faye Jon L. Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 5801 N. Swing		Transaction ID: SA11A1.12248
City Ames	State IA	Zip Code 50014
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ames Pathology, P.C.	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Franks Made Jane Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Laboratory 3850 Austell Road		Transaction ID: SA11A1.12255
City Austell	State GA	Zip Code 30106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Wellstar Cobb Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Frus Ronald D. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 1520 7th Street		Transaction ID: SA11A1.12257
City Moline	State IL	Zip Code 61265-1285
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>700.00</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: (check only one)		PAGE 9 / 23	
	<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. <u>Garrett Wayne Lee Dr.</u>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address <u>98 Museum Way</u>		Transaction ID: SA11A1.12258
City <u>San Francisco</u>	State <u>CA</u>	Zip Code <u>94114</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <u>Doctors Med Ctr</u>	Occupation <u>Pathologist</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) B. <u>Grobs Deight A. Dr.</u>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address <u>Department of Pathology 8500 Excelsior Blvd</u>		Transaction ID: SA11A1.12260
City <u>Minneapolis</u>	State <u>MN</u>	Zip Code <u>55426</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <u>Methodist Hosp</u>	Occupation <u>Pathologist</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) C. <u>Hill Brent D. Dr.</u>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address <u>PO Box 445</u>		Transaction ID: SA11A1.12261
City <u>Boone</u>	State <u>NC</u>	Zip Code <u>28607</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <u>Pathology Associates of Boone, NC</u>	Occupation <u>Pathologist</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1050.00</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 10 / 23	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Hanes Thomas E. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address Pathology Services 1101 A Darbytown Dr		Transaction ID: SA11A1.12262
City Nashville	State TN	Zip Code 37207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Thomas E. Hanes, MD, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Harding Clark T. Dr.</b>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 2007 Greenbrier Drive		Transaction ID: SA11A1.12263
City Collinsville	State IL	Zip Code 62234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Hausner Richard J. Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 8524 Highway B North #279		Transaction ID: SA11A1.12264
City Houston	State TX	Zip Code 77066
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2000.00</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 11 / 23	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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 10 / 17 / 2003
Mailing Address Department of Pathology 1830 Flower St		Transaction ID: SA11A1.12270
City State Zip Code Bakersfield CA 93305	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Kern Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Kass Mary E. Dr.</b>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address Department of Pathology 110 Irving Street, NW		Transaction ID: SA11A1.12273
City State Zip Code Washington DC 20010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Washington Hosp Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Lapham Rosanna L. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 101 East Wood Street		Transaction ID: SA11A1.12281
City State Zip Code Spartanburg SC 29303	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Spartanburg Pathology Consultants, PA	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>850.00</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: (check only one)		PAGE 12 / 23	
	<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) <b>A. Laeb Edward F. Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Laboratory 1200 Pleasant		Transaction ID: SA11A1.12282
City Des Moines	State IA	Zip Code 50309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Methodist Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Miller Karen A. Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Department of Pathology 1255 W Washington St		Transaction ID: SA11A1.12283
City Tempe	State AZ	Zip Code 85281-1210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Clin-Path Associates	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mohan Deepak</b>		Date of Receipt M / D / Y 10 / 11 / 2003
Mailing Address 5526 Pocusset St.		Transaction ID: SA11A1.12287
City Pittsburgh	State PA	Zip Code 15217
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	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</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: (check only one)		PAGE 13 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. O'Brien Thomas F. Dr.</b>		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address Dept of Pathology 1211 Union Ave Ste 300		Transaction ID: SA11A1.12291
City Memphis	State TN	Zip Code 38104
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Duckworth Pathology Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Olson Steven P. Dr.</b>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 1000 E 21st Suite 4100		Transaction ID: SA11A1.12293
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Physicians Laboratory Ltd	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Rana Valeria Rana' Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address 301 N Frio Street		Transaction ID: SA11A1.12294
City San Antonio	State TX	Zip Code 78207-5034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Severance & Associates	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1250.00</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: (check only one)		PAGE 14 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. Saitas Vasiliki Leonidas Dr.</b>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address Laboratory 250 Old Hook Road		Transaction ID: SA11A1.12299
City Westwood	State NJ	Zip Code 07675-3181
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Scheldenbrand Michael F. Dr.</b>		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Department of Pathology PO Box 2500		Transaction ID: SA11A1.12302
City Dearborn	State MI	Zip Code 48123-2500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Spras Susan E. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 3137 Warranwood Wynd		Transaction ID: SA11A1.12310
City Lexington	State KY	Zip Code 40502-3578
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Clark Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1650.00</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: (check only one)		PAGE 15 / 23	
	<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) <b>A. Stiemer Richard H. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 7955 Tangleoak Lane		Transaction ID: SA11A1.12313
City Castle Rock	State CO	Zip Code 80104-9299
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Portercara Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Tapkin Linda Jean Dr.</b>		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address Department of Pathology 301 Prospect Ave		Transaction ID: SA11A1.12319
City Syracuse	State NY	Zip Code 13203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph's Hosp	Occupation Pathologist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Van Meter Stuart E. Dr.</b>		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 1924 Alcoa Highway		Transaction ID: SA11A1.12350
City Knoxville	State TN	Zip Code 37920
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	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>875.00</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: (check only one)		PAGE 16 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Wang Scott E. Dr.		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address Department of Pathology 11 Friendship Street		Transaction ID: SA11A1.12325
City Newport	State RI	Zip Code 02840-2239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Newport Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Wang Scott E. Dr.		Date of Receipt M / D / Y 10 / 31 / 2003
Mailing Address Department of Pathology 11 Friendship Street		Transaction ID: SA11A1.12326
City Newport	State RI	Zip Code 02840-2239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Newport Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Williams Arthur H. Dr.		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address Pathology Department 438 W Las Tunas		Transaction ID: SA11A1.12331
City San Gabriel	State CA	Zip Code 91778
FEC ID number of contributing federal political committee. <b>C</b>		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	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</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: (check only one)		PAGE 17 / 23	
	<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. Wang Lawrence M. Dr.		Date of Receipt M / D / Y 10 / 24 / 2003
Mailing Address Department of Pathology 3501 Johnson St		Transaction ID: SA11A1.12332
City Hollywood	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Regional Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Wright Louis D. Dr.		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address PO Box 6186		Transaction ID: SA11A1.12333
City Florence	State SC	Zip Code 29502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Pathology Services Associates LLC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Yates David R. Dr.		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address 4733 Andrew Jackson Parkway PO Box 59		Transaction ID: SA11A1.12334
City Hermitage	State TN	Zip Code 37078
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pathologists Laboratory, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>14650.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 18 / 23
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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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		Transaction ID: SB21B.12380 Date of Disbursement 10 / 02 / 2003		
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period  518.30		
City Richmond	State VA			Zip Code 23285
Purpose of Disbursement Bank service charge				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB21B.12382 Date of Disbursement 10 / 21 / 2003		
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period  32.00		
City Richmond	State VA			Zip Code 23285
Purpose of Disbursement Bank service charge				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	550.30
TOTAL This Period (last page this line number only) .....	▶	550.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 23			
	<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. Bart Gordon for Congress		Transaction ID: SB23.1235B Date of Disbursement 10 / 21 / 2003	
Mailing Address P.O. Box 2008			
City Murfreesboro	State TN	Zip Code 37133	Amount of Each Disbursement this Period  1680.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TN District D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BASS VICTORY COMMITTEE		Transaction ID: SB23.12351 Date of Disbursement 10 / 09 / 2003	
Mailing Address PO Box 3451			
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name Charles Bass			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NH District D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHRIS BELL US CONGRESS COMMITTEE		Transaction ID: SB23.12364 Date of Disbursement 10 / 13 / 2003	
Mailing Address 6524 SAN FELIPE PMB 441			
City HOUSTON	State TX	Zip Code 77057	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name CHRIS BELL FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District 25	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3680.00</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 20 / 23	
	<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. CITIZENS FOR ARLEN SPECTER</b>		Transaction ID: SB23.12376 Date of Disbursement 10 / 21 / 2003
Mailing Address 426 C STREET NE CARRIAGE HOUSE		Amount of Each Disbursement this Period  1000.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: PA District: D0		

Full Name (Last, First, Middle Initial) <b>B. GRASSLEY COMMITTEE</b>		Transaction ID: SB23.12386 Date of Disbursement 10 / 29 / 2003
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  1000.00
City DES MOINES	State IA Zip Code 50304	
Purpose of Disbursement		
Candidate Name Charles Grassley		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IA District: D0		

Full Name (Last, First, Middle Initial) <b>C. HOBSON FOR CONGRESS</b>		Transaction ID: SB23.12386 Date of Disbursement 10 / 13 / 2003
Mailing Address B2 West Columbia		Amount of Each Disbursement this Period  1500.00
City Springfield	State OH Zip Code 45502	
Purpose of Disbursement		
Candidate Name Dave Hobson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OH District: D7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</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 21 / 23	
	<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. HULSHOF FOR CONGRESS</b>		Transaction ID: SB23.12382 Date of Disbursement 10 / 23 / 2003	
Mailing Address Post Office Box 1621		Amount of Each Disbursement this Period  1000.00	
City Columbia	State MO		Zip Code 65010
Purpose of Disbursement			Category/ Type
Candidate Name Kenny Hulshof			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KILDEE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.12370 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 317		Amount of Each Disbursement this Period  1000.00	
City FLINT	State MI		Zip Code 48501
Purpose of Disbursement			Category/ Type
Candidate Name Dale Kildee			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: D5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LATHAM FOR CONGRESS</b>		Transaction ID: SB23.12377 Date of Disbursement 10 / 21 / 2003	
Mailing Address PO BOX 71		Amount of Each Disbursement this Period  2500.00	
City Clarion	State IA		Zip Code 50525
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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 22 / 23	
	<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. MARION BERRY FOR CONGRESS</b>		Transaction ID: SB23.1236D Date of Disbursement 10 / 08 / 2003	
Mailing Address P.O. BOX 8084		Amount of Each Disbursement this Period  1000.00	
City JONESBORO	State AR		Zip Code 72403
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AR District: D1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MIKE MCINTYRE FOR CONGRESS</b>		Transaction ID: SB23.12379 Date of Disbursement 10 / 21 / 2003	
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period  500.00	
City Lumberton	State NC		Zip Code 28350
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROGERS FOR CONGRESS</b>		Transaction ID: SB23.12384 Date of Disbursement 10 / 23 / 2003	
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period  1000.00	
City Brighton	State MI		Zip Code 48116
Purpose of Disbursement			Candidate Name Mike Rogers
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: D8	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 23 / 23	
	<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. The Monocle		Transaction ID: SB23.12373 Date of Disbursement 10 / 21 / 2003		
Mailing Address 107 D St, NE		Amount of Each Disbursement this Period 320.00		
City Washington	State DC	Zip Code 20002	Category/ Type	
Purpose of Disbursement In-kind for Bart Gordon		Candidate Name Bart Gordon for Congress		
Office Sought: <input checked="" type="checkbox"/> House Senate President				Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: TN District: D8				

Full Name (Last, First, Middle Initial) B. The Pryce Project		Transaction ID: SB23.12362 Date of Disbursement 10 / 09 / 2003		
Mailing Address 2042 Peach Orchard Drive Suite 31B		Amount of Each Disbursement this Period 3000.00		
City Falls Church	State VA	Zip Code 22043	Category/ Type	
Purpose of Disbursement PAC Contribution		Candidate Name		
Office Sought: House Senate President				Disbursement For: 2004 <input checked="" type="checkbox"/> Other (specify) ▼ Other
State: District				

Full Name (Last, First, Middle Initial) C. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: SB23.12368 Date of Disbursement 10 / 13 / 2003		
Mailing Address P.O. BOX 391		Amount of Each Disbursement this Period 1000.00		
City HOPKINSVILLE	State KY	Zip Code 42241	Category/ Type	
Purpose of Disbursement		Candidate Name Ed Whitfield for Congress		
Office Sought: <input checked="" type="checkbox"/> House Senate President				Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
State: KY District: D1				

SUBTOTAL of Disbursements This Page (optional) .....	▶	4320.00
TOTAL This Period (last page this line number only) .....	▶	18500.00