

**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 X 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)	X 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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2000 through 03 30 2000

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 03 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>06 <sup>D</sup>01 <sup>Y</sup>2000 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2000 <sup>M</sup> <sup>D</sup>		92498.57
(b) Cash on Hand at Beginning of Reporting Period .....	120487.44	
(c) Total Receipts (from Line 19) .....	1750.00	73417.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122237.44	165915.82
<hr/>		
7. Total Disbursements (from Line 31) .....	31560.64	75239.02
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90676.80	90676.80
<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>06 <sup>D</sup>01 <sup>Y</sup>2000 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2000

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) .....	1250.00	
(ii) Unitemized .....	500.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1750.00	73417.25
(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) .....	1750.00	73417.25
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	0.00
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)) .....	1750.00	73417.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1750.00	73417.25

**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.....	60.64	1489.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	60.64	1489.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	73750.00
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.....	0.00	0.00
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))..	31560.64	75239.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31560.64	75239.02

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	1750.00	73417.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1750.00	73417.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	60.64	1469.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60.64	1469.02

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Alfonso Gonzalez, MD		Date of Receipt M / D / Y 06 / 07 / 2000
Mailing Address 3 Medical Park Suite 500		Transaction ID: SA11A1.320
City Columbia	State SC	Zip Code 29203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Skin Clinic	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gordon Johnson, MD		Date of Receipt M / D / Y 06 / 07 / 2000
Mailing Address 110 Jackson Trace		Transaction ID: SA11A1.322
City Festus	State MO	Zip Code 63028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Jefferson Memorial Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert H. Knapp, MD		Date of Receipt M / D / Y 06 / 16 / 2000
Mailing Address 2500 Oakwood Drive, SE		Transaction ID: SA11A1.325
City East Grand Rapids	State MI	Zip Code 49508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Laboratory Pathologists, PC	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1250.00
TOTAL This Period (last page this line number only) .....	▶	1250.00

**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 18

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

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Transaction ID: SB21B.380 Date of Disbursement 06 / 02 / 2000		
Mailing Address 1455 New York Avenue		Amount of Each Disbursement this Period  60.64		
City Washington	State DC			Zip Code 20005
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	60.64
TOTAL This Period (last page this line number only) .....	▶	60.64

**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 8 / 18
	<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. BERKLEY 2000</b>		Transaction ID: SB23.374 Date of Disbursement 06 / 29 / 2000	
Mailing Address P.O. Box 2884		Amount of Each Disbursement this Period  500.00	
City Washington	State DC		Zip Code 20013
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NV District: D1	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BRIAN BAIRD FOR CONGRESS</b>		Transaction ID: SB23.362 Date of Disbursement 06 / 13 / 2000	
Mailing Address P.O. Box 5016		Amount of Each Disbursement this Period  500.00	
City VANCOUVER	State WA		Zip Code 08668
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WA District: D3	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CAPUANO FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.357 Date of Disbursement 06 / 13 / 2000	
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period  500.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MA District: D8	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 18	
	<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. COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH</b>		Transaction ID: SB23.367 Date of Disbursement 06 / 16 / 2000	
Mailing Address P.O. BOX 3184		Amount of Each Disbursement this Period  1000.00	
City HAMILTON	State NJ		Zip Code 08619
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NJ District: D4	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVID VITTER FOR CONGRESS</b>		Transaction ID: SB23.354 Date of Disbursement 06 / 02 / 2000	
Mailing Address 2520 METAIRIE ROAD		Amount of Each Disbursement this Period  1000.00	
City METAIRIE	State LA		Zip Code 70002
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: D1	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DOGGETT FOR U S CONGRESS COMMITTEE</b>		Transaction ID: SB23.355 Date of Disbursement 06 / 06 / 2000	
Mailing Address PO BOX 5843		Amount of Each Disbursement this Period  1500.00	
City AUSTIN	State TX		Zip Code 78763
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 10	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

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

**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 18			
	<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. FLETCHER FOR CONGRESS</b>		Transaction ID: SB23.351 Date of Disbursement 06 / 02 / 2000	
Mailing Address P.O. Box 4703		Amount of Each Disbursement this Period  1000.00	
City LEXINGTON	State KY		Zip Code 40544
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KY District: D6	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE WELDON</b>		Transaction ID: SB23.368 Date of Disbursement 06 / 13 / 2000	
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period  500.00	
City Alexandria	State VA		Zip Code 22302
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 15	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF KENT CONRAD</b>		Transaction ID: SB23.376 Date of Disbursement 06 / 29 / 2000	
Mailing Address 420 C Street, NE Lower Level		Amount of Each Disbursement this Period  1000.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: ND District: 00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 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 F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 18	
	<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 MIKE FORBES</b>		Transaction ID: SB23.358 Date of Disbursement 06 / 13 / 2000
Mailing Address PO BOX 505		Amount of Each Disbursement this Period  500.00
City FARMINGVILLE	State NY Zip Code 11738	
Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: D1		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SHERROD BROWN</b>		Transaction ID: SB23.350 Date of Disbursement 06 / 01 / 2000
Mailing Address P.O. Box 2884		Amount of Each Disbursement this Period  1000.00
City WASHINGTON	State DC Zip Code 20013	
Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: 13		

Full Name (Last, First, Middle Initial) <b>C. GEPHARDT IN CONGRESS COMMITTEE</b>		Transaction ID: SB23.364 Date of Disbursement 06 / 13 / 2000
Mailing Address 7435 WATSON ROAD SUITE 107		Amount of Each Disbursement this Period  2000.00
City ST LOUIS	State MO Zip Code 63119	
Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: 03		

<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 F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 18	
	<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. HOOLEY FOR CONGRESS</b>		Transaction ID: SB23.369 Date of Disbursement 06 / 13 / 2000
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period  500.00
City SALEM	State OR Zip Code 97908	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: OR District: D5		

Full Name (Last, First, Middle Initial) <b>B. JEFFORDS FOR VERMONT COMMITTEE INC</b>		Transaction ID: SB23.378 Date of Disbursement 06 / 29 / 2000
Mailing Address 507 Capitol Court, NE Suite 100		Amount of Each Disbursement this Period  2000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: VT District: D0		

Full Name (Last, First, Middle Initial) <b>C. LEVIN FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.361 Date of Disbursement 06 / 13 / 2000
Mailing Address 438 New Jersey Avenue, SE		Amount of Each Disbursement this Period  1000.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 12		

<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 F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 18	
	<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. LOFGREN FOR CONGRESS</b>		Transaction ID: SB23.371 Date of Disbursement 06 / 28 / 2000	
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period  500.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CA	District: 16		

Full Name (Last, First, Middle Initial) <b>B. MARTIN FROST CAMPAIGN COMMITTEE</b>		Transaction ID: SB23.363 Date of Disbursement 06 / 13 / 2000	
Mailing Address P O BOX 4219		Amount of Each Disbursement this Period  1000.00	
City DALLAS	State TX		Zip Code 75208
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX	District: 24		

Full Name (Last, First, Middle Initial) <b>C. MARY BONO COMMITTEE</b>		Transaction ID: SB23.360 Date of Disbursement 06 / 13 / 2000	
Mailing Address 1555 South Palm Canyon Drive Suite 105		Amount of Each Disbursement this Period  1000.00	
City PALM SPRINGS	State CA		Zip Code 92263
Purpose of Disbursement			Candidate Name
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: CA	District: 44		

<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 F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 18	
	<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. MCCREERY FOR CONGRESS</b>		Transaction ID: SB23.377 Date of Disbursement 06 / 29 / 2000
Mailing Address 1900 DEPOSIT GUARANTY TOWER 333 TEXAS STREET		Amount of Each Disbursement this Period  1000.00
City SHREVEPORT	State LA Zip Code 71101	
Purpose of Disbursement	Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: D4		

Full Name (Last, First, Middle Initial) <b>B. MERRILL COOK 2000 RE-ELECTION COMMITTEE</b>		Transaction ID: SB23.368 Date of Disbursement 06 / 16 / 2000
Mailing Address P.O. Box 11336		Amount of Each Disbursement this Period  1000.00
City SALT LAKE CITY	State UT Zip Code 84147	
Purpose of Disbursement	Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: UT District: D2		

Full Name (Last, First, Middle Initial) <b>C. NANCY PELOSI FOR CONGRESS</b>		Transaction ID: SB23.372 Date of Disbursement 06 / 28 / 2000
Mailing Address c/o Susan O'Neal & Associates 5910 Gloucester Road		Amount of Each Disbursement this Period  500.00
City Bethesda	State MD Zip Code 20816	
Purpose of Disbursement	Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: D8		

<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 F3X)  
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	<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) <b>A. ROTH SENATE COMMITTEE</b>		Transaction ID: SB23.369 Date of Disbursement 06 / 16 / 2000	
Mailing Address P.O. BOX 105		Amount of Each Disbursement this Period  5000.00	
City WILMINGTON	State DE		Zip Code 19899
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: DE	District: D0		

Full Name (Last, First, Middle Initial) <b>B. SNOWE FOR SENATE</b>		Transaction ID: SB23.353 Date of Disbursement 06 / 02 / 2000	
Mailing Address P.O. BOX 2000		Amount of Each Disbursement this Period  1000.00	
City PORTLAND	State ME		Zip Code 04104
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: ME	District: D0		

Full Name (Last, First, Middle Initial) <b>C. SUE KELLY FOR CONGRESS</b>		Transaction ID: SB23.358 Date of Disbursement 06 / 13 / 2000	
Mailing Address P.O. Box 589		Amount of Each Disbursement this Period  1000.00	
City Katonah	State NY		Zip Code 10538
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NY	District: 19		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 / 18			
	<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. TED STRICKLAND FOR CONGRESS</b>		Transaction ID: SB23.362 Date of Disbursement 06 / 02 / 2000	
Mailing Address PO BOX 580 1387 THOMAS HOLLOW ROAD		Amount of Each Disbursement this Period  500.00	
City LUCASVILLE	State OH		Zip Code 45648
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D6	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Freedom Project</b>		Transaction ID: SB23.370 Date of Disbursement 06 / 28 / 2000	
Mailing Address 111 C Street, SE		Amount of Each Disbursement this Period  2000.00	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. THURMAN FOR CONGRESS</b>		Transaction ID: SB23.373 Date of Disbursement 06 / 28 / 2000	
Mailing Address c/o Ellen Mazer 3610 36th Street, NW, #F270		Amount of Each Disbursement this Period  1000.00	
City Washington	State DC		Zip Code 20018
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: D5	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<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 F3X)  
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	<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) <b>A. TIERNEY FOR CONGRESS</b>		Transaction ID: SB23.375 Date of Disbursement 06 / 29 / 2000	
Mailing Address P.O. Box 8013		Amount of Each Disbursement this Period  500.00	
City SALEM	State MA		Zip Code 01970
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: D8	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		Transaction ID: SB23.365 Date of Disbursement 06 / 13 / 2000	
Mailing Address 420 C Street, NE Basement Level		Amount of Each Disbursement this Period  1000.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: D0	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	31500.00

Form/Schedule: F3XA  
Transaction ID:

The original filing of this return recorded a contribution to Tim Johnson of South Dakota Campaign Committee as a contribution for a general election. This amendment is correcting this to be a contribution for a primary election. This correction should resolve the question regarding excessive contributions reported in the August Monthly Report (7/1/02 - 7/31/02). Information of this change was also submitted in writing.