

**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  
Check if different than previously reported. (ACC) Washington DC 20005

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

5. Covering Period 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer John H. Scott  
Signature of Treasurer Electronically Filed by John H. Scott Date 07 09 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>K</sup>01 <sup>D</sup>01 <sup>Y</sup>2001 To: <sup>K</sup>06 <sup>D</sup>30 <sup>Y</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2001		9683.31
(b) Cash on Hand at Beginning of Reporting Period .....	9683.31	
(c) Total Receipts (from Line 19) .....	64489.00	64489.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74172.31	74172.31
7. Total Disbursements (from Line 30) .....	58832.11	58832.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15340.20	15340.20
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>MM</sup>01 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>06 <sup>DD</sup>30 <sup>YYYY</sup>2001

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) .....	35900.00	
(ii) Unitemized .....	28589.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	64489.00	64489.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	64489.00	64489.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	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) .....	64489.00	64489.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	64489.00	64489.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1050.63	1050.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1050.63	1050.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57781.48	57781.48
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	58832.11	58832.11
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	58832.11	58832.11
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	64489.00	64489.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	64489.00	64489.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1050.63	1050.63
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1050.63	1050.63

**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 / 55

11a  11b  11c  12  
 13  14  15  16  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. Assarian Gary Steven Dr.

Mailing Address

Department of Pathology 23775 Northwestern Hwy

City State Zip Code

Southfield MI 48075

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Professional Lab Management

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: SA11A1.5746

Full Name (Last, First, Middle Initial)

B. Dr. Loren Agres

Mailing Address

311 Marilyn Place

City State Zip Code

Arcadia CA 91006-1539

Date of Receipt

N M / D E / Y Y Y Y  
01 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self-Employed

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

500.00

Transaction ID: SA11A1.5247

Full Name (Last, First, Middle Initial)

C. Belesubramaniam Nedraajah

Mailing Address

Dept. of Pathology 1101 Nott St

City State Zip Code

Schenectady NY 12308

Date of Receipt

N M / D E / Y Y Y Y  
03 / 18 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Ellis Hosp

Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: SA11A1.5708

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Joseph C. Bergeron, MD

Mailing Address

5 Huckleberry Lane

City

State

Zip Code

Acton

MA

01720

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5366

Full Name (Last, First, Middle Initial)

**B.** Paul Biggs, MD

Mailing Address

5008 Grand Rock Road

City

State

Zip Code

Mountain Brook

AL

35223

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
BMC Pathology

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5411

Full Name (Last, First, Middle Initial)

**C.** Bight Cetry O. Dr.

Mailing Address

Department of Pathology

One Hurley Plaza

City

State

Zip Code

Flint

MI

48503-5893

Date of Receipt

N M / D E / Y Y Y Y  
0 3 / 0 9 / 2 0 0 1

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Hurley Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5636

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

**1550.00**

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

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

Use separate schedule(s)  
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(check only one)

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 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. Bologna Stephen M. Dr.

Mailing Address

Department of Pathology 1406 8th Avenue, North

City State Zip Code

St Cloud MN 56303

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Cloud Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5750

Full Name (Last, First, Middle Initial)

B. Brandon Philip A. Dr.

Mailing Address

Department of Pathology 3300 Gallows Road

City State Zip Code

Falls Church VA 22046

Date of Receipt

M M / D D / Y Y Y Y  
04 / 13 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Inova Fairfax Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5845

Full Name (Last, First, Middle Initial)

C. Cafferty Lee L. Dr.

Mailing Address

Department of Pathology 301 SW Becker Avenue

City State Zip Code

Willmar MN 56201-5017

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Rice Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5574

**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 8 / 55	
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Candel Antimo G. Dr.

Mailing Address  
100 E Huron St Apt 2603

City State Zip Code  
Chicago IL 60611-5907

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Pathologist

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

Transaction ID: SA11A1.5454

**B.** Full Name (Last, First, Middle Initial)  
Crawford James MacKinnon Dr.

Mailing Address  
Department of Pathology PO Box 100275, JHMHC Rm M648

City State Zip Code  
Gainesville FL 32610-0275

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Univ of Florida Occupation  
Pathologist

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

Transaction ID: SA11A1.5874

**C.** Full Name (Last, First, Middle Initial)  
Datweler Jeffrey Gaston Dr.

Mailing Address  
6100 Harris Pky

City State Zip Code  
Ft Worth TX 76132

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Harris Methodist Forth Worth Occupation  
Pathologist

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

Transaction ID: SA11A1.5994

**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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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Deb:eler Rosemary Ellen Dr.

Mailing Address

Department of Pathology 150D S Main  
City State Zip Code  
Ft Worth TX 76104

Date of Receipt

N M / D E / Y Y Y Y  
06 01 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
John Peter Smith Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5692

Full Name (Last, First, Middle Initial)

**B.** Dala Kevin B. Dr.

Mailing Address

Department of Pathology 210D Dorchester Avenue  
City State Zip Code  
Boston MA 02124

Date of Receipt

N M / D E / Y Y Y Y  
03 30 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Carney Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5770

Full Name (Last, First, Middle Initial)

**C.** Dougherty Bert G. Dr.

Mailing Address

Department of Pathology 3600 Florida Blvd  
City State Zip Code  
Baton Rouge LA 70806-1918

Date of Receipt

N M / D E / Y Y Y Y  
04 13 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Baton Rouge Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5840

**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: (check only one)		PAGE 10 / 55	
	<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. Dr. Gerald W. Eggers**

Mailing Address  
3333 Silas Creek Parkway

City State Zip Code  
Winston-Salem NC 27104

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pathologists Diagnostic Services Pathologist

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

Transaction ID: SA11A1.5425

Full Name (Last, First, Middle Initial)  
**B. Fagra Jon L. Dr.**

Mailing Address  
5801 N. Swing

City State Zip Code  
Ames IA 50014

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ames Pathology, P.C. Pathologist

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

Transaction ID: SA11A1.5914

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

Mailing Address  
8 Arrowwood

City State Zip Code  
Mason City IA 50401

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mercy Med Ctr-North Iowa Pathologist

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

Transaction ID: SA11A1.5876

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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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

**A.** Full Name (Last, First, Middle Initial)  
Goldstein Jeffrey D. Dr.

Mailing Address  
Department of Pathology 800 Prudential Drive  
City State Zip Code  
Jacksonville FL 32207

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Baptist Med Center Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5656

**B.** Full Name (Last, First, Middle Initial)  
George Paul B. Dr.

Mailing Address  
6311 Kingston Pike Suite 23 E  
City State Zip Code  
Knoxville TN 37919

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Pathologist

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

Transaction ID: SA11A1.5815

**C.** Full Name (Last, First, Middle Initial)  
Greer Sandra

Mailing Address  
325 Waukegan Road  
City State Zip Code  
Northfield IL 60093-2750

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
College of American Pathologists VP, Communication Services

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5796

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 55

(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hall J. Cameron

Mailing Address

6048 Knight Arnold Rd

Suite 101

City

State

Zip Code

Memphis

TN

38115

Date of Receipt

N M / D E / Y Y Y Y  
04 / 10 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Trumbull Laboratories, LLC

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5832

Full Name (Last, First, Middle Initial)

B. Hanson Daniel J. Dr.

Mailing Address

1846 N. 13th Street

Suite 301

City

State

Zip Code

Toledo

OH

43624

Date of Receipt

N M / D E / Y Y Y Y  
03 / 30 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Pathology Laboratories Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5762

Full Name (Last, First, Middle Initial)

C. Harbour John R. Dr.

Mailing Address

6112 Laurel Valley Ct

City

State

Zip Code

Ft Worth

TX

76132

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Harris Methodist Forth Worth

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5846

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

**1500.00**

**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 13 / 55	
	<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. Dr. Richard J. Hausner**

Mailing Address  
8524 Highway 8 North #279  
City State Zip Code  
Houston TX 77095

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hausner & Associates Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5277

Full Name (Last, First, Middle Initial)  
**B. Hebert Michelle M. Dr.**

Mailing Address  
Department of Pathology 485 IH 45 South  
City State Zip Code  
Huntsville TX 77340

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huntsville Mem Hosp Pathologist

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

Transaction ID: SA11A1.5792

Full Name (Last, First, Middle Initial)  
**C. Hebek Gene N. Dr.**

Mailing Address  
Pathology Department 2720 Stone Park Blvd.  
City State Zip Code  
Sioux City IA 51104

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Luke's Reg Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5740

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

**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: PAGE 14 / 55

(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. Hibenbeck John R. Dr.

Mailing Address

6834 Old Kent Drive

City

State

Zip Code

Knoxville

TN

37919-7472

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self-Employed

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5891

Full Name (Last, First, Middle Initial)

B. Melvin Hoshiko, MD

Mailing Address

Memorial Hospital Med Ctr

2801 Atlantic Ave

City

State

Zip Code

Long Beach

CA

90801

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Long Beach Memorial Pathology Med  
Grp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5830

Full Name (Last, First, Middle Initial)

C. Isaccoa Mary V. Dr.

Mailing Address

Christiana Hospital

4755 Ogletown-Stanton Road

City

State

Zip Code

Newark

DE

19716

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Christiana Care Health Services  
Inc

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5758

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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: PAGE 15 / 55

(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. Dr. Rebecca L. Johnson

Mailing Address

725 North Street

City

State

Zip Code

Pittsfield

MA

01201

Date of Receipt

N M / D E / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Western Mass Pathology Services

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Transaction ID: SA11A1.5286

Full Name (Last, First, Middle Initial)

B. Kafia 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  
05 / 18 / 2001

Amount of Each Receipt this Period

250.00

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 ▼

250.00

Transaction ID: SA11A1.5912

Full Name (Last, First, Middle Initial)

C. Robert H. Knapp, MD

Mailing Address

2500 Oakwood Drive, SE

City

State

Zip Code

East Grand Rapids

MI

49506

Date of Receipt

N M / D E / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Laboratory Pathologists, PC

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5312

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

**1750.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 55

(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. Krause Laurel A. Dr.**

Mailing Address  
Department of Pathology 405D Coon Rapids Blvd.  
City State Zip Code  
Coon Rapids MN 55433

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mercy Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5748

Full Name (Last, First, Middle Initial)  
**B. Ligato Savaria**

Mailing Address  
Department of Pathology 540 Litchfield Street  
City State Zip Code  
Torrington CT 06790

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Charlotte Hungerford Hosp Pathologist

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

Transaction ID: SA11A1.5918

Full Name (Last, First, Middle Initial)  
**C. Macke Ruth A. Dr.**

Mailing Address  
Department of Pathology 1026 A Avenue, N.E.  
City State Zip Code  
Cedar Rapids IA 52402

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Luke's Hosp Pathologist

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

Transaction ID: SA11A1.5588

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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



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

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

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(check only one)

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.** Magrini-Greyson Marlene

Mailing Address

Department of Pathology 100D North Lee St

City State Zip Code

Oklahoma City OK 73102

Date of Receipt

M M / D D / Y Y Y Y  
05 / 03 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
St. Anthony Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5385

Full Name (Last, First, Middle Initial)

**B.** Dr. John E. McDonald

Mailing Address

2500 Canyon Ridge Drive

City State Zip Code

Arlington TX 76006

Date of Receipt

M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ameripath

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5299

Full Name (Last, First, Middle Initial)

**C.** Mendes Freire S. Dr.

Mailing Address

2322 Ninth Avenue

City State Zip Code

San Francisco CA 94116-1937

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

150.00

FEC ID number of contributing federal political committee.

Name of Employer  
California Pacific Med Ctr

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5638

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 18 / 55	
	<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. Miller Karen A. Dr.**

Mailing Address  
Department of Pathology 1255 W Washington St  
City State Zip Code  
Tempe AZ 85281-1210

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Clin-Path Associates Pathologist

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

Transaction ID: SA11A1.5544

Full Name (Last, First, Middle Initial)  
**B. Miller Rick**

Mailing Address  
1350 I Street, NW Suite 500  
City State Zip Code  
Washington DC 20005-3305

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
College of American Pathologists Director

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

Transaction ID: SA11A1.5858

Full Name (Last, First, Middle Initial)  
**C. Nawn James Joseph Dr.**

Mailing Address  
5287 Poala Street  
City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5436

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 55	
	<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)  
Nevin James Joseph Dr.

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.5658

**B.** Full Name (Last, First, Middle Initial)  
Nevin James Joseph Dr.

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: SA11A1.5824

**C.** Full Name (Last, First, Middle Initial)  
Nevin James Joseph Dr.

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 700.00

Transaction ID: SA11A1.5843

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**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 20 / 55	
	<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. Nevin James Joseph Dr.**

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M / D / Y Y Y Y  
04 / 20 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.5854

Full Name (Last, First, Middle Initial)  
**B. Nevin James Joseph Dr.**

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M / D / Y Y Y Y  
05 / 11 / 2001

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 950.00

Transaction ID: SA11A1.5902

Full Name (Last, First, Middle Initial)  
**C. Nevin James Joseph Dr.**

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M / D / Y Y Y Y  
05 / 25 / 2001

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cytopath Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1100.00

Transaction ID: SA11A1.5919

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

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

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

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(check only one)

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. 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  
06 / 13 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Cytopath Inc

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Transaction ID: SA11A1.6007

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  
03 / 02 / 2001

Amount of Each Receipt this Period

1500.00

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 ▼

1500.00

Transaction ID: SA11A1.5460

Full Name (Last, First, Middle Initial)

C. Neff John C. Dr.

Mailing Address

Department of Pathology

1924 Alcoa Highway

City

State

Zip Code

Knoxville

TN

37920

Date of Receipt

N M / D E / Y Y Y Y  
05 / 03 / 2001

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 ▼

2000.00

Transaction ID: SA11A1.5881

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

**2100.00**

**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 22 / 55	
	<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)  
John G. Newby, MD

Mailing Address  
11110 Medical Campus Road

City State Zip Code  
Hagerstown MD 21742

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5313

**B.** Full Name (Last, First, Middle Initial)  
Newland Gary L. Dr.

Mailing Address  
Department of Pathology 1111 Crater Lake Avenue

City State Zip Code  
Medford OR 97504

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Pathologist

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

Transaction ID: SA11A1.5828

**C.** Full Name (Last, First, Middle Initial)  
R.M. Nugent, MD

Mailing Address  
800 Avondale

City State Zip Code  
Amarillo TX 79106

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5341

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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

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(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. Odell Dale S. Dr.

Mailing Address

Department of Pathology 820D Walnut Hill Ln  
City State Zip Code  
Dallas TX 75231

Date of Receipt

N M / D E / Y Y Y Y  
03 30 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Presbyterian Hospital of Dallas

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5786

Full Name (Last, First, Middle Initial)

B. Odell Dale S. Dr.

Mailing Address

Department of Pathology 820D Walnut Hill Ln  
City State Zip Code  
Dallas TX 75231

Date of Receipt

N M / D E / Y Y Y Y  
04 06 2001

Amount of Each Receipt this Period

60.00

FEC ID number of contributing federal political committee.

Name of Employer  
Presbyterian Hospital of Dallas

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.5813

Full Name (Last, First, Middle Initial)

C. Dr. Steven Paul Olson

Mailing Address

1000 E. 21st Street  
City State Zip Code  
Sioux Falls SD 57102

Date of Receipt

N M / D E / Y Y Y Y  
02 23 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Physicians Laboratory

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5314

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

**600.00**

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

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

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

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(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. Parker Joseph C. Dr.

Mailing Address

Department of Pathology 530 South Jackson Street

City State Zip Code

Louisville KY 40292

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
University of Louisville

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5860

Full Name (Last, First, Middle Initial)

B. Patton Richard G. Dr.

Mailing Address

Department of Pathology 1550 N. 115th Street

City State Zip Code

Seattle WA 98133

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Northwest Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5828

Full Name (Last, First, Middle Initial)

C. Puckett Thomas G. Dr.

Mailing Address

Department of Pathology 415 S 28th Ave

City State Zip Code

Hattiesburg MS 39401

Date of Receipt

N M / D E / Y Y Y Y  
04 / 20 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Hattiesburg Clinic, PA

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5853

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 25 / 55	
	<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. Resbivius Paul A. Dr.**

Mailing Address  
Lab for Clinical Medicine 200 Corporate Place #7  
City State Zip Code  
Peabody MA 01860-3840

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pathology Consultants Pathologist

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

Transaction ID: SA11A1.5834

Full Name (Last, First, Middle Initial)  
**B. Rainke Dennis D. Dr.**

Mailing Address  
2336 Rolling Drive  
City State Zip Code  
Bismarck ND 58501

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Med Ctr One Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5860

Full Name (Last, First, Middle Initial)  
**C. Richard Savage. MD**

Mailing Address  
8715 Oakdale Drive  
City State Zip Code  
Johnston IA 50131

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mercy Hospital Des Moines Pathologist

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

Transaction ID: SA11A1.5391

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

**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 26 / 55	
	<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)  
Scholtz Stephen Dr.

Mailing Address  
960 S. Westgate Ave 110

City State Zip Code  
Los Angeles CA 90049

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2001

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LA County Coroner Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.6027

**B.** Full Name (Last, First, Middle Initial)  
Schwartz Jared N. Dr.

Mailing Address  
Dept of Lab Med & Pathology PO Box 33548

City State Zip Code  
Charlotte NC 28233

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Presbyterian Health Care Sys Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.6011

**C.** Full Name (Last, First, Middle Initial)  
H.E. Sotzer, MD

Mailing Address  
P.O. Box 1217

City State Zip Code  
Billings MT 59103

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pathology Consultants, PC Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.5328

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1700.00**

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

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

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

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(check only one)

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. Skinner Margaret S. Dr.

Mailing Address

300 Butler St

City

State

Zip Code

West Palm Beach

FL

33407

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Palm Beach Pathology

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5612

Full Name (Last, First, Middle Initial)

B. Sleeter Joseph P. Dr.

Mailing Address

1B Westwood Road

City

State

Zip Code

Asheville

NC

28803

Date of Receipt

N M / D E / Y Y Y Y  
03 / 05 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Memorial Mission Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5684

Full Name (Last, First, Middle Initial)

C. Enel Joy

Mailing Address

Cytopathology

P.O. Box 129

City

State

Zip Code

Lawton

OK

73502

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Comanche County Memorial Hosp

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5678

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

**1500.00**

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

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

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

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
College of American Pathologists Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Robert Spencer

Mailing Address  
2001 Webber St.

City State Zip Code  
Sarasota FL 34239

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sarasota Pathology Pathologist

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

Transaction ID: SA11A1.5302

**B.** Full Name (Last, First, Middle Initial)  
Stewart David T. Dr.

Mailing Address  
PO Box 14389

City State Zip Code  
Tallahassee FL 32317-4389

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pathology Associates Pathologist

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

Transaction ID: SA11A1.5578

**C.** Full Name (Last, First, Middle Initial)  
Synovec Mark S. Dr.

Mailing Address  
1500 SW 10th Street

City State Zip Code  
Topeka KS 66604

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2001

Amount of Each Receipt this Period  
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Topeka Pathology Group, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: SA11A1.5828

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s)  
or each category of the  
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(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. Szypko Paula E. Dr.

Mailing Address

1401 Thornhill Lane

City

State

Zip Code

Winston-Salem

NC

27106

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
North State Pathology

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.5826

Full Name (Last, First, Middle Initial)

B. Uirsch Rudolf C. Dr.

Mailing Address

1138 Wilshire Blvd

Suite 305

City

State

Zip Code

Los Angeles

CA

90017

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Ilium Pathology Med Group

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5744

Full Name (Last, First, Middle Initial)

C. Arthur M. Vogel, MD

Mailing Address

Cytolab Pathology Svcs, Inc PSC

6825 216th Street SW, Ste E

City

State

Zip Code

Lynnwood

WA

98036-7379

Date of Receipt

N M / D E / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Cytolab Pathology Svcs, Inc PSC

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5399

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

**1800.00**

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

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

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

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(check only one)

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.** Vogel Deryl G. Dr.

Mailing Address

PMB 208 834 S. Burlington Blvd

City State Zip Code

Burlington WA 98233-3310

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Shagil Valley Laboratories

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.5670

Full Name (Last, First, Middle Initial)

**B.** Waldron Michael J. Dr.

Mailing Address

Department of Pathology 8267 Elmbrook

City State Zip Code

Dallas TX 75247-5247

Date of Receipt

N M / D E / Y Y Y Y  
03 / 09 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer  
ProPath Services

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5634

Full Name (Last, First, Middle Initial)

**C.** Robert B. Wells. MD

Mailing Address

901 Turtle Creek

City State Zip Code

Tyler TX 75701-5701

Date of Receipt

N M / D E / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Pathology Associates of Tyler

Occupation  
Pathologist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.5405

**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 31 / 55	
	<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. Wheeler Thomas M. Dr.**

Mailing Address  
Department of Pathology 6565 Fannin St  
City State Zip Code  
Houston TX 77030-2704

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2001

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Methodist Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.5774

Full Name (Last, First, Middle Initial)  
**B. Wilkinson David S. Dr.**

Mailing Address  
Department of Pathology PO Box 980862  
City State Zip Code  
Richmond VA 23298-0862

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Med College of Virginia Pathologist

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

Transaction ID: SA11A1.5778

Full Name (Last, First, Middle Initial)  
**C. Wilson Joseph T. Dr.**

Mailing Address  
890 Cobb Street  
City State Zip Code  
Jonesboro AR 72401-4110

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Doctors' Anatomic Pathology Services Pathologist

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

Transaction ID: SA11A1.5686

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

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

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

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

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(check only one)

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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. Dr. Kent G. Zimmerman

Mailing Address

2602 S. Gaucho

City

State

Zip Code

Mesa

AZ

85202

Date of Receipt

N M / D E / Y Y Y Y  
02 / 23 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Clin-Pathology Associates

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5344

Full Name (Last, First, Middle Initial)

B. Zil Robert S. Dr.

Mailing Address

PO Box 1568

City

State

Zip Code

Tomball

TX

77377-1568

Date of Receipt

N M / D E / Y Y Y Y  
08 / 01 / 2001

Amount of Each Receipt this Period

2000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Texas Pathology Associates

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: SA11A1.5990

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>35900.00</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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	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) <b>A. SunTrust Bank</b>		Date of Disbursement 03 / 02 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 281.56	
Purpose of Disbursement Electronic Funds Debit		Category/ Type	
Candidate Name		Transaction ID: SB21B.5141	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Date of Disbursement 03 / 21 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Account Analysis Service Fee		Category/ Type	
Candidate Name		Transaction ID: SB21B.5142	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Date of Disbursement 04 / 03 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 232.73	
Purpose of Disbursement Electronic Funds Debit		Category/ Type	
Candidate Name		Transaction ID: SB21B.5143	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>524.29</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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	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) <b>A. SunTrust Bank</b>		Date of Disbursement 04 / 23 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Account Analysis Service Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5144	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Date of Disbursement 05 / 02 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 224.78	
Purpose of Disbursement ACH Debit		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5440	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Date of Disbursement 05 / 22 / 2001	
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Account Analysis Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.5441	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>284.78</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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	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) <b>A. SunTrust Bank</b>		Date of Disbursement 06 / 04 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 37.71
Purpose of Disbursement ACH Debit	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		Transaction ID: SB21B.5444

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Date of Disbursement 06 / 14 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 43.80
Purpose of Disbursement Check Order	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		Transaction ID: SB21B.5447

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Date of Disbursement 06 / 25 / 2001
Mailing Address 1455 New York Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Account Analysis Fee	Candidate Name	Category/ Type
Office Sought: House Senate President		
State: District:		Transaction ID: SB21B.5448

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>101.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>910.68</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)

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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) <b>A. ABERCROMBIE FOR CONGRESS</b>		Date of Disbursement 06 / 06 / 2001	
Mailing Address 1357 KAPIOLANI BLVD SUITE 1005 City: HONOLULU State: HI Zip Code: 96814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5955	

Full Name (Last, First, Middle Initial) <b>B. ANNA ESHOO FOR CONGRESS</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address 555 CAPITOL MALL SUITE 1425 City: SACRAMENTO State: CA Zip Code: 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5968	

Full Name (Last, First, Middle Initial) <b>C. BERKLEY 2000</b>		Date of Disbursement 06 / 22 / 2001	
Mailing Address P.O. Box 2884 City: Washington State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
		Transaction ID: SB23.5935	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</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)

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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) <b>A. BILL THOMAS CAMPAIGN COMMITTEE</b>		Date of Disbursement 04 / 04 / 2001	
Mailing Address PO BOX 385 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5121	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BILLY TAUZIN CONGRESSIONAL COM</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address 412 SOUTH VAN City: HOUMA State: LA Zip Code: 70360		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5110	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BOB MATSUI FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 04 / 2001	
Mailing Address 729 15th Street, NW      3rd Floor City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5963	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input 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 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) <b>A. CAPUANO FOR CONGRESS COMMITTEE</b>		Date of Disbursement 01 / 01 / 2001
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Voted Check #1998	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: MA District: 06	Transaction ID: SB23.8572

Full Name (Last, First, Middle Initial) <b>B. City Club</b>		Date of Disbursement 03 / 29 / 2001
Mailing Address 555 14th Street NW City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 579.48
Purpose of Disbursement In Kind	Candidate Name RE-Elect Nancy Johnson to Congress	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: CT District: 06	Transaction ID: SB23.7254

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR SENATOR</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 1096 City State Zip Code BANGOR ME 04402		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: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: ME District: 00	Transaction ID: SB23.5116

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2079.48</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)

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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) <b>A. COMMITTEE TO ELECT LINDSEY GRAHAM</b>		Date of Disbursement 03 / 23 / 2001
Mailing Address P.O. BOX 1155 PO BOX 1155 City State Zip Code SENECA SC 29679		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: SC District: 03	Transaction ID: SB23.5096	

Full Name (Last, First, Middle Initial) <b>B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)</b>		Date of Disbursement 03 / 23 / 2001
Mailing Address 5815 EASTMAN AVENUE SUITE 100 City State Zip Code MIDLAND MI 48640		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID: SB23.5104	

Full Name (Last, First, Middle Initial) <b>C. CRANE FOR CONGRESS COMMITTEE</b>		Date of Disbursement 05 / 17 / 2001
Mailing Address PO BOX 8534 City State Zip Code ROLLING MEADOWS IL 60008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: IL District: 08	Transaction ID: SB23.5933	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

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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) <b>A. DAKPAC</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address 607 14TH STREET NW SUITE 800 City: WASHINGTON State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5973	
Candidate Name		Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DEDICATED AMERICANS FOR THE SENATE AND THE HOUSE PAC(DA-SHPAC)</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address 424 C STREET NE City: WASHINGTON State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5975	
Candidate Name		Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EARL POMEROY FOR CONGRESS</b>		Date of Disbursement 05 / 22 / 2001	
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: SB23.5944	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: ND District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</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)

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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) <b>A. EHRlich FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 15 / 2001
Mailing Address 1301 YORK RD SUITE 705 City LUTHERVILLE State MD Zip Code 21093		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5970
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FLETCHER FOR CONGRESS</b>		Date of Disbursement 06 / 24 / 2001
Mailing Address P.O. Box 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5950
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BLANCHE LINCOLN</b>		Date of Disbursement 06 / 22 / 2001
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 Candidate Name		Transaction ID: SB23.5979
Office Sought:     House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) <b>A. FRIENDS OF CLAY SHAW</b>		Date of Disbursement 06 / 06 / 2001
Mailing Address 2600 N E 14TH STREET CAUSEWAY City: POMPANO BEACH State: FL Zip Code: 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5956
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DICK DURBIN COMMITTEE</b>		Date of Disbursement 06 / 17 / 2001
Mailing Address P O BOX 1B49 City: SPRINGFIELD State: IL Zip Code: 62706		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5951
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JENNIFER B DUNN</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address P.O. Box 70513 City: Washington State: DC Zip Code: 20024		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5085
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</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)

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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) <b>A. FRIENDS OF JOHN PETERSON</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address PO BOX 285 City PLEASANTVILLE State PA Zip Code 18341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5972	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 05			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN TANNER</b>		Date of Disbursement 06 / 07 / 2001	
Mailing Address POST OFFICE BOX 3301 City Alexandria State VA Zip Code 22302		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5954	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TN      District: 08			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF LOIS CAPPIS</b>		Date of Disbursement 03 / 23 / 2001	
Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5108	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA      District: 22			

<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)

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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) <b>A. FRIENDS OF MARK FOLEY FOR CONGRESS</b>		Date of Disbursement 06 / 15 / 2001
Mailing Address PO BOX 30505 City: PALM BEACH GARDENS State: FL Zip Code: 33420		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5985
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAX BAUCUS 2002</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address 203 C Street, NE City: HELENA State: MT 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5094
State: MT District: 00		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROY BLUNT</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address PO BOX 278 City: STRAFFORD State: MO Zip Code: 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5098
State: MO District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

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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) <b>A. FRIENDS OF SAM JOHNSON</b>		Date of Disbursement 05 / 31 / 2001	
Mailing Address PO BOX 860066 City PLANO State TX Zip Code 75086		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5948	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 03			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF SCOTT MCINNIS INC</b>		Date of Disbursement 05 / 01 / 2001	
Mailing Address P.O. BOX 3157 City GRAND JUNCTION, State CO Zip Code 81502		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5940	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CO      District: 03			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SENATOR ROCKEFELLER</b>		Date of Disbursement 05 / 01 / 2001	
Mailing Address 236 MASSACHUSETTS AVENUE #310 City WASHINGTON State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5942	
Candidate Name		Category/ Type	
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WV      District: 00			

<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)

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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) <b>A. FRIENDS OF SHERROD BROWN</b>		Date of Disbursement 05 / 17 / 2001	
Mailing Address P.O. Box 2884 City WASHINGTON		State DC	Zip Code 20013
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 13	Transaction ID: SB23.5934		

Full Name (Last, First, Middle Initial) <b>B. HUTCHINSON FOR SENATE</b>		Date of Disbursement 04 / 04 / 2001	
Mailing Address PO BOX 998 City ROGERS		State AR	Zip Code 72757
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR      District: 00	Transaction ID: SB23.5117		

Full Name (Last, First, Middle Initial) <b>C. JERRY WELLER FOR CONGRESS INC</b>		Date of Disbursement 06 / 22 / 2001	
Mailing Address PO BOX 15283 City WASHINGTON		State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 11	Transaction ID: SB23.5977		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</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)

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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) <b>A. JIM TURNER FOR CONGRESS COMMITTEE</b>		Date of Disbursement 05 / 17 / 2001	
Mailing Address PO BOX 780 City: CROCKETT State: TX Zip Code: 75835		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5932	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 02			

Full Name (Last, First, Middle Initial) <b>B. JOHN SHADEGG FOR CONGRESS</b>		Date of Disbursement 06 / 04 / 2001	
Mailing Address P O BOX 45444 City: PHOENIX State: AZ Zip Code: 85064		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5959	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AZ      District: 04			

Full Name (Last, First, Middle Initial) <b>C. KEN BENTSEN FOR CONGRESS COMMITTEE</b>		Date of Disbursement 06 / 15 / 2001	
Mailing Address 5815 MORNINGSIDE #301 City: HOUSTON State: TX Zip Code: 77005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5966	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 26			

<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)

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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) <b>A. KIRK FOR CONGRESS INC</b>		Date of Disbursement 05 / 17 / 2001	
Mailing Address P O BOX 8 City WINNETKA State IL Zip Code 60093		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 10	Transaction ID: SB23.5946		

Full Name (Last, First, Middle Initial) <b>B. MAJORITY LEADER'S FUND</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address 4451 BROOKFIELD CORPORATE DR #200 City CHANTILLY State VA Zip Code 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:      District:	Transaction ID: SB23.5102		

Full Name (Last, First, Middle Initial) <b>C. MARTY MEEHAN FOR CONGRESS COMMITTEE</b>		Date of Disbursement 01 / 01 / 2001	
Mailing Address 75 PRINCETON STREET City NO CHELMSFORD State MA Zip Code 01863		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Voided Check #2014 Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:      2001 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MA      District: 05	Transaction ID: SB23.8573		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</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)

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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) <b>A. MCCREERY FOR CONGRESS</b>		Date of Disbursement 04 / 04 / 2001	
Mailing Address 1800 DEPOSIT GUARANTY TOWER 333 TEXAS STREET City State Zip Code SHREVEPORT LA 71101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5123	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA      District: 04			

Full Name (Last, First, Middle Initial) <b>B. MCCREERY FOR CONGRESS</b>		Date of Disbursement 05 / 01 / 2001	
Mailing Address 1800 DEPOSIT GUARANTY TOWER 333 TEXAS STREET City State Zip Code SHREVEPORT LA 71101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5829	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA      District: 04			

Full Name (Last, First, Middle Initial) <b>C. MIKE MCINTYRE FOR CONGRESS</b>		Date of Disbursement 03 / 23 / 2001	
Mailing Address P.O. Box 1 City State Zip Code LUMBERTN NC 28358		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.5107	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC      District: 07			

<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)  
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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) <b>A. Manole</b>		Date of Disbursement 05 / 23 / 2001	
Mailing Address 107 D Street, NE City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 802.15	
Purpose of Disbursement in Kind Candidate Name TIM JOHNSON FOR SOUTH DAKOTA INC		Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.7285	
State: SD      District:			

Full Name (Last, First, Middle Initial) <b>B. NUSSLE FOR CONGRESS COMMITTEE</b>		Date of Disbursement 05 / 17 / 2001	
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		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.5938	
State: IA      District: 02			

Full Name (Last, First, Middle Initial) <b>C. Oceanaire</b>		Date of Disbursement 05 / 02 / 2001	
Mailing Address 1201 F Street City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 954.98	
Purpose of Disbursement in kind Candidate Name THURMAN FOR CONGRESS		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: SB23.7257	
State: FL      District: 06			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2557.11</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)

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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) <b>A. Oceanaire Restaurant</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address 1201 F Street NW City: Washington State: DC Zip Code: 20004		Amount of Each Disbursement this Period 1144.89
Purpose of Disbursement In Kind		Transaction ID: SB23.7262
Candidate Name FRIENDS OF MARK FOLEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. FALLONE FOR CONGRESS</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 3176 City: LDNC BRANCH State: NJ Zip Code: 07740		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.5129
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NJ District: 06		

Full Name (Last, First, Middle Initial) <b>C. PATSY T MINK CAMPAIGN COMMITTEE</b>		Date of Disbursement 01 / 01 / 2001
Mailing Address 227 Massachusetts Avenue, NE Suite 101 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Voided Check #1993		Transaction ID: SB23.8574
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: HI District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2644.89</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)

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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) <b>A. PEOPLE FOR ENGLISH</b>		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 1940 City: ERIE State: PA Zip Code: 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5962
State: PA District: 21		

Full Name (Last, First, Middle Initial) <b>B. PETE STARK RE-ELECTION COMMITTEE</b>		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 8331 City: FREMONT State: CA Zip Code: 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5961
State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>C. PRYCE FOR CONGRESS</b>		Date of Disbursement 02 / 07 / 2001
Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5091
State: OH District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

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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) <b>A. RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 1986 City NEW BRITAIN State CT Zip Code 08050		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5126
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 06	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. REED COMMITTEE</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 8828 City CRANSTON State RI Zip Code 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5127
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SUE MYRICK FOR CONGRESS</b>		Date of Disbursement 04 / 04 / 2001
Mailing Address PO BOX 37091 City CHARLOTTE State NC Zip Code 28237		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.5131
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)  
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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
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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>		Date of Disbursement 06 / 04 / 2001
Mailing Address PO BOX 580 1337 THOMAS HOLLOW ROAD City: LUCASVILLE State: OH Zip Code: 45648		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.5958
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: OH District: 06		

Full Name (Last, First, Middle Initial) <b>B. The Freedom Project</b>		Date of Disbursement 06 / 15 / 2001
Mailing Address 111 C Street, SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.5967
Office Sought: House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		Date of Disbursement 03 / 23 / 2001
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	Transaction ID: SB23.5112
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: SD District: 00		

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

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

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

FOR LINE NUMBER:  
(check only one)

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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) <b>A. UPTON FOR ALL OF US</b>		Date of Disbursement 05 / 01 / 2001	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5925	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI     District: 06			

Full Name (Last, First, Middle Initial) <b>B. WALDEN FOR CONGRESS</b>		Date of Disbursement 03 / 29 / 2001	
Mailing Address P.O. Box 2159 City State Zip Code Arlington VA 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.5108	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OR     District: 02			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>57781.48</b>