

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00274944

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
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Election on _____ in the State of _____

5. Covering Period 11 01 2003 through 11 30 2003

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 12 18 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M11 ^{: :}01 ^{Y (Y)}2003 To: ^M11 ^{: :}30 ^{Y (Y)}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period	47544.83	
(c) Total Receipts (from Line 19)	11345.00	199387.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58889.83	233542.38
7. Total Disbursements (from Line 31)	9336.75	183989.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49553.08	49553.08
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M11 ⁻01 ⁻2003 To: ^M11 ⁻30 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7125.00	
(ii) Unitemized	4220.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	11345.00	199137.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11345.00	199137.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11345.00	199387.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11345.00	199387.60

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	336.75	2515.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	336.75	2515.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	180797.86
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	675.48
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9336.75	183989.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	9336.75	183989.30

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11345.00	199137.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11345.00	199137.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	336.75	2515.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	336.75	2515.97

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

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

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

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

Full Name (Last, First, Middle Initial) A. Blanco Ramon		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 17 Buxus Shores Circle		Transaction ID: SA11A1.12478
City Sandwich	State MA	Zip Code 02563-2678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bracey Arthur W. Dr.		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address Department of Pathology-P125E 8720 Bertner		Transaction ID: SA11A1.12445
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer St. Luke's Episcopal Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Burford A. Mitchell		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 652 Howell Street		Transaction ID: SA11A1.12408
City Florence	State AL	Zip Code 35630-3537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 7 / 17	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Campanini Rafael Z. Dr.		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address Department of Pathology 1044 N. Francisco Street		Transaction ID: SA11A1.12423
City State Zip Code Chicago IL 60622-2794	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Norwegian American Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Carpus Primitiva A. Dr.		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address Department of Pathology 1305 North Elms Street		Transaction ID: SA11A1.12506
City State Zip Code Henderson KY 42420	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Methodist Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Elliott James W. Dr.		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Department of Pathology 8118 Good Luck Road		Transaction ID: SA11A1.12485
City State Zip Code Lanham MD 20708-3595	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 8 / 17	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Filio Rosanne		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 280 Pembroke Dr		Transaction ID: SA11A1.12484
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Flanagan Kenneth G. Dr.		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 1539 Southview Drive		Transaction ID: SA11A1.12447
City Prescott	State AZ	Zip Code 86305-6416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Yavapai Regional Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Friedberg Richard G. Dr.		Date of Receipt M / D / Y 11 / 17 / 2003
Mailing Address Chairman, Dept of Pathology 759 Chestnut St		Transaction ID: SA11A1.12485
City Springfield	State MA	Zip Code 01199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Baystate Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 9 / 17	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Fuling Keith H. Dr.		Date of Receipt M / D / Y 11 / 21 / 2003	
Mailing Address Department of Lab Medicine 615 South New Ballas Road		Transaction ID: SA11A1.12468	
City St Louis	State MO	Zip Code 63141-8277	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Johns Mercy Med Ctr	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Haberman Phillip J. Dr.		Date of Receipt M / D / Y 11 / 21 / 2003	
Mailing Address 2301 House Ave Suite 108		Transaction ID: SA11A1.12468	
City Cheyenne	State WY	Zip Code 82001-3177	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Anapath Diagnostics, Inc	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Hannah James B. Dr.		Date of Receipt M / D / Y 11 / 24 / 2003	
Mailing Address Department of Pathology 3701 South Higuera Street		Transaction ID: SA11A1.12470	
City San Luis Obispo	State CA	Zip Code 93401	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Coast Path Consultants	Occupation Pathologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Full Name (Last, First, Middle Initial) A. Hashiko Melvin G. Dr.		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address Pathology Department 2801 Atlantic Ave		Transaction ID: SA11A1.12435
City Long Beach	State CA	Zip Code 90801-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Memorial Hosp Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Jones Dudley D. Dr.		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address 808 Wright St		Transaction ID: SA11A1.12414
City Arlington	State TX	Zip Code 76012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arlington Pathology Assoc	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Kass Mary E. Dr.		Date of Receipt M / D / Y 11 / 17 / 2003
Mailing Address PO Box 1185		Transaction ID: SA11A1.12427
City Carefree	State AZ	Zip Code 85377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Full Name (Last, First, Middle Initial) A. Kains Mark D. Dr.		Date of Receipt M / D / Y 11 / 25 / 2003	
Mailing Address 44201 Dequindre		Transaction ID: SA11A1.12441	
City Troy	State MI	Zip Code 48065	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer William Beaumont Hosp		Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.60	

Full Name (Last, First, Middle Initial) B. Larson Paula R. Dr.		Date of Receipt M / D / Y 11 / 24 / 2003	
Mailing Address 5 Westelm Circle		Transaction ID: SA11A1.12450	
City San Antonio	State TX	Zip Code 78230-2634	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southwest Texas Methodist Hosp		Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Netzel Gary F. Dr.		Date of Receipt M / D / Y 11 / 07 / 2003	
Mailing Address Laboratory 2900 W. Oklahoma Avenue		Transaction ID: SA11A1.12458	
City Milwaukee	State WI	Zip Code 53215-4330	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Luke's Med Ctr		Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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: PAGE 12 / 17	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Padgett James		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 280 Pembroke Dr		Transaction ID: SA11A1.12487
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Highland Park Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Raff Lester J. Dr.		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address Department of Pathology 100 N River Rd		Transaction ID: SA11A1.12453
City Des Plaines	State IL	Zip Code 60016-0016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Holy Family Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Goswami Gregory N. Dr.		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 112 Rosa Ave		Transaction ID: SA11A1.12502
City Metairie	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Meadowcreek Hospital	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

Full Name (Last, First, Middle Initial) A. Steimetz James Cyril Dr.		Date of Receipt M / D / Y 11 / 21 / 2003
Mailing Address Laboratory 25 Church St		Transaction ID: SA11A1.12466
City Wilkes Barre	State PA	Zip Code 18765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Mercy Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Sudduth Norman C. Dr.		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address Department of Pathology 5301 South Congress Avenue		Transaction ID: SA11A1.12415
City Atlantis	State FL	Zip Code 33462-1149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JFK Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Webb Thomas A. Dr.		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 611D North Oak Leaf Court		Transaction ID: SA11A1.12452
City Peoria	State IL	Zip Code 61615-2240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Peoria-Tazewell Path Group	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	7125.00

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

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

FOR LINE NUMBER:
(check only one)

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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	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB21B.12524 Date of Disbursement 11 / 04 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 284.75		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Bank charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	284.75
TOTAL This Period (last page this line number only)	▶	284.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 / 17	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. CANTOR FOR CONGRESS		Transaction ID: SB23.12522 Date of Disbursement 11 / 21 / 2003			
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00			
City Richmond	State VA			Zip Code 23226	
Purpose of Disbursement				Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President					
State: VA District: D7					

Full Name (Last, First, Middle Initial) B. CARE POLITICAL ACTION COMMITTEE (CARE PAC)		Transaction ID: SB23.12518 Date of Disbursement 11 / 17 / 2003			
Mailing Address 829 Second St., NE		Amount of Each Disbursement this Period 1000.00			
City Washington	State DC			Zip Code 20002	
Purpose of Disbursement PAC Contribution				Candidate Name	Category/ Type
Office Sought: House Senate President					
State: District					

Full Name (Last, First, Middle Initial) C. CITIZENS FOR BUNNING		Transaction ID: SB23.12518 Date of Disbursement 11 / 17 / 2003			
Mailing Address 1717 DIXIE HIGHWAY SUITE 180		Amount of Each Disbursement this Period 1680.00			
City FT WRIGHT	State KY			Zip Code 41011	
Purpose of Disbursement				Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President					
State: KY District: 00					

SUBTOTAL of Disbursements This Page (optional)	3680.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 / 17	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. COMMITTEE FOR A DEMOCRATIC MAJORITY		Transaction ID: SB23.1252D Date of Disbursement 11 / 17 / 2003
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement PAC Contribution		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District	Other	

Full Name (Last, First, Middle Initial) B. JOHN SHADEGG FOR CONGRESS		Transaction ID: SB23.12515 Date of Disbursement 11 / 04 / 2003
Mailing Address P.O. Box 45444		Amount of Each Disbursement this Period 1500.00
City Phoenix	State AZ Zip Code 85064	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: AZ District 03		

Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS		Transaction ID: SB23.12523 Date of Disbursement 11 / 26 / 2003
Mailing Address PO BOX 370B1		Amount of Each Disbursement this Period 2500.00
City CHARLOTTE	State NC Zip Code 28237	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC District 09		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. The Monocle		Transaction ID: SB23.12519 Date of Disbursement 11 / 17 / 2003		
Mailing Address 107 D St, NE		Amount of Each Disbursement this Period 320.00		
City Washington	State DC			Zip Code 20002
Purpose of Disbursement In-kind contribution				Category/ Type
Candidate Name Jim Bunning				
Office Sought: House <input checked="" type="checkbox"/> Senate President State: KY District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	9000.00