

**FEC
FORM 3X**

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

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00274944
CITY **STATE** **ZIP CODE**

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

4. **TYPE OF REPORT (Choose One)**

(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 X 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)
 Mar 20 (M3)
 Apr 20 (M4)
 May 20 (M5)
 Jun 20 (M6)
 Jul 20 (M7)
 Aug 20 (M8)
 Sep 20 (M9)
 Oct 20 (M10)
 Nov 20 (M11) (Non-Election Year Only)
 Dec 20 (M12) (Non-Election Year Only)
 Jan 31 (M13)

(c) 12-Day **PRE**Election Report for the:
 Primary (12P)
 Convention (12C)
 General (12G)
 Special (12S)
 Runoff (12R)

(d) 30-Day **Post**-Election Report for the:
 General (30G)
 Runoff (30R)
 Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2001 through 12 31 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 10 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: ^h07 ^D01 ^v2001 To: ^h12 ^D31 ^v2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2001		9693.31
(b) Cash on Hand at Beginning of Reporting Period	15340.20	
(c) Total Receipts (from Line 19)	53446.00	117935.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68786.20	127618.31
7. Total Disbursements (from Line 30)	30268.44	89100.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38517.76	38517.76
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}12 ^{DD}31 ^{YYYY}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)	26450.00	
(ii) Unitemized	26996.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53446.00	117935.00
(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)	53446.00	117935.00
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)	53446.00	117935.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	53446.00	117935.00

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.....	531.17	1581.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	531.17	1581.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29737.27	87518.75
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)..... ▶	30268.44	89100.55
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	30268.44	89100.55
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	53446.00	117935.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	53446.00	117935.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	531.17	1581.80
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	531.17	1581.80

**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 / 43	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
Assarian Gary Steven Dr.

Mailing Address
Department of Pathology 23775 Northwestern Hwy
City State Zip Code
Southfield MI 48075

Date of Receipt
M M / D D / Y Y Y Y
12 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Lab Management Pathologist

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

Transaction ID: SA11A1.6584

B. Full Name (Last, First, Middle Initial)
Austin R. Marshall

Mailing Address
785 Creekside Dr.
City State Zip Code
Mount Pleasant SC 29664

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Coastal Pathology Laboratories Pathologist

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

Transaction ID: SA11A1.6063

C. Full Name (Last, First, Middle Initial)
Bachner Paul

Mailing Address
Dept of Pathology & Lab Medicine 800 Rose Street
City State Zip Code
Lexington KY 40536-0298

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ of Kentucky Med Ctr Pathologist

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

Transaction ID: SA11A1.6034

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(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. Barcelo Mark Jeffrey Dr.

Mailing Address

Department of Pathology 36000 Euclid Avenue

City State Zip Code

Willoughby OH 44094

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Lake Hospital Systems, Inc.

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6065

Full Name (Last, First, Middle Initial)

B. Becker Carl G. Dr.

Mailing Address

Department of Pathology PO Box 26508

City State Zip Code

Milwaukee WI 53226-0509

Date of Receipt

N M / D E / Y Y Y Y
09 / 21 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
Med College of Wisconsin

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6407

Full Name (Last, First, Middle Initial)

C. Bills Gordon Lee Dr.

Mailing Address

9293 Witherbone Court

City State Zip Code

Cincinnati OH 45242

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
Middletown Regional Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6411

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 7 / 43

(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. Blessinger Karl Joseph Dr.

Mailing Address

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

Date of Receipt

N M / D E / Y Y Y Y
08 02 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Huron Regional Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6073

Full Name (Last, First, Middle Initial)

B. Blomberg David J. Dr.

Mailing Address

Department of Pathology 502 E Second Street
City State Zip Code
Duluth MN 55805

Date of Receipt

N M / D E / Y Y Y Y
12 07 2001

Amount of Each Receipt this Period

150.00

FEC ID number of contributing federal political committee.

Name of Employer
Miller-Dwan Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6009

Full Name (Last, First, Middle Initial)

C. Brown Michael Sean Dr.

Mailing Address

2900 12th Avenue North Suite 260W
City State Zip Code
Billings MT 59101

Date of Receipt

N M / D E / Y Y Y Y
08 02 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Yellowstone Pathology Institute Inc

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6083

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

Use separate schedule(s)
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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. Campbell Alfred Wray Dr.

Mailing Address

Department of Pathology

PO Box 12946

City

State

Zip Code

Roanoke

VA

24029

Date of Receipt

N M / D E / Y Y Y Y
11 09 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer

Carilion Roanoke Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6470

Full Name (Last, First, Middle Initial)

B. Candel Avaro G. Dr.

Mailing Address

200 Berteau Avenue

200 Berteau Avenue

City

State

Zip Code

Elmhurst

IL

60126-2966

Date of Receipt

N M / D E / Y Y Y Y
08 13 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Elmhurst Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6087

Full Name (Last, First, Middle Initial)

C. Corpus Primitia A. Dr.

Mailing Address

Department of Pathology

1305 North Elms Street

City

State

Zip Code

Henderson

KY

42420

Date of Receipt

N M / D E / Y Y Y Y
08 16 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Methodist Hospital

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6096

SUBTOTAL of Receipts This Page (optional) ▶

1350.00

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

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

Use separate schedule(s)
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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. DeBlois Georgean E.G. Dr.

Mailing Address

Department of Pathology 1401 Johnston-Willis Dr.

City State Zip Code

Richmond VA 23235-4789

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer
Commonwealth Lab Consultants

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6484

Full Name (Last, First, Middle Initial)

B. Dize Craig A. Dr.

Mailing Address

Department of Pathology 100 Madison Avenue

City State Zip Code

Morristown NJ 07962-1956

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Morristown Memorial Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6110

Full Name (Last, First, Middle Initial)

C. Essman Richard A. Dr.

Mailing Address

4275 Birch Street, NE

City State Zip Code

St. Petersburg FL 33705

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Memorial Hosp Jacksonville

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6130

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 10 / 43	
	<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)
Ewing Gene E. Dr.

Mailing Address
Department of Pathology 5909 Harry Hines Blvd.
City State Zip Code
Dallas TX 75235

Date of Receipt
M / D / Y Y Y Y
12 / 15 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Paul Medical Center Pathologist

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

Transaction ID: SA11A1.6664

B. Full Name (Last, First, Middle Initial)
Flynn Cynthia E. Dr.

Mailing Address
Department of Pathology 4755 Ogletown-Stanton Rd
City State Zip Code
Newark DE 19718-6001

Date of Receipt
M / D / Y Y Y Y
10 / 05 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Christiana Care Health Services Inc Pathologist

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

Transaction ID: SA11A1.6449

C. Full Name (Last, First, Middle Initial)
Frazier Robert A. Dr.

Mailing Address
1017 Brandon Road
City State Zip Code
Virginia Beach VA 23451-3724

Date of Receipt
M / D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Unaffiliated Pathologist

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

Transaction ID: SA11A1.6418

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)
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FOR LINE NUMBER: PAGE 11 / 43

(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. Friedman Kenneth Jay Dr.

Mailing Address

1730 Elton Road

Suite 11

City

State

Zip Code

Silver Spring

MD

20903-1723

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6494

Full Name (Last, First, Middle Initial)

B. Gardner William A. Dr.

Mailing Address

Department of Pathology

2451 Fillingim Street

City

State

Zip Code

Mobile

AL

36617-2293

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Univ of S Alabama Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6142

Full Name (Last, First, Middle Initial)

C. Glatz Leonard P. Dr.

Mailing Address

305 E. Park

City

State

Zip Code

Victoria

TX

77901

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Regional Med Laboratory

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6144

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)
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FOR LINE NUMBER:
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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

A. Full Name (Last, First, Middle Initial)
Harrer William V. Dr.

Mailing Address
Department of Pathology 160D Haddon Avenue
City State Zip Code
Camden NJ 08103

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Our Lady of Lourdes Med Ctr Pathologist

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

Transaction ID: SA11A1.6375

B. Full Name (Last, First, Middle Initial)
Hart-Dittmer Kathleen P. Dr.

Mailing Address
1520 7th Street
City State Zip Code
Moline IL 61265

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Metropolitan Medical Lab Pathologist

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

Transaction ID: SA11A1.6153

C. Full Name (Last, First, Middle Initial)
Hoffman Howard Dr.

Mailing Address
4230 Bumham Ave
City State Zip Code
Las Vegas NV 89119

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Pathologists Labs Pathologist

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

Transaction ID: SA11A1.6047

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 / 43	
	<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)
Hu Anthony N. Dr.

Mailing Address
PO Box 1086

City State Zip Code
Fayetteville AR 72702-1086

Date of Receipt
N M / D E / Y Y Y Y
11 / 08 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N.W. AR Path Assoc Pathologist

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

Transaction ID: SA11A1.6513

B. Full Name (Last, First, Middle Initial)
Jensen David F. Dr.

Mailing Address
PO Box 213008

City State Zip Code
Stockton CA 95213-9008

Date of Receipt
N M / D E / Y Y Y Y
10 / 28 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Joseph's Med Ctr Pathologist

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

Transaction ID: SA11A1.6441

C. Full Name (Last, First, Middle Initial)
Johnson Rebecca L. Dr.

Mailing Address
Pathology & Clinical Labs 725 North Street

City State Zip Code
Pittsfield MA 01201

Date of Receipt
N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Berkshire Health Systems Pathologist

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

Transaction ID: SA11A1.6517

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: PAGE 14 / 43

(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. Kapps F. Donald

Mailing Address

Department of Pathology 333 N Smith Ave

City State Zip Code

St Paul MN 55102

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
United Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6173

Full Name (Last, First, Middle Initial)

B. Keren David F. Dr.

Mailing Address

Department of Pathology 5025 Venture Drive

City State Zip Code

Ann Arbor MI 48108

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 8 / 2 0 0 1

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Warde Med Laboratory

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6519

Full Name (Last, First, Middle Initial)

C. Kim Soo Yong Dr.

Mailing Address

Department of Pathology 934 Center Street

City State Zip Code

Elgin IL 60120

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Sherman Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6522

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: PAGE 15 / 43

(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. Lambie Clark D.K. Dr.

Mailing Address

Department of Pathology 250 E. Dunlap Avenue

City State Zip Code

Phoenix AZ 85020-2825

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
John C. Lincoln Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6189

Full Name (Last, First, Middle Initial)

B. Lanehart William H. Dr.

Mailing Address

88 Vine Avenue

City State Zip Code

Clifton Forge VA 24422-9626

Date of Receipt

N M / D E / Y Y Y Y
11 / 20 / 2001

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

Name of Employer
Allegheny Regional Hospital

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.6527

Full Name (Last, First, Middle Initial)

C. Lewis Rodger P. Dr.

Mailing Address

PO Box 870

City State Zip Code

Union City TN 38261-0870

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
Baptist Memorial Hosp-Union City

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6199

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 16 / 43

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)
Lewis Rodger P. Dr.

Mailing Address
PO Box 870

City State Zip Code
Union City TN 38281-0870

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Baptist Memorial Hosp-Union City Pathologist

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

Amount of Each Receipt this Period
100.00

Transaction ID: SA11A1.6724

B. Full Name (Last, First, Middle Initial)
McCal Jenice Brown Dr.

Mailing Address
3100 E Fletcher Ave

City State Zip Code
Tampa FL 33613

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ Community Hospital Pathologist

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

Amount of Each Receipt this Period
500.00

Transaction ID: SA11A1.6734

C. Full Name (Last, First, Middle Initial)
McTigue Arthur H. Dr.

Mailing Address
Department of Pathology One Hospital Drive

City State Zip Code
Lewisburg PA 17837

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Evangelical Community Hosp Pathologist

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

Amount of Each Receipt this Period
150.00

Transaction ID: SA11A1.6431

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 17 / 43	
	<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 M / D D / Y Y Y Y
07 / 06 / 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) ▼ 1350.00

Transaction ID: SA11A1.6040

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 M / D D / Y Y Y Y
07 / 16 / 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) ▼ 1450.00

Transaction ID: SA11A1.6041

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 M / D D / Y Y Y Y
07 / 30 / 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) ▼ 1600.00

Transaction ID: SA11A1.6042

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 18 / 43	
	<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 M / D D / Y Y Y Y
07 / 30 / 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) ▼ 1800.00

Transaction ID: SA11A1.6043

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 M / D D / Y Y Y Y
08 / 02 / 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) ▼ 2000.00

Transaction ID: SA11A1.6233

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 M / D D / Y Y Y Y
08 / 02 / 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) ▼ 2200.00

Transaction ID: SA11A1.6234

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 19 / 43	
	<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 M / D D / Y Y Y Y
08 / 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) ▼ 2300.00

Transaction ID: SA11A1.6232

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 M / D D / Y Y Y Y
08 / 27 / 2001

Amount of Each Receipt this Period
400.00

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) ▼ 2700.00

Transaction ID: SA11A1.6235

Full Name (Last, First, Middle Initial)
C. Neff John C. Dr.

Mailing Address
Department of Pathology

City State Zip Code
Knoxville TN 37920

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ of Tennessee Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 3000.00

Transaction ID: SA11A1.6426

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 20 / 43

(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. Nielsen Mary L. Dr.

Mailing Address

7B29 East Rockhill

Building 400

City

State

Zip Code

Wichita

KS

67206

Date of Receipt

N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kansas Pathology Consultants PA

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6758

Full Name (Last, First, Middle Initial)

B. O'Brien Lauren Irena Dr.

Mailing Address

2322 California Avenue

City

State

Zip Code

Santa Monica

CA

90403-4526

Date of Receipt

N M / D E / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pasadena Cytology Lab

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6409

Full Name (Last, First, Middle Initial)

C. O'Sheel Steven Frank Dr.

Mailing Address

1974 Chandalar Drive

City

State

Zip Code

Pelham

AL

35124-5124

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Cytology & Pathology Services

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6255

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 21 / 43	
	<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)
Odere Fred G. Dr.

Mailing Address
2 Kimberly Drive

City State Zip Code
Durham NC 27707

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Raleigh Community Hosp Pathologist

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

Transaction ID: SA11A1.6037

B. Full Name (Last, First, Middle Initial)
Odere Fred G. Dr.

Mailing Address
2 Kimberly Drive

City State Zip Code
Durham NC 27707

Date of Receipt
M M / D D / Y Y Y Y
12 / 01 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Raleigh Community Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: SA11A1.6763

C. Full Name (Last, First, Middle Initial)
Perlap Prabha

Mailing Address
8 Dunleith Dr

City State Zip Code
St Louis MO 63124-1895

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
County Surgical Pathologist

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

Transaction ID: SA11A1.6263

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 22 / 43	
	<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)
Proppe Karl H. Dr.

Mailing Address
Department of Pathology 81 Highland Ave
City State Zip Code
Salem MA 01870

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Shore Med Ctr-Salem Hosp Pathologist

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

Transaction ID: SA11A1.6269

B. Full Name (Last, First, Middle Initial)
Quigley James C. Dr.

Mailing Address
Department of Pathology PO Box 2923
City State Zip Code
Shawnee Mission KS 66201

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shawnee Mission Med Ctr Pathologist

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

Transaction ID: SA11A1.6391

C. Full Name (Last, First, Middle Initial)
Ramirez-Weiser Rafael R. Dr.

Mailing Address
G.P.O Box 36-6258
City State Zip Code
San Juan PR 00936

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Unaffiliated Pathologist

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

Transaction ID: SA11A1.6283

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: PAGE 23 / 43

(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. Rendon-Faddis Susan M. Dr.

Mailing Address

913 E North Blvd

Suite B

City

State

Zip Code

Leesburg

FL

34748

Date of Receipt

N M / D E / Y Y Y Y
10 / 12 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pathology Medical Laboratories

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6447

Full Name (Last, First, Middle Initial)

B. Rabboy Stanley J. Dr.

Mailing Address

Department of Pathology

DUMC-3712

City

State

Zip Code

Durham

NC

27710-3656

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Duke Univ Hosp & Health System

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6289

Full Name (Last, First, Middle Initial)

C. Rust Gary F. Dr.

Mailing Address

Pathology Department

18951 Memorial Dr. N.

City

State

Zip Code

Humble

TX

77336

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Northeast Med Ctr Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6293

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: (check only one)		PAGE 24 / 43	
	<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. Savage Richard A. Dr.

Mailing Address
1111 8th Avenue

City State Zip Code
Des Moines IA 50314-2611

Date of Receipt
N M / D E / Y Y Y Y
12 / 31 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mercy Hospital Pathologist

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

Transaction ID: SA11A1.6801

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

Mailing Address
PO Box 55148

City State Zip Code
Little Rock AR 72215-5148

Date of Receipt
N M / D E / Y Y Y Y
08 / 16 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Arkansas Pathology Associates Pathologist

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

Transaction ID: SA11A1.6807

Full Name (Last, First, Middle Initial)
C. Scott John H. Mr.

Mailing Address
1350 I Street

City State Zip Code
Washington DC 20005

Date of Receipt
N M / D E / Y Y Y Y
11 / 09 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
College of American Pathologists

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

Transaction ID: SA11A1.6857

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: PAGE 25 / 43

(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. Scully Robert E. Dr.

Mailing Address

Department of Pathology

32 Fruit Street

City

State

Zip Code

Boston

MA

02114

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Massachusetts General Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6309

Full Name (Last, First, Middle Initial)

B. Smadberg Carl Taylor Dr.

Mailing Address

1801 Airport Blvd

Suite 1

City

State

Zip Code

Melbourne

FL

32901-4379

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Space Coast Pathologists, PA

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6317

Full Name (Last, First, Middle Initial)

C. Stenmler Richard H. Dr.

Mailing Address

7955 Tangleoak Lane

City

State

Zip Code

Castle Rock

CO

80104-9299

Date of Receipt

N M / D E / Y Y Y Y
12 / 15 / 2001

Amount of Each Receipt this Period

110.00

FEC ID number of contributing
federal political committee.

Name of Employer
Portercare Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Transaction ID: SA11A1.6841

SUBTOTAL of Receipts This Page (optional)

1360.00

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 / 43	
	<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. Sturdivant Stephen E. Dr.

Mailing Address
137 El Dorado Drive
City State Zip Code
Little Rock AR 72212-2763

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Arkansas Pathology Associates

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

Transaction ID: SA11A1.6337

Full Name (Last, First, Middle Initial)
B. Sukumar Venkateshman

Mailing Address
5D Molly 'B' Rd, Mallard Point
City State Zip Code
Lewes DE 19958

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Beebe Med Ctr Pathologist

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

Transaction ID: SA11A1.6339

Full Name (Last, First, Middle Initial)
C. Sukumar Venkateshman

Mailing Address
5D Molly 'B' Rd, Mallard Point
City State Zip Code
Lewes DE 19958

Date of Receipt
M M / D D / Y Y Y Y
12 / 26 / 2001

Amount of Each Receipt this Period
140.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Beebe Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 640.00

Transaction ID: SA11A1.6842

SUBTOTAL of Receipts This Page (optional) ▶ **1140.00**

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 27 / 43

(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. Taylor James R. Dr.

Mailing Address
Department of Pathology 1923 S Utica Ave
City State Zip Code
Tulsa OK 74104-6520

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Laboratory Assoc Pathologist

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

Transaction ID: SA11A1.6346

Full Name (Last, First, Middle Initial)
B. Travers Henry

Mailing Address
Main Laboratory 1000 E. 21st St
City State Zip Code
Sioux Falls SD 57105-7105

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Physicians Laboratory Ltd Pathologist

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

Transaction ID: SA11A1.6397

Full Name (Last, First, Middle Initial)
C. Vitella Ronald L. Dr.

Mailing Address
1140 Northwoods Dr Apt 210
City State Zip Code
Eagan MN 55121

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Allina Medical Laboratory Pathologist

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

Transaction ID: SA11A1.6377

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: PAGE 28 / 43

(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. Waldron Michael J. Dr.

Mailing Address

Department of Pathology 8267 Elmbrook

City State Zip Code

Dallas TX 75247-5247

Date of Receipt

M M / D D / Y Y Y Y
12 / 18 / 2001

Amount of Each Receipt this Period

100.00

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 ▼

350.00

Transaction ID: SA11A1.6859

Full Name (Last, First, Middle Initial)

B. Webb Sarah V. Dr.

Mailing Address

Department of Pathology 1800 Hospital Parkway

City State Zip Code

Bedford TX 76022

Date of Receipt

M M / D D / Y Y Y Y
10 / 05 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Harris Methodist HEB

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6443

Full Name (Last, First, Middle Initial)

C. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City State Zip Code

Peoria IL 61615-2240

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Peoria-Tazelwef Path Group

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6355

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: PAGE 29 / 43

(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. Webb Thomas A. Dr.

Mailing Address

6110 North Oak Leaf Court

City

State

Zip Code

Peoria

IL

61615-2240

Date of Receipt

N M / D E / Y Y Y Y
12 / 20 / 2001

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Peoria-Tazewell Path Group

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.6862

Full Name (Last, First, Middle Initial)

B. White Robert M Dr

Mailing Address

PO Box 13367

City

State

Zip Code

Taanoke

VA

24033

Date of Receipt

N M / D E / Y Y Y Y
12 / 31 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Carilion Roanoke Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6869

Full Name (Last, First, Middle Initial)

C. White Robert S. Dr.

Mailing Address

Department of Pathology

6161 S. Yale Ave.

City

State

Zip Code

Tulsa

OK

74136

Date of Receipt

N M / D E / Y Y Y Y
12 / 03 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Francis Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6871

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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 30 / 43

(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. Wilkinson David S. Dr.

Mailing Address

Department of Pathology

PO Box 980662

City

State

Zip Code

Richmond

VA

23298-0662

Date of Receipt

N M / D E / Y Y Y Y
11 / 28 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Med College of Virginia

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.6573

Full Name (Last, First, Middle Initial)

B. Williams Arthur H. Dr.

Mailing Address

Pathology Department

438 W Las Tunas

City

State

Zip Code

San Gabriel

CA

91776

Date of Receipt

N M / D E / Y Y Y Y
09 / 21 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
San Gabriel Valley Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6399

Full Name (Last, First, Middle Initial)

C. Williams Gregory P. Dr.

Mailing Address

Dept. of Pathology

6161 S. Yale Ave.

City

State

Zip Code

Tulsa

OK

74136

Date of Receipt

N M / D E / Y Y Y Y
08 / 27 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Francis Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6365

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 31 / 43	
	<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. Wald Lester E. Dr.

Mailing Address
Dept of Path & Lab Medicine 530 Hilton Building
City Rochester State MN Zip Code 55905

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2001

FEC ID number of contributing federal political committee.

Name of Employer
Mayo Clinic & Foundation

Occupation
Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.6876

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	26450.00

**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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 09 / 05 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 184.28	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7215	
State: District:			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Disbursement 09 / 26 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7216	
State: District:			

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Date of Disbursement 10 / 02 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 48.58	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7214	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	242.84
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 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) A. Sun Trust Bank		Date of Disbursement 11 / 02 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 39.62	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7213	
State: District:			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Disbursement 12 / 01 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 10.00	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7211	
State: District:			

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Date of Disbursement 12 / 04 / 2001	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 108.28	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.7212	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	157.80
TOTAL This Period (last page this line number only)	400.64

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bilirakis for Congress		Date of Disbursement 07 / 23 / 2001	
Mailing Address PO Box 1077 City Tarpon Springs State FL Zip Code 35688		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.6884	
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: FL District: 09			

Full Name (Last, First, Middle Initial) B. Ed Bryant for Congress		Date of Disbursement 07 / 23 / 2001	
Mailing Address PO Box 1981 City Cordova State TN Zip Code 38088-1981		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6887	
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: TN District: 07			

Full Name (Last, First, Middle Initial) C. FLETCHER FOR CONGRESS		Date of Disbursement 10 / 22 / 2001	
Mailing Address P.O. Box 4703 City LEXINGTON State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6888	
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: KY District: 08			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Frank Pallone		Date of Disbursement 12 / 31 / 2001	
Mailing Address P.O. Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6890	
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: NJ District: 06			

Full Name (Last, First, Middle Initial) B. FRIENDS OF CLAY SHAW		Date of Disbursement 10 / 22 / 2001	
Mailing Address PO BOX 2188 City State Zip Code Ft. Lauderdale FL 33303		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6891	
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: FL District: 22			

Full Name (Last, First, Middle Initial) C. Friends of Mark Foley		Date of Disbursement 09 / 29 / 2001	
Mailing Address PO Box 30505 City State Zip Code Palm Beach Gardens FL 33410		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement		Transaction ID: SB23.6893	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: FL District: 16			

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

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. Friends of Max Baucus		Date of Disbursement 10 / 11 / 2001	
Mailing Address 203 C Street, NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8896	
State: MT District: 00			

Full Name (Last, First, Middle Initial) B. Gephardt in Congress		Date of Disbursement 11 / 28 / 2001	
Mailing Address 7435 Watson Road Suite 107 City St. Louis State MO Zip Code 63119		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: 2001 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8898	
State: MO District: 03			

Full Name (Last, First, Middle Initial) C. Geppetto Catering		Date of Disbursement 08 / 23 / 2001	
Mailing Address 4505 Queenbury City Riverdale State MD Zip Code 20737		Amount of Each Disbursement this Period 248.75	
Purpose of Disbursement In kind- Catering Candidate Name Ed Bryant 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: SB23.7241	
State: TN District: 07			

SUBTOTAL of Disbursements This Page (optional) ▶	2248.75
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hasburt for Congress		Date of Disbursement 12 / 31 / 2001	
Mailing Address P.O. Box 625 City State Zip Code Batavia IL 60510		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6900	
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: IL District: 14			

Full Name (Last, First, Middle Initial) B. JD Hayworth for Congress		Date of Disbursement 07 / 29 / 2001	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.6902	
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: AZ District: 06			

Full Name (Last, First, Middle Initial) C. JOHN LEWIS FOR CONGRESS		Date of Disbursement 10 / 22 / 2001	
Mailing Address 729 15th Street, NW Suite 300 City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6903	
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: GA District: 06			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ken Bentsen for Congress		Date of Disbursement 11 / 14 / 2001	
Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8905	
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: TX District: 25			

Full Name (Last, First, Middle Initial) B. LATHAM FOR CONGRESS		Date of Disbursement 10 / 22 / 2001	
Mailing Address PO BOX 174 City SIOUX CITY State IA Zip Code 51102		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8906	
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: IA District: 05			

Full Name (Last, First, Middle Initial) C. Majority Leaders Fund		Date of Disbursement 11 / 28 / 2001	
Mailing Address 4451 Brookfield Corporate Drive City Chantilly State VA Zip Code 22151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8908	
Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Martin Frost Campaign Committee		Date of Disbursement 08 / 23 / 2001	
Mailing Address 4 E Street SE City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8910	
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: TX District: 24			

Full Name (Last, First, Middle Initial) B. Mary Bono for Congress Committee		Date of Disbursement 07 / 23 / 2001	
Mailing Address PO Box 2776 City Arlington State VA Zip Code 22202		Amount of Each Disbursement this Period 1540.87	
Purpose of Disbursement In Kind		Transaction ID: SB23.8923	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State: CA District: 44			

Full Name (Last, First, Middle Initial) C. MIKE MCINTYRE FOR CONGRESS		Date of Disbursement 10 / 22 / 2001	
Mailing Address P.O. Box 1 City LUMBERTN State NC Zip Code 28358		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.8911	
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: NC District: 07			

SUBTOTAL of Disbursements This Page (optional) ▶	3040.67
TOTAL 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
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. OXLEY FOR CONGRESS		Date of Disbursement 07 / 23 / 2001	
Mailing Address PO BOX 2000 City FINDLAY State OH Zip Code 45838		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8912	
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: OH District: 04			

Full Name (Last, First, Middle Initial) B. People for Pete		Date of Disbursement 11 / 28 / 2001	
Mailing Address P.O. Box 18748 City Albuquerque State NM Zip Code 87181		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8914	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NM District: 00			

Full Name (Last, First, Middle Initial) C. PRYCE FOR CONGRESS		Date of Disbursement 07 / 23 / 2001	
Mailing Address 1200 Trinity Drive City Alexandria State VA Zip Code 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8915	
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: OH District: 16			

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

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

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

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

Full Name (Last, First, Middle Initial) A. Rangel for Congress		Date of Disbursement 07 / 23 / 2001
Mailing Address PO Box 5577 Manhattanville Station City New York State NY Zip Code 10027		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: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8917
State: NY District: 15		

Full Name (Last, First, Middle Initial) B. RE-Elect Nancy Johnson to Congress		Date of Disbursement 10 / 22 / 2001
Mailing Address P.O. Box 1986 City New Britain State CT Zip Code 06050		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: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8919
State: CT District: 06		

Full Name (Last, First, Middle Initial) C. Tauzin Committee		Date of Disbursement 11 / 28 / 2001
Mailing Address 2D16 Mt. Vernon Avenue City Alexandria State VA Zip Code 22301		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: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8921
State: LA District: 03		

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. The Freedom Project		Date of Disbursement 11 / 26 / 2001
Mailing Address 111 C Street, SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.8925
Office Sought: House Senate President	Disbursement For: 2001 Primary General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. The NC Fund		Date of Disbursement 12 / 31 / 2001
Mailing Address 116 South Royal Street City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.8927
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 Primary General <input checked="" type="checkbox"/> Other (specify) Other	
State: NC District: 05	Category/Type	

Full Name (Last, First, Middle Initial) C. Tim Johnson for US Senate		Date of Disbursement 10 / 11 / 2001
Mailing Address P.O. Box 1850 City: Sioux Falls State: SD Zip Code: 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Transaction ID: SB23.8929
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2001 Primary <input checked="" type="checkbox"/> General Other (specify)	
State: SD District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Tim Johnson for US Senate		Date of Disbursement 11 / 28 / 2001	
Mailing Address P.O. Box 1859 City State Zip Code Sioux Falls SD 57101		Amount of Each Disbursement this Period 397.85	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8930	
State: SD District: 00			

Full Name (Last, First, Middle Initial) B. Tim Johnson for US Senate		Date of Disbursement 11 / 28 / 2001	
Mailing Address P.O. Box 1859 City State Zip Code Sioux Falls SD 57101		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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8931	
State: SD District: 00			

Full Name (Last, First, Middle Initial) C. Willoughby Country Club		Date of Disbursement 09 / 29 / 2001	
Mailing Address 3001 SE Doubleton Drive City State Zip Code Stuart FL 34997		Amount of Each Disbursement this Period 550.00	
Purpose of Disbursement In Kind - dinner Candidate Name FRIENDS OF MARK FOLEY FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.7244	
State: FL District: 18			

SUBTOTAL of Disbursements This Page (optional)	1947.85
TOTAL This Period (last page this line number only)	29737.27