

**FEC  
FORM 3X**

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

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** 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) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of

(b) Monthly Report Due On:  
 X Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)

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

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

5. Covering Period 01 01 2002 through 01 31 2002

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

Type or Print Name of Treasurer John H. Scott  
 Signature of Treasurer Electronically Filed by John H. Scott Date 03 06 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**

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Page 2

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

Report Covering the Period: From: <sup>h</sup>01 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>01 <sup>d</sup>31 <sup>y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period .....	41517.76	
(c) Total Receipts (from Line 19) .....	8480.00	8480.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	49997.76	49997.76
7. Total Disbursements (from Line 30) .....	5102.92	5102.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44894.84	44894.84
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**

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Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: <sup>W</sup> 0 1 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 2 To: <sup>W</sup> 0 1 <sup>D</sup> 3 1 <sup>Y</sup> 2 0 0 2

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) .....	2150.00	
(ii) Unitemized .....	6330.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8480.00	8480.00
(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) .....	8480.00	8480.00
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) .....	8480.00	8480.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	8480.00	8480.00

**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.....	102.92	102.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	102.92	102.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	5102.92	5102.92
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	5102.92	5102.92
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	8480.00	8480.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	8480.00	8480.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	102.92	102.92
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	102.92	102.92

**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 / 8	
	<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)  
Benson Peter J.

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 07 / 2002

Mailing Address  
3300 N Oakdale

City State Zip Code  
Robbinsdale MN 55127

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Unaffiliated Occupation Pathologist

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

Transaction ID: SA11A1.7132

**B.** Full Name (Last, First, Middle Initial)  
Hazel James E. Dr.

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 15 / 2002

Mailing Address  
Laboratory 130 Division Street

City State Zip Code  
Derby CT 06418

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Griffin Hosp Occupation Pathologist

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

Transaction ID: SA11A1.7139

**C.** Full Name (Last, First, Middle Initial)  
Loeb Edward F. Dr.

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 07 / 2002

Mailing Address  
Laboratory 1200 Pleasant

City State Zip Code  
Des Moines IA 50309

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Iowa Methodist Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.7141

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 8	
	<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: Honolulu State: HI Zip Code: 06821

Date of Receipt  
M / D / Y  
01 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Cytopath Inc Occupation: Pathologist

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

Transaction ID: SA11A1.7133

Full Name (Last, First, Middle Initial)  
**B. Nelson Janice M. Dr.**

Mailing Address  
208 Ramona Avenue  
City: Sierra Madre State: CA Zip Code: 91024-2456

Date of Receipt  
M / D / Y  
01 / 07 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: LA County-USC Med Ctr Occupation: Pathologist

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

Transaction ID: SA11A1.7135

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

Mailing Address  
500 Chipeta Way  
City: Salt Lake City State: UT Zip Code: 84108-4108

Date of Receipt  
M / D / Y  
01 / 04 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: ARUP Clinical Laboratories Occupation: Pathologist

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

Transaction ID: SA11A1.7137

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2150.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hutchinson for Senate</b>		Date of Disbursement 01 / 15 / 2002
Mailing Address PO Box 1150 City Little Rock State AR Zip Code 72203		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Transaction ID: SB23.7187
Candidate Name	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: AR District:		

Full Name (Last, First, Middle Initial) <b>B. People for Pete</b>		Date of Disbursement 01 / 23 / 2002
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: SB23.7189
Candidate Name	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NM District:		

Full Name (Last, First, Middle Initial) <b>C. Senator Rick Santorum</b>		Date of Disbursement 01 / 15 / 2002
Mailing Address 128 North Columbus City Alexandria State VA Zip Code 22314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Debt Retirement - 2000		Transaction ID: SB23.7188
Candidate Name	Category/Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ other	
State: PA District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sue Myrick for Senate</b>		Date of Disbursement 01 / 16 / 2002	
Mailing Address 1850 East 3rd St. #350 City: Charlotte State: NC Zip Code: 28204		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.718B	
Candidate Name		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>