

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00274944

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	X	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 (YE)
		(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12G)	Runoff (12R)
			Convention (12C)			
			Election on			in the State of
		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
			Election on			in the State of

5. Covering Period 02 01 2003 through 02 28 2003

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

Type or Print Name of Treasurer John H. Scott

Signature of Treasurer Electronically Filed by John H. Scott Date 03 18 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M02 ^{: :}01 ^{Y (Y)}2003 To: ^M02 ^{: :}28 ^{Y (Y)}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2003		34154.78
(b) Cash on Hand at Beginning of Reporting Period	34051.24	
(c) Total Receipts (from Line 19)	7205.00	24322.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41256.24	58477.38
7. Total Disbursements (from Line 31)	6237.30	23458.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35018.94	35018.94
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: ^M02 ⁻01 ⁻2003 To: ^M02 ⁻28 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4750.00	
(ii) Unitemized	2455.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7205.00	24322.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7205.00	24322.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7205.00	24322.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7205.00	24322.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	23000.00
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.....	237.30	458.44
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6237.30	23458.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6237.30	23458.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7205.00	24322.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7205.00	24322.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Cooper Thomas Joseph Dr.		Date of Receipt M / D / Y 02 / 12 / 2003
Mailing Address 5620 East El Parque Street		Transaction ID: SA11A1.10570
City Long Beach	State CA	Zip Code 90815-4129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cerrinela Hosp Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Doria Manuel Isip Dr.		Date of Receipt M / D / Y 02 / 12 / 2003
Mailing Address Department of Pathology 530 NE Glen Oak Av		Transaction ID: SA11A1.10571
City Peoria	State IL	Zip Code 61637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OSF St. Francis Med Ctr	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ewing Gene E. Dr.		Date of Receipt M / D / Y 02 / 07 / 2003
Mailing Address Department of Pathology 5909 Harry Hines Blvd.		Transaction ID: SA11A1.10583
City Dallas	State TX	Zip Code 75235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Paul Medical Center	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 12	
	<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. Hausner Richard J. Dr.		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 8524 Highway B North #279		Transaction ID: SA11A1.10577
City Houston	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Unaffiliated	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Holister Winston N. Dr.		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 11020 W Plank Ct Suite 100		Transaction ID: SA11A1.10579
City Wauwatosa	State WI	Zip Code 53226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Science Labs	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. McDonald John E. Dr.		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 4350 Alpha		Transaction ID: SA11A1.10550
City Dallas	State TX	Zip Code 75244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ameripath North Texas	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8/12	
	<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. Newby John G. Dr.		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 251 East Anbietam Street		Transaction ID: SA11A1.10583
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington County Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ong Yao Cheng Dr.		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 4712 Grandview Avenue		Transaction ID: SA11A1.10601
City New Port Richey	State FL	Zip Code 34652-1039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gulf Coast Pathologists	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Wheeler Thomas M. Dr.		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address Department of Pathology 8565 Fannin St		Transaction ID: SA11A1.10589
City Houston	State TX	Zip Code 77030-2704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Methodist Hosp	Occupation Pathologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	4750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 12			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Bruce Morgan CAP		Transaction ID: SB23.10812 Date of Disbursement 02 / 12 / 2003	
Mailing Address 1350 I Street, NW Suite 580		Amount of Each Disbursement this Period 650.00	
City Washington	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement In-kind for Mark Foley		Candidate Name	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 16		

Full Name (Last, First, Middle Initial) B. Friends of Mark Foley		Transaction ID: SB23.10820 Date of Disbursement 02 / 18 / 2003	
Mailing Address PO Box 30505		Amount of Each Disbursement this Period 1850.00	
City Palm Beach Gardens	State FL	Zip Code 33410	Category/ Type
Purpose of Disbursement		Candidate Name Mark Foley	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 16		

Full Name (Last, First, Middle Initial) C. PIONEER POLITICAL ACTION COMMITTEE		Transaction ID: SB23.10818 Date of Disbursement 02 / 18 / 2003	
Mailing Address 412 FIRST STREET SE SUITE 100		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement PAC Contribution		Candidate Name	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District	Other		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

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

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

Full Name (Last, First, Middle Initial) A. View Pac		Transaction ID: SB23.10814 Date of Disbursement 02 / 18 / 2003	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC		Zip Code 20036
Purpose of Disbursement PAC Contribution			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District	Other		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 12	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB29.10824 Date of Disbursement 02 / 04 / 2003		
Mailing Address Po Box 85024		Amount of Each Disbursement this Period 15.00		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Nova Info system charge				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Transaction ID: SB29.10828 Date of Disbursement 02 / 21 / 2003		
Mailing Address Po Box 85024		Amount of Each Disbursement this Period 52.00		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Account analysis fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: SB29.10833 Date of Disbursement 02 / 28 / 2003		
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 120.30		
City Richmond	State VA			Zip Code 23285-5024
Purpose of Disbursement Service charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	187.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: SB29.10834 Date of Disbursement 02 / 28 / 2003
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 50.00
City Richmond	State VA	
Zip Code 23285-5024	Category/ Type	
Purpose of Disbursement service charges	Candidate Name	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	237.30