

**FEC  
FORM 3X**

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

Office Use Only

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

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

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

C00274944 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

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

5. Covering Period 05 01 2002 through 05 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 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: <sup>h</sup>05 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>05 <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		39517.76
(b) Cash on Hand at Beginning of Reporting Period .....	86159.46	
(c) Total Receipts (from Line 19) .....	11241.00	108996.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97400.46	147513.76
7. Total Disbursements (from Line 30) .....	17848.12	67961.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	79552.34	79552.34
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: <sup>MM</sup>05 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>05 <sup>DD</sup>31 <sup>YYYY</sup>2002

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) .....	5301.00	
(ii) Unitemized .....	5940.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11241.00	108996.00
(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) .....	11241.00	108996.00
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) .....	11241.00	108996.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	11241.00	108996.00

**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.....	0.00	476.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	476.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17200.00	64336.59
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.....	648.12	648.12
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	17848.12	67961.42
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17848.12	67961.42
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11241.00	108996.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11241.00	108996.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	476.71
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	476.71

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

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

FOR LINE NUMBER: PAGE 5 / 16

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Altman Howard B. Dr.

Mailing Address

4570 Vera Cruz Road

City

State

Zip Code

Emmaus

PA

18049-0586

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Warren Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8485

Full Name (Last, First, Middle Initial)

B. Barcala Mark Jeffrey Dr.

Mailing Address

Department of Pathology

38000 Euclid Avenue

City

State

Zip Code

Willoughby

OH

44094

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Lake West Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8482

Full Name (Last, First, Middle Initial)

C. Eckerl E. Randy

Mailing Address

3100 Burks Ln

City

State

Zip Code

Austin

TX

78732-2118

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
North Austin Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8482

**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 6 / 16

(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. Frus Ronald D. Dr.

Mailing Address

1520 7th Street

City

State

Zip Code

Moline

IL

61265-1265

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8448

Full Name (Last, First, Middle Initial)

B. Goldstein Jeffrey D. Dr.

Mailing Address

Department of Pathology

800 Prudential Drive

City

State

Zip Code

Jacksonville

FL

32207

Date of Receipt

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

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Baptist Med Center

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8463

Full Name (Last, First, Middle Initial)

C. Goswitz Joseph J. Dr.

Mailing Address

311 Woodlawn Avenue

City

State

Zip Code

St. Paul

MN

55105

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Mercy Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8483

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

**800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 16	
	<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)  
Herbek Gene N. Dr.

Mailing Address  
Pathology Department 272D Stone Park Blvd.  
City State Zip Code  
Sioux City IA 51104

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8416

**B.** Full Name (Last, First, Middle Initial)  
Iacocca Mary V. Dr.

Mailing Address  
Dept of Path, Box 6001 4755 Ogletown-Stanton Rd  
City State Zip Code  
Newark DE 19718

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Christiana Hosp Pathologist

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

Transaction ID: SA11A1.8487

**C.** Full Name (Last, First, Middle Initial)  
Kafka Michael T. Dr.

Mailing Address  
Department of Pathology 272D Stone Park Blvd  
City State Zip Code  
Sioux City IA 51104

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.8387

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 16	
	<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)  
Leeburg William Thomas Dr.

Mailing Address  
8774 West R Avenue

City State Zip Code  
Kalamazoo MI 49009-9009

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bronson Methodist Hosp Pathologist

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

Transaction ID: SA11A1.8456

**B.** Full Name (Last, First, Middle Initial)  
Murphy Kara K. Dr.

Mailing Address  
1000 E 21st St Ste 4100

City State Zip Code  
Sioux Falls SD 57103

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2002

Amount of Each Receipt this Period  
500.00

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) ▼ 500.00

Transaction ID: SA11A1.8471

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

Mailing Address  
5287 Poala Street

City State Zip Code  
Honolulu HI 96821

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

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) ▼ 2100.00

Transaction ID: SA11A1.8396

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

**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 9 / 16

(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. Neff John C. Dr.

Date of Receipt

Mailing Address

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

Department of Pathology 1924 Alcoa Highway

City State Zip Code

Knoxville TN 37920

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1.00

Name of Employer Occupation  
Univ of Tennessee Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1001.00

Transaction ID: SA11A1.8385

Full Name (Last, First, Middle Initial)

B. Odell Dale S. Dr.

Date of Receipt

Mailing Address

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

Department of Pathology 8200 Walnut Hill Ln

City State Zip Code

Dallas TX 75231

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Presbyterian Hospital of Dallas Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.8387

Full Name (Last, First, Middle Initial)

C. Olson Steven P. Dr.

Date of Receipt

Mailing Address

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

1000 E 21st Suite 4100

City State Zip Code

Sioux Falls SD 57105

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Physicians Laboratory Ltd Pathologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.8509

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **551.00**

**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 / 16	
	<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)  
Quirey Robert A. Dr.

Mailing Address  
2045 N. Alabama Street

City State Zip Code  
Indianapolis IN 46202

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Vincent Hosp Pathologist

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

Transaction ID: SA11A1.8424

**B.** Full Name (Last, First, Middle Initial)  
Walls 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  
05 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Harris Methodist HEB Pathologist

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

Transaction ID: SA11A1.8474

**C.** Full Name (Last, First, Middle Initial)  
Walls Robert B. Dr.

Mailing Address  
901 Turtle Creek Drive

City State Zip Code  
Tyler TX 75701-5701

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pathology Associates of Tyler Pathologist

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

Transaction ID: SA11A1.8401

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5301.00</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)

PAGE 11 / 18

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

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

Full Name (Last, First, Middle Initial) <b>A. Bill Thomas PAC</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 23661 City: Alexandria State: VA Zip Code: 22304		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	State: GA District: 21	Transaction ID: SB23.8557

Full Name (Last, First, Middle Initial) <b>B. Committee for Preservation of Capitalism</b>		Date of Disbursement 05 / 22 / 2002
Mailing Address P.O. Box 22614 City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	State: VA District: 00	Transaction ID: SB23.8561

Full Name (Last, First, Middle Initial) <b>C. DASHPAC</b>		Date of Disbursement 05 / 01 / 2002
Mailing Address 424 C Street, NE City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement PAC	Candidate Name	Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other/PAC	State: District:	Transaction ID: SB23.8533

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</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)

PAGE 12 / 18

<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. Dave Camp for Congress</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 423 City Midland State MI Zip Code 48640		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.8555
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MI District: 4		

Full Name (Last, First, Middle Initial) <b>B. Earl Pomeroy for Congress</b>		Date of Disbursement 05 / 29 / 2002
Mailing Address P.O. Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.8549
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) <b>C. Friends of J.C. Watts</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 720445 City Norman State OK Zip Code 73070		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.8559
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: OK District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Committee</b>		Date of Disbursement 05 / 21 / 2002	
Mailing Address 4451 Brookfield Corporate Dr. #200 City: Chanhilly State: VA Zip Code: 20151		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.853B	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN      District: 3			

Full Name (Last, First, Middle Initial) <b>B. John Dingell for Congress</b>		Date of Disbursement 05 / 08 / 2002	
Mailing Address P.O. Box 75214 City: Washington State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8541	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MI      District: 15			

Full Name (Last, First, Middle Initial) <b>C. Pete Start Re-Election Committee</b>		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 8331 City: Fremont State: CA Zip Code: 94537		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8543	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA      District: 13			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pioneer PAC</b>		Date of Disbursement 05 / 21 / 2002	
Mailing Address 412 First Street, SE, Suite 100 City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8547	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> X Other (specify) Other	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PRYCE FOR CONGRESS</b>		Date of Disbursement 05 / 01 / 2002	
Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8553	
Office Sought: X House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH District: 15	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Redwine Congressional Committee</b>		Date of Disbursement 05 / 22 / 2002	
Mailing Address 528 Nebraska Street City: Sioux City State: IA Zip Code: 51101		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Name		Transaction ID: SB23.8551	
Office Sought: X House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: IA District: 6	Disbursement For: 2006 X Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</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. Ron Lewis</b>		Date of Disbursement 05 / 01 / 2002
Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.8535
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: KY District: 2		

Full Name (Last, First, Middle Initial) <b>B. Shaddegg for Congress</b>		Date of Disbursement 05 / 15 / 2002
Mailing Address 104 Hume Avenue City Alexandria State VA Zip Code 22301		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.8545
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: AZ District: 4		

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson for US Senator</b>		Date of Disbursement 05 / 06 / 2002
Mailing Address P.O. Box 1858 City Sioux Falls State SD Zip Code 57101		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.8563
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: SD District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>17000.00</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 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

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

Full Name (Last, First, Middle Initial) <b>A. Sun Trust Bank</b>		Date of Disbursement 05 <sup>N</sup> / 21 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 648.12	
Purpose of Disbursement Fees Candidate Name		Category/ Type	
Office Sought: House Senate President State:           District:	Disbursement For: Primary           General Other (specify) ▼		
		Transaction ID: 5B29.8564	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>648.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>648.12</b>