

**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** CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
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)
April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
January 31 Quarterly Report(YE)
Election on in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)
(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 04 01 2002 through 04 30 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 Scott John H. Mr.
Signature of Treasurer Electronically Filed by Scott John H. Mr. Date 05 20 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: ^h04 ^d01 ^y2002 To: ^h04 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		41517.76
(b) Cash on Hand at Beginning of Reporting Period	26199.54	
(c) Total Receipts (from Line 19)	76235.00	97755.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102434.54	139272.76
7. Total Disbursements (from Line 30)	13275.08	50113.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89159.46	89159.46
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}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}04 ^{DD}30 ^{YYYY}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)	49750.00	
(ii) Unitemized	26485.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76235.00	97755.00
(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)	76235.00	97755.00
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)	76235.00	97755.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	76235.00	97755.00

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.....	104.05	476.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	104.05	476.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13171.03	47136.59
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.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	13275.08	50113.30
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	13275.08	50113.30
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	76235.00	97755.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	76235.00	97755.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	104.05	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)..... ▶	104.05	476.71

**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 / 45

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. Almes James P. Dr.

Mailing Address

Department of Pathology 969 Lakeland Drive
City State Zip Code
Jackson MS 39216

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
St. Dominic Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7702

Full Name (Last, First, Middle Initial)

B. Andres Dale F. Dr.

Mailing Address

Department of Pathology 1000 4th Street SW
City State Zip Code
Mason City IA 50401

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Mercy Med Ctr-North Iowa

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8205

Full Name (Last, First, Middle Initial)

C. Arlene Lawrence

Mailing Address

Department of Pathology 25 North Winfield Road
City State Zip Code
Winfield IL 60190

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Central DuPage Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.7707

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45

(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. Assarian Gary Steven Dr.

Mailing Address

Department of Pathology 23775 Northwestern Hwy

City State Zip Code

Southfield MI 48075

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Professional Lab Management

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7815

Full Name (Last, First, Middle Initial)

B. Bashner Paul

Mailing Address

Dept of Pathology & Lab Medicine 800 Rose Street

City State Zip Code

Lexington KY 40536-0298

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Univ of Kentucky Hosp

Occupation
Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8107

Full Name (Last, First, Middle Initial)

C. Becker Carl G. Dr.

Mailing Address

Department of Pathology PO Box 28509

City State Zip Code

Milwaukee WI 53226-0509

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 9 / 2 0 0 2

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: SA11A1.8281

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 45

(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. Bel Stephen W. Dr.

Mailing Address

Department of Pathology

800 East Carpenter

City

State

Zip Code

Springfield

IL

62760

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. John's Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.8108

Full Name (Last, First, Middle Initial)

B. Bergeron Joseph C. Dr.

Mailing Address

5 Huckleberry Ln

City

State

Zip Code

Acton

MA

01720

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Unaffiliated

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.7712

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
0 4 / 1 5 / 2 0 0 2

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: SA11A1.8208

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 8 / 45

(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. Blight, Cathy Q. Dr.

Mailing Address

Department of Pathology

One Hurley Plaza

City

State

Zip Code

Flint

MI

48503-5993

Date of Receipt

M M / D D / Y Y Y Y
04 / 01 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Hurley Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.7715

Full Name (Last, First, Middle Initial)

B. Brandon Philip A. Dr.

Mailing Address

Department of Pathology

3300 Gallows Road

City

State

Zip Code

Falls Church

VA

22042-3300

Date of Receipt

M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Inova Fairfax Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7819

Full Name (Last, First, Middle Initial)

C. Brascius Michael B. Dr.

Mailing Address

781 Keystone Industrial Park

City

State

Zip Code

Dunmore

PA

18512

Date of Receipt

M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pathology Associates of NE PA

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7919

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 9 / 45	
	<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)
Brown Michael Sean Dr.

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Mailing Address
2800 12th Avenue North Suite 280W
City State Zip Code
Billings MT 59101

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Yellowstone Pathology Institute Inc Pathologist

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

Transaction ID: SA11A1.8114

B. Full Name (Last, First, Middle Initial)
Bullock Christopher

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Mailing Address
Department of Pathology 1501 W Chisholm St
City State Zip Code
Alpena MI 49707-1498

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alpena General Hospital Pathologist

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

Transaction ID: SA11A1.7924

C. Full Name (Last, First, Middle Initial)
Burton Mark P. Dr.

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Mailing Address
9119 Ridgepost
City State Zip Code
San Antonio TX 78250

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wilford Hall Med Ctr Pathologist

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

Transaction ID: SA11A1.7821

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: (check only one)		PAGE 10 / 45	
	<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. Campbell Alfred Wray Dr.

Mailing Address
Department of Pathology PO Box 12946
City State Zip Code
Roanoke VA 24029

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carilion Roanoke Memorial Hosp Pathologist

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

Transaction ID: SA11A1.7824

Full Name (Last, First, Middle Initial)
B. Candel Alvaro G. Dr.

Mailing Address
200 Berteau Avenue
City State Zip Code
Elmhurst IL 60126-2966

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Elmhurst Memorial Hosp Pathologist

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

Transaction ID: SA11A1.8118

Full Name (Last, First, Middle Initial)
C. Carlson Daelree A. Dr.

Mailing Address
Chief of Pathology 680 Centre Street
City State Zip Code
Brookton MA 02302-3395

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

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brookton Hosp Pathologist

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

Transaction ID: SA11A1.7726

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 11 / 45

(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. Chesney Thomas McC. Dr.

Mailing Address

6D48 Knight Arnold Rd

Suite 101

City

State

Zip Code

Memphis

TN

38115

Date of Receipt

N M / D E / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Baptist Memorial Hospital

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8123

Full Name (Last, First, Middle Initial)

B. Cleo-Quisil Maria Cristina Dr.

Mailing Address

3D42 Whitehaven Circle

City

State

Zip Code

Galesburg

IL

61401

Date of Receipt

N M / D E / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

Galesburg Cottage Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8211

Full Name (Last, First, Middle Initial)

C. Connor Theodore D. Dr.

Mailing Address

2801 H Street

City

State

Zip Code

Bakersfield

CA

93301

Date of Receipt

N M / D E / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer

Kern Pathology Med Group

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: SA11A1.8214

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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 12 / 45	
	<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. Cornish Nancy E. Dr.

Mailing Address
PO Box 24424
City State Zip Code
Omaha NE 68124-0424

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Pathology Ctr Pathologist

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

Transaction ID: SA11A1.7826

Full Name (Last, First, Middle Initial)
B. DeBlois Georgan E.G. Dr.

Mailing Address
Department of Pathology 1401 Johnston-Willis Dr.
City State Zip Code
Richmond VA 23235-4789

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Commonwealth Lab Consultants Pathologist

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

Transaction ID: SA11A1.7827

Full Name (Last, First, Middle Initial)
C. DeWeter Jeffrey Gaston Dr.

Mailing Address
Laboratory 6100 Harris Parkway
City State Zip Code
FT Worth TX 76132

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harris Methodist Ft Worth Pathologist

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

Transaction ID: SA11A1.8130

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 13 / 45	
	<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. DeWeiler Rosemary E. Dr.

Mailing Address
Department of Pathology 150D S Main
City State Zip Code
Ft Worth TX 76104

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer John Peter Smith Hosp Occupation Pathologist

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

Transaction ID: SA11A1.8132

Full Name (Last, First, Middle Initial)
B. Eggers Gerald W. Dr.

Mailing Address
Department of Pathology 3333 Silas Creek Parkway
City State Zip Code
Winston-Salem NC 27103

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Forsyth Med Ctr Occupation Pathologist

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

Transaction ID: SA11A1.8218

Full Name (Last, First, Middle Initial)
C. Eisenstein David J. Dr.

Mailing Address
Laboratory Pathology
City State Zip Code
Edgewood KY 41017

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer St. Elizabeth Medical Center Occupation Pathologist

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

Transaction ID: SA11A1.7829

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 14 / 45

(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

A. Full Name (Last, First, Middle Initial)
Fagre Jon L. Dr.

Mailing Address
5601 N. Swing

City State Zip Code
Ames IA 50014

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ames Pathology, P.C. Pathologist

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

Transaction ID: SA11A1.8300

B. Full Name (Last, First, Middle Initial)
Filo Rosanne

Mailing Address
260 Pembroke Dr

City State Zip Code
Lake Forest IL 60045

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

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: SA11A1.8222

C. Full Name (Last, First, Middle Initial)
Flanagan Kenneth G. Dr.

Mailing Address
1539 Southview Drive

City State Zip Code
Prescott AZ 86305-6416

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Yavapai Regional Med Ctr Pathologist

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

Transaction ID: SA11A1.7838

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 15 / 45

(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. Fogarty William A. Dr.

Mailing Address

Lab Director Box 103 4007 Estate Diamond Ruby

City State Zip Code

Christiansted VI 00820-4421

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Governor Juan F Luis Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7833

Full Name (Last, First, Middle Initial)

B. Frable William J. Dr.

Mailing Address

PO Box 880115 1100 E. Marshall

City State Zip Code

Richmond VA 23298-0115

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Virginia Commonwealth Univ

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7842

Full Name (Last, First, Middle Initial)

C. 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
0 4 / 1 5 / 2 0 0 2

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: SA11A1.8224

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 16 / 45	
	<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. Goscin Stephen A. Dr.

Mailing Address
Department of Pathology 3501 Johnson Street
City State Zip Code
Hollywood FL 33021-5421

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Memorial Regional Hosp Pathologist

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

Transaction ID: SA11A1.8226

Full Name (Last, First, Middle Initial)
B. Hall Brent D. Dr.

Mailing Address
PO Box 445
City State Zip Code
Boone NC 28607

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Associates of Boone, PC Pathologist

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

Transaction ID: SA11A1.8304

Full Name (Last, First, Middle Initial)
C. Herms Kathleen M. Dr.

Mailing Address
Department of Pathology 1978 Industrial Blvd.
City State Zip Code
Houma LA 70363

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Leonard J. Chebert Med Ctr Pathologist

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

Transaction ID: SA11A1.7842

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 17 / 45	
	<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. Harrison John C. Dr.

Mailing Address
Department of Pathology 101 Sibley road
City State Zip Code
Huntsville AL 35801

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huntsville Hosp Pathologist

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

Transaction ID: SA11A1.7746

Full Name (Last, First, Middle Initial)
B. Hershberger Kent E. Dr.

Mailing Address
2705 Wordsworth Drive
City State Zip Code
Springfield IL 62707

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Forensic Med Svc, SC Pathologist

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

Transaction ID: SA11A1.8080

Full Name (Last, First, Middle Initial)
C. Hebert Michele M. Dr.

Mailing Address
PO Box 4001 110 Memorial Hospital Dr
City State Zip Code
Huntsville TX 77342-4001

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huntsville Mem Hosp Pathologist

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

Transaction ID: SA11A1.7847

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 18 / 45	
	<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)
Heckman Carol J. Dr.

Mailing Address
1 River Pointe Plaza No. 909
City State Zip Code
Jeffersville IN 47130

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Caritas Med Ctr Pathologist

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

Transaction ID: SA11A1.7959

B. Full Name (Last, First, Middle Initial)
Hisenbeck John R. Dr.

Mailing Address
6834 Old Kent Drive
City State Zip Code
Knoxville TN 37919-7472

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Unaffiliated Pathologist

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

Transaction ID: SA11A1.7849

C. Full Name (Last, First, Middle Initial)
Huber Robert G. Dr.

Mailing Address
Department of Pathology 707 S. Mills Street
City State Zip Code
Madison WI 53715

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Mary's Hosp Pathologist

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

Transaction ID: SA11A1.7960

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: (check only one)		PAGE 19 / 45	
	<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)
Hughes Bruce Wayne Dr.

Mailing Address
PO Box 901D

City State Zip Code
Kokomo IN 46904-9010

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Joseph Hosp & Health Ctr Pathologist

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

Transaction ID: SA11A1.7961

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
M M / D D / Y Y Y Y
04 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stockton Pathology Medical Group Pathologist

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

Transaction ID: SA11A1.7758

C. Full Name (Last, First, Middle Initial)
Jhaveri Bharati S. Dr.

Mailing Address
Department of Pathology 800 East Carpenter

City State Zip Code
Springfield IL 62769

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. John's Hosp Pathologist

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

Transaction ID: SA11A1.7758

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 20 / 45	
	<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. Johnson Michael P. Dr.

Mailing Address
503 E Thomason C

City State Zip Code
Opelika AL 36801

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lee Pathology Lab, PA Pathologist

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

Transaction ID: SA11A1.7851

Full Name (Last, First, Middle Initial)
B. Julius Gaman J. Dr.

Mailing Address
Laboratory 911 East Brady Street

City State Zip Code
Butler PA 16001

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Butler Memorial Hosp Pathologist

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

Transaction ID: SA11A1.7853

Full Name (Last, First, Middle Initial)
C. Keeble Frederick L. Dr.

Mailing Address
Department of Clinical Path. 3811 W 13 Mile Rd

City State Zip Code
Royal Oak MI 48073-6769

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
William Beaumont Hosp Pathologist

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

Transaction ID: SA11A1.7877

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
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FOR LINE NUMBER:
(check only one)

PAGE 21 / 45

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. Kirchgraber Paul

Mailing Address

Department of Pathology

301 Prospect Ave

City

State

Zip Code

Syracuse

NY

13203

Date of Receipt

N M / D E / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. Joseph's Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7981

Full Name (Last, First, Middle Initial)

B. Krupp Robert H. Dr.

Mailing Address

Dept of Path and Lab Medicine

100 Michigan St NE

City

State

Zip Code

Grand Rapids

MI

49503-2506

Date of Receipt

N M / D E / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Butterworth Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7857

Full Name (Last, First, Middle Initial)

C. Larson Paula R. Dr.

Mailing Address

5 Westelm Circle

City

State

Zip Code

San Antonio

TX

78230-2834

Date of Receipt

N M / D E / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Southwest Texas Methodist Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.8156

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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 / 45	
	<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

A. Full Name (Last, First, Middle Initial)
Lazano Richard L. Dr.

Mailing Address
Cytology Ste 200 924 Montclair Rd
City State Zip Code
Birmingham AL 35213-1211

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cunningham Pathology LLC Pathologist

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

Transaction ID: SA11A1.7859

B. Full Name (Last, First, Middle Initial)
Magnuson Arvid R. Dr.

Mailing Address
Department of Pathology 444 Bruce Street
City State Zip Code
Yreka CA 96097

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fairchild Med Ctr Pathologist

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

Transaction ID: SA11A1.7861

C. Full Name (Last, First, Middle Initial)
McLendon Richard E. Dr.

Mailing Address
1211 Union Ave Suite 250
City State Zip Code
Memphis TN 38104-6800

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Duckworth Pathology Group Pathologist

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

Transaction ID: SA11A1.8088

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 23 / 45

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. McTighe Arthur H. Dr.

Mailing Address

Department of Pathology

One Hospital Drive

City

State

Zip Code

Lewisburg

PA

17837

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Evangelical Community Hosp

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7768

Full Name (Last, First, Middle Initial)

B. Metcalf James K. Dr.

Mailing Address

800 Crown Point Road, West

City

State

Zip Code

Signal Mountain

TN

37377-1916

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Erlanger Med Ctr

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8005

Full Name (Last, First, Middle Initial)

C. Miller Karen A. Dr.

Mailing Address

Department of Pathology

1255 W Washington St

City

State

Zip Code

Tempe

AZ

85281-1210

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Clin-Path Associates

Occupation

Pathologist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7864

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 24 / 45	
	<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. Miller Rick Date of Receipt
 Mailing Address: 1350 I Street, NW Ste 580
 City: Washington State: DC Zip Code: 20005-3305
 Amount of Each Receipt this Period: 500.00
 FEC ID number of contributing federal political committee:
 Name of Employer: College of American Pathologists Occupation:
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
 Transaction ID: SA11A1.7866

B. Mikm Steve A. Dr. Date of Receipt
 Mailing Address: 827 E Choctawhatchee Drive
 City: Niceville State: FL Zip Code: 32578-4706
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee:
 Name of Employer: White Wilson Med Ctr-Bluewater Occupation: Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Transaction ID: SA11A1.8240

C. Mody Dina R. Dr. Date of Receipt
 Mailing Address: Department of Pathology 6565 Fannin
 City: Houston State: TX Zip Code: 77030-2707
 Amount of Each Receipt this Period: 250.00
 FEC ID number of contributing federal political committee:
 Name of Employer: The Methodist Hoep Occupation: Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Transaction ID: SA11A1.7867

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 25 / 45	
	<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. Mooney Julia E. Dr.

Mailing Address
2145 Court Street

City State Zip Code
Redding CA 96001

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

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern Diagnostic Pathology Pathologist

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

Transaction ID: SA11A1.7774

Full Name (Last, First, Middle Initial)
B. Navin 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
04 / 01 / 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) ▼ 1300.00

Transaction ID: SA11A1.7777

Full Name (Last, First, Middle Initial)
C. Navin 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
04 / 19 / 2002

Amount of Each Receipt this Period
300.00

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: SA11A1.8316

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 26 / 45	
	<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 06821

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 1900.00

Transaction ID: SA11A1.8317

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

Mailing Address
Department of Pathology 1924 Alcoa Highway

City State Zip Code
Knoxville TN 37920

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

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) ▼ 1000.00

Transaction ID: SA11A1.7778

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

Mailing Address
11110 Medical Campus Rd. Suite 230

City State Zip Code
Hagerstown MD 21742-6727

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Washington County Hosp Pathologist

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

Transaction ID: SA11A1.8097

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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 27 / 45	
	<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)
Nugent Rod M. Dr.

Mailing Address
800 S Avondale

City State Zip Code
Amarillo TX 79106

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Amarillo Pathology Group LLP Pathologist

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

Transaction ID: SA11A1.7782

B. Full Name (Last, First, Middle Initial)
Ong Yao Cheng Dr.

Mailing Address
4712 Grandview Avenue

City State Zip Code
New Port Richey FL 34652-1039

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gulf Coast Pathologists Pathologist

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

Transaction ID: SA11A1.8178

C. Full Name (Last, First, Middle Initial)
Padgett James

Mailing Address
260 Pembroke Dr

City State Zip Code
Lake Forest IL 60045

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Highland Park Hosp Pathologist

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

Transaction ID: SA11A1.8248

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45

(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. Palmer Philip E. Dr.

Mailing Address

3D Berwick Rd.

City

State

Zip Code

Newton Center

MA

02459

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Deaconess Nashoba Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8013

Full Name (Last, First, Middle Initial)

B. Pappas Dean A. Dr.

Mailing Address

Department of Pathology

170 Governors Ave

City

State

Zip Code

Medford

MA

02155

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lawrence Memorial Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8319

Full Name (Last, First, Middle Initial)

C. Praeger Susan H. Dr.

Mailing Address

Department of Pathology

2201 Lexington Ave PO Box 151

City

State

Zip Code

Ashland

KY

41105-0151

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kings Daughters Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8018

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

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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. Propp, Karl H. Dr.

Mailing Address

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

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
North Shore Med Ctr-Salem Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7878

Full Name (Last, First, Middle Initial)

B. Puchell, Mark L. Dr.

Mailing Address

3913 SW Stonybrook Dr
City State Zip Code
Topeka KS 66610-1385

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Stormont-Vail Reg Health Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8019

Full Name (Last, First, Middle Initial)

C. Raskivus, Paul A. Dr.

Mailing Address

Lab for Clinical Medicine 200 Corporate Place #7
City State Zip Code
Peabody MA 01960-3840

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Pathology Consultants

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.7789

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 45	
	<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. Reinke Dennis D. Dr.

Mailing Address
2338 Rolling Drive
City State Zip Code
Bismarck ND 58501

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Med Ctr One Pathologist

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

Transaction ID: SA11A1.8323

Full Name (Last, First, Middle Initial)
B. Randon-Faddis Susan M. Dr.

Mailing Address
813 E North Blvd Suite B
City State Zip Code
Leesburg FL 34748

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Medical Laboratories Pathologist

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

Transaction ID: SA11A1.8023

Full Name (Last, First, Middle Initial)
C. Robby Stanley J. Dr.

Mailing Address
Department of Pathology DUMC-3712
City State Zip Code
Durham NC 27710-3858

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Duke Univ Med Ctr Pathologist

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

Transaction ID: SA11A1.7792

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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FOR LINE NUMBER:
(check only one)

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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. Salam Marguerite M. Dr.

Mailing Address

Department of Pathology 781 Keystone Industrial Park

City State Zip Code

Dunmore PA 18512-1534

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

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: SA11A1.8027

Full Name (Last, First, Middle Initial)

B. Santos Edward Felipe A. Dr.

Mailing Address

Department of Pathology 695 N Kellogg Street

City State Zip Code

Galesburg IL 61401

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Galesburg Cottage Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8180

Full Name (Last, First, Middle Initial)

C. Schneider Roger A. Dr.

Mailing Address

Consultants PC 2500 NE Neff Road

City State Zip Code

Bend OR 97709

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Central Oregon Pathology

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8035

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

**SCHEDULE A (FEC Form 3X)
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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

A. Full Name (Last, First, Middle Initial)
Schwartz Jared N. Dr.

Mailing Address
Dept of Lab Med & Pathology PO Box 33549
City State Zip Code
Charlotte NC 28233

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian Health Care Sys Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.7882

B. Full Name (Last, First, Middle Initial)
Scully Peter A. Dr.

Mailing Address
4230 Burnham Avenue
City State Zip Code
Las Vegas NV 89119

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Labs Pathologist

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

Transaction ID: SA11A1.8185

C. Full Name (Last, First, Middle Initial)
Srgl Karim E. Dr.

Mailing Address
Chairman Pathology Department 1719 East 19th Avenue
City State Zip Code
Denver CO 80218

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian St. Lukes Med Ctr Pathologist

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

Transaction ID: SA11A1.7884

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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 33 / 45	
	<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. Skarlis Gregory J. Dr.

Mailing Address
Dept. of Pathology 206 Second Street East
City State Zip Code
Bradenton FL 34206

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

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Manatee Memorial Hosp Pathologist

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

Transaction ID: SA11A1.7797

Full Name (Last, First, Middle Initial)
B. Skinner Margaret S. Dr.

Mailing Address
PO Box 32608
City State Zip Code
Palm Beach Gardens FL 33420

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Beach Pathology Pathologist

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

Transaction ID: SA11A1.8045

Full Name (Last, First, Middle Initial)
C. Smadberg Carl Taylor Dr.

Mailing Address
1601 Airport Blvd Suite 1
City State Zip Code
Melbourne FL 32901-4379

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

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Space Coast Pathologists, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.7798

SUBTOTAL of Receipts This Page (optional) ▶ **3750.00**

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:
(check only one)

PAGE 34 / 45

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. Shower Daniel Perry Dr.

Mailing Address

Department of Pathology 221D1 Moross Road

City State Zip Code

Detroit MI 48236

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
St. John Hosp and Med Ctr

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8191

Full Name (Last, First, Middle Initial)

B. Seachig Carl Eugens Dr.

Mailing Address

Department of Pathology 1919 Boston Street SE

City State Zip Code

Grand Rapids MI 49506-9506

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Metropolitan Hosp

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8100

Full Name (Last, First, Middle Initial)

C. Gonner Joseph A. Dr.

Mailing Address

3810 Hanover

City State Zip Code

Dallas TX 75225

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

950.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ameripath Texas d/b/a UniPath

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Transaction ID: SA11A1.7896

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 35 / 45	
	<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. Spencer James Robert Dr.

Mailing Address
2001 Webber St.

City State Zip Code
Sarasota FL 34239-4239

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sarasota Mem Hospital Pathologist

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

Transaction ID: SA11A1.8049

Full Name (Last, First, Middle Initial)
B. Stawny Janet F. Dr.

Mailing Address
2400 Susannah St PO Box 2484

City State Zip Code
Johnson City TN 37605-2484

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Outpatient Cytopathology Ctr Pathologist

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

Transaction ID: SA11A1.8258

Full Name (Last, First, Middle Initial)
C. Stewart David T. Dr.

Mailing Address
PO Box 14389

City State Zip Code
Tallahassee FL 32317-4389

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pathology Associates Pathologist

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

Transaction ID: SA11A1.8050

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 36 / 45

(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. Synovec Mark S. Dr.

Mailing Address

1500 SW 10th Street

City

State

Zip Code

Topeka

KS

66604

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

850.00

FEC ID number of contributing
federal political committee.

Name of Employer

Topeka Pathology Group PA

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Transaction ID: SA11A1.7890

Full Name (Last, First, Middle Initial)

B. Tomaszewski John E. Dr.

Mailing Address

Surgical Pathology, 6F

3400 Spruce Street

City

State

Zip Code

Philadelphia

PA

19104

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Univ of Pennsylvania Hosp

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.7808

Full Name (Last, First, Middle Initial)

C. Tama Peter A. Dr.

Mailing Address

Medical Director, Pathology

3000 Coral Hills Dr

City

State

Zip Code

Coral Springs

FL

33065

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

Coral Springs Med Ctr

Occupation

Pathologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.8198

SUBTOTAL of Receipts This Page (optional) ▶

1200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 45	
	<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. VanMeter Stuart E. Dr.

Mailing Address
Department of Pathology 1924 Alcoa Highway
City State Zip Code
Knoxville TN 37920

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: SA11A1.8262

Full Name (Last, First, Middle Initial)
B. Vogel Arthur M. Dr.

Mailing Address
6825 218th Street SW Suite E
City State Zip Code
Lynnwood WA 98036-7379

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cytolab Pathology Services Inc P.-S. Pathologist

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

Transaction ID: SA11A1.8067

Full Name (Last, First, Middle Initial)
C. Volk Andrea L. Dr.

Mailing Address
182 Stonebridge Circle
City State Zip Code
Pelham AL 35124

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ of Alabama-Birmingham Pathologist

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

Transaction ID: SA11A1.7891

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 38 / 45
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Vok Emily Ellen Dr.

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

Mailing Address
4708 Rambling Ct

City State Zip Code
Troy MI 48098-6629

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. John Hosp and Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: SA11A1.7807

B. Full Name (Last, First, Middle Initial)
Wahl Robert W. Dr.

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Mailing Address
Department of Pathology 2300 Patterson Street

City State Zip Code
Nashville TN 37203

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Centennial Med Ctr Pathologist

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

Transaction ID: SA11A1.7893

C. Full Name (Last, First, Middle Initial)
Wang Scott E. Dr.

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Mailing Address
Department of Pathology 11 Friendship Street

City State Zip Code
Newport RI 02840-2299

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Newport Hosp Pathologist

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

Transaction ID: SA11A1.7894

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 39 / 45	
	<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)
Weiss Ronald L. Dr.

Mailing Address
500 Chipeta Way

City State Zip Code
Salt Lake City UT 84108-4108

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ARUP Clinical Laboratories Pathologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: SA11A1.7808

B. Full Name (Last, First, Middle Initial)
Wheeler Thomas M. Dr.

Mailing Address
Department of Pathology 6565 Fannin St

City State Zip Code
Houston TX 77030-2707

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Methodist Hosp Pathologist

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

Transaction ID: SA11A1.7898

C. Full Name (Last, First, Middle Initial)
White Robert M. Dr.

Mailing Address
Department of Pathology PO Box 13367

City State Zip Code
Roanoke VA 24033

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carilion Roanoke Memorial Hosp Pathologist

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

Transaction ID: SA11A1.8331

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 40 / 45

(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. Williams Thomas L. Dr.

Mailing Address

Pathology Department 8303 Dodge Street

City State Zip Code

Omaha NE 68114

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period

300.00

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 ▼

300.00

Transaction ID: SA11A1.8265

Full Name (Last, First, Middle Initial)

B. Yureo Stephan

Mailing Address

PO Box 141549

City State Zip Code

Austin TX 78714-1549

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Clinical Pathology Assoc

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.8267

Full Name (Last, First, Middle Initial)

C. Zimmerman Kant G.

Mailing Address

2602 S. Gaucho

City State Zip Code

Mesa AZ 85202

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Cln-Path Associates

Occupation
Pathologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.8077

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ► **49750.00**

**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 04 / 02 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 84.05	
Purpose of Disbursement Bk Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B378	
State: District:			

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Disbursement 04 / 19 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 12.00	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B379	
State: District:			

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Date of Disbursement 04 / 30 / 2002	
Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 28.00	
Purpose of Disbursement bk fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.B381	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	104.05
TOTAL This Period (last page this line number only)	104.05

**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. Burr for Congress		Date of Disbursement 04 / 09 / 2002	
Mailing Address Po Box 5928 City State Zip Code Winston Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.8353	
Candidate Name Richard Burr		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NC District: 05			

Full Name (Last, First, Middle Initial) B. Citizens for Arlen Specter		Date of Disbursement 04 / 09 / 2002	
Mailing Address 734 7th St SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8351	
Candidate Name Arlen Specter		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District:			

Full Name (Last, First, Middle Initial) C. Committee For The Preservation of Capitalism (CPC-PAC)		Date of Disbursement 04 / 30 / 2002	
Mailing Address P.O. Box 22614 City State Zip Code Alexandria VA 22304		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement PAC		Transaction ID: SB23.8363	
Candidate Name Jim McCrery		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

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)

PAGE 43 / 45

<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. Denise Bell		Date of Disbursement 04 / 09 / 2002
Mailing Address 1350 I Street Suite 500 City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1171.00
Purpose of Disbursement In Kind	Candidate Name Ernie Fletcher	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary General Other (specify) ▼	State: KY District: 06	Transaction ID: SB23.8345

Full Name (Last, First, Middle Initial) B. Friends of Clay Shaw		Date of Disbursement 04 / 09 / 2002
Mailing Address 2600 NE 14th Street Causeway City State Zip Code Pompano Beach FL 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Clay Shaw	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: FL District: 22	Transaction ID: SB23.8347

Full Name (Last, First, Middle Initial) C. Friends of Clay Shaw		Date of Disbursement 04 / 16 / 2002
Mailing Address 2600 NE 14th Street Causeway City State Zip Code Pompano Beach FL 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Clay Shaw	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: FL District: 22	Transaction ID: SB23.8356

SUBTOTAL of Disbursements This Page (optional)	3171.00
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. Friends of Jennifer Dunn		Date of Disbursement 04 / 09 / 2002	
Mailing Address PO Box 70513 City Washington State DC Zip Code 20024		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.8355	
Candidate Name Jennifer Dunn		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WA District: 06			

Full Name (Last, First, Middle Initial) B. Friends of Mark Foley		Date of Disbursement 04 / 22 / 2002	
Mailing Address PO Box 30505 City Palm Beach Gardens State FL Zip Code 33410		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8361	
Candidate Name Mark Foley		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 16			

Full Name (Last, First, Middle Initial) C. Friends of Mary Landrieu		Date of Disbursement 04 / 16 / 2002	
Mailing Address 503 Capital CT NE Suite 100 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8358	
Candidate Name Mary Landrieu		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District:			

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)

PAGE 45 / 45

<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

<p>Full Name (Last, First, Middle Initial) A. Hoosiers Supporting Buyer for Congress</p>		<p>Date of Disbursement 04 / 09 / 2002</p>	
<p>Mailing Address 200 N. main Street City State Zip Code Mantichella IN 47960</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>Transaction ID: SB23.834B</p>	
<p>Candidate Name Steve Buyer</p>		<p>Category/ Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>	<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: IN District: 05</p>			

<p>Full Name (Last, First, Middle Initial) B. Kirk for Congress</p>		<p>Date of Disbursement 04 / 22 / 2002</p>	
<p>Mailing Address Po Box 8 City State Zip Code Winnetka IL 60093</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>Transaction ID: SB23.8360</p>	
<p>Candidate Name Mark Kirk</p>		<p>Category/ Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>	<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: IL District: 10</p>			

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	13171.03