

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

College of American Pathologists Political Action Committee

ADDRESS (Number and street)

1350 I Street, NW

(Check if address
is changed)

Suite 590

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ivining@cap.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8478328582

2. DATE M M / D D / Y Y Y Y
 0 2 / 2 7 / 2 0 0 4

3. FEC IDENTIFICATION NUMBER

C C00274944

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Campbell Alfred Wray Dr.

Signature of Treasurer Electronically Filed by Campbell Alfred Wray Dr.

Date M M / D D / Y Y Y Y
 0 2 / 2 7 / 2 0 0 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

College of American Pathologists Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Denise Bell**

Mailing Address **1350 I Street NW**

Suite 590

Washington DC 20005

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number _____ - _____ - _____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Campbell Alfred Wray Dr.**

Mailing Address **Department of Pathology**

P.O. Box 12946

Roanoke VA 24029

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number _____ - _____ - _____

