

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 10
03/20/2000 16 : 61

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee		2. FEC IDENTIFICATION NUMBER C00274944
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 I Street, NW Suite 500	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20005		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input checked="" type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/01/2000</u> through <u>02/29/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		92496.57
(b) Cash on Hand at Beginning of Reporting Period	99727.57	
(c) Total Receipts (from line 19)	38950.00	48194.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138677.57	138692.57
7. Total Disbursements (from line 30)	10215.00	10230.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128462.57	128482.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by John H. Scott		
Signature of Treasurer	Date 03/20/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE College of American Pathologists Political Action Committee		REPORT COVERING PERIOD FROM 02/01/2000 TO: 02/29/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17800.00	20450.00	11.a.i.
ii. Unitemized	21150.00	25744.00	11.a.ii.
iii. Total	38950.00	46194.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	38950.00	46194.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	38950.00	46194.00	19.
20. Total Federal Receipts	38950.00	46194.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	215.00	230.00	21.b.
c. Total Operating Expenditures	215.00	230.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	10000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	10215.00	10230.00	30.
31. Total Federal Disbursements	10215.00	10230.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	38950.00	46194.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	38950.00	46194.00	34.
35. Total Federal Operating Expenditures	215.00	230.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	215.00	230.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 10
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Rafael Campanini, MD 1044 North Francisco Chicago IL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Norwegian American Hospital Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Daniel J. Hanson, MD 1946 North 13th Street Suite 301 Toledo OH 43824 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code John R. Harbour, MD 6112 Laurel Valley Court Fort Worth TX 76132 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PAT/Ameripath Occupation Pathologist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code Donald W. King, MD 2122 Massachusetts Avenue Washington DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Rep of Pathology Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code John G. Newby, MD 11110 Medical Campus Road Hagerstown MD 21742 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Charles E. Slonaker, MD 14672 South Countrywood Drive Gulfport MS 39503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Thomas Sodeman, MD 9 Hollow Way Glen Cove NY 11542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer North Shore LIJ HS Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 250.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Mark Synovec, MD 6520 SWV Morse Road Auburn KS 66402	Name of Employer Topeka Pathology Group	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 500.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Raymond Zastrow, MD 504 Ponderosa Drive Hartland WI 53029	Name of Employer Self Employed	Date (month, day, year) 02/01/2000	Amount of Each Receipt this Period 500.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code N. Balesubramaniam, MD Ellis Hospital Schnectady NY 12308	Name of Employer Ellis Hospital	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 1000.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Joseph C. Bergeron, MD 5 Huddeberry Lane Acton MA	Name of Employer Self Employed	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 300.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Gordon Bills, MD 9293 Witherbone Court Cincinnati OH 45242	Name of Employer Souther Ohio Pathology Consultants	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 350.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Lee L. Cafferty, MD 3655 105th Street, SE Kandiyohi MN 58251	Name of Employer MPC	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 300.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Craig A. Dize, MD 150 Madison Avenue Morristown NJ 07960	Name of Employer Morristown Pathology Associates	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 300.00
	Occupation Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Kevin B. Dole, MD 35 Hartford Street Dover MA 02030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Paula R. Larsen, MD 5 Westelm Circle San Antonio TX 78230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer South Texas Pathology Associates Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code John C. Neff, MD 608 Union Drive Apt 507 Knoxville TN 37902 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Tennessee Medical Center Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Paul A. Rasclaviciu, MD 3 Willis Lane Lynnfield MA 01940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Gary F. Rust, MD 18951 Memorial Drive North Humble TX 77338 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Richard Savage, MD 8715 Oakdale Drive Johnston IA 50131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mercy Hospital Des Moines Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code V. Raman Sukumar, MD 50 Mallard Point Lewes DE 19958 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/09/2000	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	6 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Paul Bachner, MD 810 DeLong Road Lexington KY 40515 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Kentucky Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Desiree Carlson, MD 24 Miller Hill Road Dover MA 02030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carlson Pathology Associates, PC Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Gene Herbek, MD 2720 Stone Park Boulevard Sioux City IA 51104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pathology Medical Services Occupation Pathologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Mary V. Iacocca, MD 2100 Copeland Way Chapel Hill NC 27514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer UNC Hospitals Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dale Odell, MD 5024 Lilac Lane Dallas TX 75209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer St. Paul Hospital Occupation Pathologist Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 400.00
Full Name, Mailing Address, and ZIP Code Steven Popok, MD 565 Memorial Circle Ormond Beach FL 32174 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ameripath Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Jared N. Schwartz, MD 3429 Wynnington Drive Charlotte NC 28226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	7 / 10
				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee					
Full Name, Mailing Address, and ZIP Code H.E. Setzer, MD P.O. Box 1217 Billings MT 59103	Name of Employer Pathology Consultants, PC	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 300.00					
Full Name, Mailing Address, and ZIP Code Arthur M. Vogel, MD 1515 18th Avenue East Seattle WA 98112	Name of Employer Cytology Laboratories	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 300.00					
Full Name, Mailing Address, and ZIP Code Robert M. White, MD 5122 Crossbow Circle, SW Roanoke VA 24014	Name of Employer Pathology Associates of Roanoke	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 250.00					
Full Name, Mailing Address, and ZIP Code Howard W. Wright, MD 405 Joe White Road Monroe LA 71203	Name of Employer Wright & Liles Pathologists	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 250.00					
Full Name, Mailing Address, and ZIP Code Joe N. Carberry, MD 2411 Glendower Avenue Los Angeles CA 90027-1110	Name of Employer Self Employed	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 250.00					
Full Name, Mailing Address, and ZIP Code Richard J. Hausner, MD 9601 Jones Road Suite 225 Houston TX 77065	Name of Employer Hausner & Associates	Date (month, day, year) 02/23/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 1000.00					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					17800.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 10
					FOR LINE NUMBER 21B
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NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee					
Full Name, Mailing Address, and ZIP Code Crestar Bank 1455 New York Avenue Washington DC 20005		Purpose of Disbursement Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 02/02/2000	Amount of Each Disbursement This Period 15.00
Full Name, Mailing Address, and ZIP Code Crestar Bank 1455 New York Avenue Washington DC 20005		Purpose of Disbursement Bank fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 02/15/2000	Amount of Each Disbursement This Period 200.00
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					215.00

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	9 / 10 FOR LINE NUMBER 23
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, Mailing Address, and ZIP Code Ken Bentsen, Jr. P.O. Box 75214 Washington DC 20015-5214	Purpose of Disbursement (House - TX - 25) Contribution to Ken Bentsen Jr (TX-25) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/09/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Gene Green P.O. Box 75214 Washington DC 20015	Purpose of Disbursement (House - TX - 29) Contribution - Gene Green (TX-29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/09/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Richard E. Neal P.O. Box 2884 Washington DC 20015	Purpose of Disbursement (House - MA - 2) Contribution - Richard E. Neal (MA-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/09/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Jim Ramstad 8100 Pennsylvania Avenue South Suite 104 Bloomington MN 55431	Purpose of Disbursement (House - MN - 3) Contribution - Jim Ramstad (MN-03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/09/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Charles Rangel P.O. Box 5577 New York NY 10027	Purpose of Disbursement (House - NY - 5) Contribution - Charles Rangel (NY-15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/14/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Pete Stark P.O. Box 8331 Fremont CA 94537	Purpose of Disbursement (House - CA - 13) Contribution - Pete Stark (CA-13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/14/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Max Sandin P.O. Box 70821 Washington DC 20024	Purpose of Disbursement (House - TX - 1) Contribution - Max Sandin (TX-01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/15/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Mark Foley P.O. Box 30505 Palm Beach Gardens FL 33420	Purpose of Disbursement (House - FL - 16) Contribution - Mark Foley (FL-16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/24/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code JOHN A BOEHNER 7908-I CINCINNATI DAYTON ROAD WEST CHESTER OH 45069	Purpose of Disbursement (House - OH - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/29/2000	Amount of Each Disbursement This Period 1500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 10
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANNA G ESHOO 40 ISABELLA AVENUE ATHERTON CA 94024	(House - CA - 14) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/29/2000	500.00
JON L KYL 4442 E CAMELBACK ROAD #180 PHOENIX AZ 85018	(Senate - AZ - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/29/2000	1000.00
Tom Latham 4010 Franconia Road Alexandria VA 22310-2136	(House - IA - 5) Tom Latham (IA-5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	02/29/2000	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	10000.00