

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
05/18/2000 21 : 62

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 checked="" 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 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 checked="" 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>04/01/2000</u> through <u>04/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		92496.57
(b) Cash on Hand at Beginning of Reporting Period	141684.52	
(c) Total Receipts (from line 19)	5293.25	88892.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146977.77	161390.82
7. Total Disbursements (from line 30)	13480.88	27884.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	133496.79	133496.79
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 05/18/2000	

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 04/01/2000 TO: 04/30/2000	
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)	3800.00	33550.00	11.a.i.
ii. Unitemized	1693.25	35342.25	11.a.ii.
iii. Total	5293.25	68892.25	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	5293.25	68892.25	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	5293.25	68892.25	19.
20. Total Federal Receipts	5293.25	68892.25	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	230.98	1144.03	21.b.
c. Total Operating Expenditures	230.98	1144.03	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	13250.00	26750.00	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	13480.98	27894.03	30.
31. Total Federal Disbursements	13480.98	27894.03	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	5293.25	68892.25	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	5293.25	68892.25	34.
35. Total Federal Operating Expenditures	230.98	1144.03	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	230.98	1144.03	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
				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 Jeffrey D. Goldstein, MD 2656 Beauclerc Road Jacksonville FL 32257	Name of Employer Jacksonville Pathology Co-nsultants	Date (month, day, year) 04/12/2000	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 Vito Guli, MD 3 Williamsburg South Colts Neck NJ 07722	Name of Employer Self-Employed	Date (month, day, year) 04/12/2000	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 Rick Miller 1350 I Street, NW Suite 500 Washington DC 20005	Name of Employer College of American Pathologists	Date (month, day, year) 04/12/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code E. Randy Eckert, MD 3201 Duval Road Apt. 531 Austin TX 78759	Name of Employer North Austin Medical Center	Date (month, day, year) 04/13/2000	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 Thomas G. Puckett, MD 1107 South 34th Avenue Hattiesburg MS 39402-3004	Name of Employer Puckett Laboratory	Date (month, day, year) 04/13/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code John Scott 3607 Shepherd Street Chevy Chase MD 20815	Name of Employer College of American Pathologists	Date (month, day, year) 04/16/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Vice President				
Aggregate Year-to-Date > \$ 250.00					
Full Name, Mailing Address, and ZIP Code Ruth Macka, MD 2832 Hunt Trail NE Cedar Rapids IA 52911	Name of Employer Cedar Valley Pathologists	Date (month, day, year) 04/20/2000	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					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		4 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		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 Steven F. O'Sheal, MD 3339 Castle Crest Drive Birmingham AL 35216	Name of Employer Cytology and Pathology Services	Date (month, day, year) 04/20/2000	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 > 5 300.00		
Full Name, Mailing Address, and ZIP Code Michael Deck, MD 3700 Shantara Lane Plano TX 75093	Name of Employer Michael E. Deck, MD, PA	Date (month, day, year) 04/26/2000	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 > 8 1000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				3600.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 21B
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 Crestar Bank 1455 New York Avenue Washington DC 20005	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 230.98
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			230.98

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	6 / 7 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 BARRETT FOR CONGRESS 5030 West Washington Boulevard Milwaukee WI 53208	Purpose of Disbursement (House - WI - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code DEWINE FOR US SENATE 145 East Rich Street Columbus OH 43215	Purpose of Disbursement (Senate - OH - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code FLETCHER FOR CONGRESS P.O. Box 4703 LEXINGTON KY 40544	Purpose of Disbursement (House - KY - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code HOOLEY FOR CONGRESS 38 Ivy Street, SE Washington DC 20003	Purpose of Disbursement (House - OR - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 250.00
Full Name, Mailing Address, and ZIP Code JOHN D DINGELL FOR CONGRESS COMMITTEE P.O. Box 75214 WASHINGTON DC 20013-5214	Purpose of Disbursement (House - MI - 16) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code MCCRERY FOR CONGRESS 1900 DEPOSIT GUARANTY TOWER 333 TEXAS STREET SHREVEPORT LA 71101	Purpose of Disbursement (House - LA - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/03/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code THORNBERRY FOR CONGRESS P.O. Box 9392 AMARILLO TX 79105	Purpose of Disbursement (House - TX - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/11/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code FRIENDS FOR CLIFF STEARNS 4451 Brookfield Corporate Drive Suite 200 Chantilly VA 20151	Purpose of Disbursement (House - FL - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF MAX BAUCUS 2002 203 C Street, NE HELENA MT 20002	Purpose of Disbursement (Senate - MT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 1000.00
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	7 / 7 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 HALL FOR CONGRESS COMMITTEE POST OFFICE BOX 711 ROCKWALL TX 75087	Purpose of Disbursement Ralph Hall (House - TX - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code SWEENEY FOR CONGRESS PO BOX 4698 SARATOGA SPRINGS NY 12866	Purpose of Disbursement (House - NY - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code JOHN SHADEGG FOR CONGRESS c/o Epiphany Production 2016 Mt. Vernon Avenue, 3rd Floor Alexandria VA 22301	Purpose of Disbursement (House - AZ - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code LUTHER FOR CONGRESS VOLUNTEER COMMITTEE 1399 Geneva Avenue, North Suite 202 Oakdale MN 55128	Purpose of Disbursement (House - MN - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code CULBERSON FOR CONGRESS 14129 Memorial Drive Houston TX 77079	Purpose of Disbursement Debt Retirement (House - TX - 07) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period 2500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			13250.00