

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 7  
04/20/2000 11 : 38

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly 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 checked="" 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  |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
on \_\_\_\_\_ In the State of \_\_\_\_\_
- Termination report
- (b) Is this Report an Amendment       YES       NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		92496.57
(b) Cash on Hand at Beginning of Reporting Period .....	128462.57	
(c) Total Receipts (from line 19) .....	17405.00	63599.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	145867.57	156097.57
7. Total Disbursements (from line 30) .....	4183.05	14413.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	141684.52	141684.52
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 <b>Electronically Filed by John H. Scott</b>	
Signature of Treasurer	Date 04/20/2000

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 <b>College of American Pathologists Political Action Committee</b>		REPORT COVERING PERIOD FROM 03/01/2000 TO: 03/31/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	5500.00	29950.00	11.a.i.
ii. Unitemized .....	7905.00	33549.00	11.a.ii.
iii. Total .....	17405.00	63500.00	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 .....	17405.00	63500.00	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 .....	17405.00	63500.00	19.
20. Total Federal Receipts .....	17405.00	63500.00	20.
<b>II. Disbursements</b>			
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 .....	683.05	913.05	21.b.
c. Total Operating Expenditures .....	683.05	913.05	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3500.00	13500.00	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 .....	4183.05	14413.05	30.
31. Total Federal Disbursements .....	4183.05	14413.05	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	17405.00	63500.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	17405.00	63500.00	34.
35. Total Federal Operating Expenditures .....	683.05	913.05	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	683.05	913.05	37.

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 7</b>
				FOR LINE NUMBER <b>11A1</b>	
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>College of American Pathologists Political Action Committee</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Marcus Contardo, MD  P.O. Box 4128  Carlsbad CA 92018-4128		Name of Employer Tri-City Medical Center		Date (month, day, year) 03/01/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Frank L. White, MD  1451 Vinton  Memphis TN 38104		Name of Employer Duckworth Pathology Group		Date (month, day, year) 03/01/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas H. Rynalski, MD  143 Carica Road  Naples FL 34108		Name of Employer Naples Pathology Associates		Date (month, day, year) 03/02/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Cathy O. Blight, MD  2815 Circle Drive  Flint MI 48507		Name of Employer Self-Employed		Date (month, day, year) 03/15/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> David Jensen, MD  19199 Pebble Court  Woodbridge CA 95258		Name of Employer St. Joseph Hospital		Date (month, day, year) 03/15/2000	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 > \$ 2000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Janice M. Nelson, MD  P.O. Box 758  Sierra Madre CA 91205		Name of Employer Los Angeles County		Date (month, day, year) 03/15/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Alfred Campbell, MD  316 Winesap Road  Roanoke VA 24109		Name of Employer Valley Pathology Associates		Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Pathologist			
		Aggregate Year-to-Date > \$ 200.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 7</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>College of American Pathologists Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Steve Levine, MD  3849 Evans Avenue #403 Ft. Myers FL 33901  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Serdenstein, Levine, and Assoc.  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/16/2000	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Edward Loeb, MD  1200 Pleasant  Des Moines IA 50309  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Iowa Methodist Medical Center  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/16/2000	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Eric Roth, MD  1401 Burr Oak Road  Hinsdale IL 60521  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hinsdale Pathology Associates  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 03/16/2000	<b>Amount of Each Receipt this Period</b>  250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Waldron, MD  8287 Elmbrook #100 Dallas TX 75247  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ProPath Associates  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/16/2000	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> David S. Wilkinson, MD  2940 West Brigstock Road  Middletown VA 23115  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Virginia Commonwealth University  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/16/2000	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Alfred Campbell, MD  318 Winesap Road  Roanoke VA 24109  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Valley Pathology Associates  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 03/23/2000	<b>Amount of Each Receipt this Period</b>  100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Frederick W. Gilkey, MD  136 Jefferson Drive  Mt. Lebanon PA 15228  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> University of Pittsburgh Medical Center  <b>Occupation</b> Pathologist  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 03/23/2000	<b>Amount of Each Receipt this Period</b>  250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 7</b>
				FOR LINE NUMBER <b>11A1</b>	
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>College of American Pathologists Political Action Committee</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> F. Donald Kapps, MD  333 Smith Avenue North  St. Paul MN 55102		Name of Employer Hospital Pathology Associates, PA		Date (month, day, year) 03/23/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> John C. Neff, MD  608 Union Drive Apt 507 Knoxville TN 37902		Name of Employer University of Tennessee Medical Center		Date (month, day, year) 03/23/2000	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 > \$ 2000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Paula E. Szytko, MD  1401 Thornhill Lane  Winston-Salem NC 27106		Name of Employer North State Pathology Association		Date (month, day, year) 03/23/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Stephen N. Bauer, MD  3600 Arden Creek Road  Sacramento CA 95864		Name of Employer Laboratory and Pathology Physicians		Date (month, day, year) 03/29/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> William V. Harrer, MD  241 West Kings Highway  Haddonfield NJ 08033		Name of Employer Department of Pathology, Haddonfield		Date (month, day, year) 03/29/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Victor H. Hinrichs, MD  1538 West Powell Road  Powell OH 43065		Name of Employer Self-Employed		Date (month, day, year) 03/29/2000	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			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert B. Wells, MD  1960 Revaneaux Lane  Tyler TX 75703		Name of Employer Pathology Associates of Tyler		Date (month, day, year) 03/29/2000	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			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>9500.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 7</b>
			FOR LINE NUMBER <b>21B</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>College of American Pathologists Political Action Committee</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> 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) 03/02/2000	Amount of Each Disbursement This Period 483.05
<b>Full Name, Mailing Address, and ZIP Code</b> 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) 03/14/2000	Amount of Each Disbursement This Period 200.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>683.05</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		7 / 7
Use separate schedule(s) for each category of the Detailed Summary Page			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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>College of American Pathologists Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF JOHN CONYERS  300 North Lee Street  Alexandria VA 22314	<b>Purpose of Disbursement</b> John Conyers (House - MI - 14) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF KENT CONRAD  420 C Street, NE Lower Level Washington DC 20002	<b>Purpose of Disbursement</b> Kent Conrad (Senate - ND - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/2000	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> RON LEWIS FOR CONGRESS 2000  PO BOX 307  ELIZABETHTOWN KY 42702	<b>Purpose of Disbursement</b> Ron Lewis (House - KY - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SUE KELLY FOR CONGRESS  P.O. Box 599  Katonah NY 10536	<b>Purpose of Disbursement</b> Sue Kelly (House - NY - 19) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/17/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF KENT CONRAD  420 C Street, NE Lower Level Washington DC 20002	<b>Purpose of Disbursement</b> Kent Conrad (Senate - ND - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 03/29/2000	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>3500.00</b>