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**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 (PATH-PAC)

ADDRESS (number and street)

1350 I STREET NW STE 590

(Check if address
is changed)

WASHINGTON, DC

20005-3305

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.cap.org

2. DATE

3. FEC IDENTIFICATION NUMBER ▶

C100274944

4. IS THIS STATEMENT

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

Raymond C. Zastraw

Signature of Treasurer

Date

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 _____

- (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

COLLEGE OF AMERICAN PATHOLOGISTS _____

Mailing Address 325 W. ANK EGAN RD. _____

 NORTHFIELD, ILL. 60093-2750
 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

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 ~~JOHN~~ ANNE BERRY

Mailing Address 1350 I STREET NW STE 590

WASHINGTON DC

20005-3305

Title or Position

CITY

STATE

ZIP CODE

PATRIOT PAC MANAGER

Telephone number 202-354-7103

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 RAYMOND C ZASTROW

Mailing Address 804 PONDEROSA DRIVE

HARFIELD

WI 53029

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Telephone number

Full Name of Designated Agent JOHN SCOTT

Mailing Address 1350 I ST NW STE 590

WASHINGTON DC

20005-3305

Title or Position

CITY

STATE

ZIP CODE

VICIE - PRESIDENT FOR SVS AFFAIRS

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S.W. TRUST

Mailing Address

P.O. BOX 185024

RICHMOND VA 23281-15024

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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