

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
01/31/2001 11 : 43

1. NAME OF COMMITTEE (in full) College of American Pathologists Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 I Street, NW Suite 500	2. FEC IDENTIFICATION NUMBER C00274944
CITY, STATE, and ZIP CODE Washington DC 20005	3. <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
- 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 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>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		92496.57
(b) Cash on Hand at Beginning of Reporting Period	4863.31	
(c) Total Receipts (from line 19)	6900.00	105598.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11763.31	196096.82
7. Total Disbursements (from line 30)	2080.00	188413.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9683.31	5683.31
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 01/31/2001	

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 11/28/2000 TO: 12/31/2000	
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)	2700.00	46775.00	11.a.i.
ii. Unitemized	4200.00	58823.25	11.a.ii.
iii. Total	6900.00	105598.25	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	6900.00	105598.25	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	6900.00	105598.25	19.
20. Total Federal Receipts	6900.00	105598.25	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	80.00	2137.71	21.b.
c. Total Operating Expenditures	80.00	2137.71	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	186275.80	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	2080.00	188413.51	30.
31. Total Federal Disbursements	2080.00	188413.51	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	6900.00	105598.25	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	6900.00	105598.25	34.
35. Total Federal Operating Expenditures	80.00	2137.71	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	80.00	2137.71	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 Vincent J. DeRiso, MD 300 East Lancaster Avenue Apt. 1108 Wynnewood PA 19096	Name of Employer UMDNJ-SOM	Date (month, day, year) 11/29/2000	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					
Full Name, Mailing Address, and ZIP Code Joy Snel, MD 140 NW 36th Street Lewton OK 73505	Name of Employer Self-Employed	Date (month, day, year) 11/29/2000	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 > \$ 350.00					
Full Name, Mailing Address, and ZIP Code Georgean E.G. Dabois, MD 4122 Old Gun Road Midlothian VA 23113-1342	Name of Employer Commonwealth Lab Consult- rts	Date (month, day, year) 12/01/2000	Amount of Each Receipt this Period 50.00		
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 William F. Kern, MD 114 Kingsbury Drive Norman OK 73072	Name of Employer University of Oklahoma Co- llege of Med.	Date (month, day, year) 12/01/2000	Amount of Each Receipt this Period 50.00		
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 Paula R. Larsen, MD 5 Westelm Circle San Antonio TX 78230	Name of Employer South Texas Pathology Ass- sociates	Date (month, day, year) 12/01/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
Aggregate Year-to-Date > \$ 350.00					
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) 12/01/2000	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 > \$ 1000.00					
Full Name, Mailing Address, and ZIP Code Rafael Campanini, MD 1044 North Francisco Chicago IL	Name of Employer Norwegian American Hospit- al	Date (month, day, year) 12/07/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Pathologist				
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		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 Joe A. Lewis, MD P.O. Box 3758 Corpus Christi TX 78404 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) 12/07/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Deborah Turski, MD 707 South Mills Madison WI 53715 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Associate Pathologists, PC Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 12/07/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Bryan L. Bartlett, MD 1424 Plantation Drive North Coleyville TX 76034 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 > \$ 1100.00	Date (month, day, year) 12/22/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Kenneth Jay Friedman, MD 4085 Fragle Sell Way Ellcott City MD 21042 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 > \$ 450.00	Date (month, day, year) 12/22/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Steven C. Harris, MD P.O. Box 189 Oak Park IL 60803-0189 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Department of Veterans Affairs Occupation Pathologist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/22/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Janice M. Nelson, MD P.O. Box 758 Sierra Madre CA 91205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Los Angeles County Occupation Pathologist Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 12/29/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Carl P. Traling, MD 1753 Hillcrest Avenue Gendale CA 91202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Queen of Angels Occupation Pathologist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 12/29/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		5 / 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 Raul I. Vila, MD 19330 East Oakmont Drive Miami FL 33013	Name of Employer Self-Employed	Date (month, day, year) 12/29/2000	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 5 250.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				2700.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		6 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		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 SunTrust Bank 1455 New York Avenue Washington DC 20005	Purpose of Disbursement Research and bank fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/04/2000	Amount of Each Disbursement This Period 55.00	
Full Name, Mailing Address, and ZIP Code SunTrust Bank 1455 New York Avenue Washington DC 20005	Purpose of Disbursement Research fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/05/2000	Amount of Each Disbursement This Period 5.00	
Full Name, Mailing Address, and ZIP Code SunTrust Bank 1455 New York Avenue Washington DC 20005	Purpose of Disbursement Account Analysis fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/22/2000	Amount of Each Disbursement This Period 20.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				80.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7
			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 FRIENDS OF MARK FOLEY FOR CONGRESS P.O. Box 30505 Palm Beach Gardens FL 33420	Purpose of Disbursement (House - FL - 16) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Primary 2002	Date (month, day, year) 12/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code TIM JOHNSON FOR SOUTH DAKOTA INC 420 C Street, NE Lower Level Washington DC 20002	Purpose of Disbursement (Senate - SD - 00) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Primary 2002	Date (month, day, year) 12/12/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			2000.00