

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 5  
09/20/2000 21 : 19

|   |   |
|---|---|
| <b>1. NAME OF COMMITTEE (in full)</b><br><b>College of American Pathologists Political Action Committee</b>                               |   |
| <b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported<br>1350 I Street, NW<br>Suite 500 | <b>2. FEC IDENTIFICATION NUMBER</b><br>C00274944  |
| <b>CITY, STATE, and ZIP CODE</b><br>Washington DC 20005   | 3. <input 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 checked="" 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<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|--|-------------------------|---|
| 5. Covering Period <u>07/01/2000</u> through <u>07/31/2000</u>   |                         |   |
| 6. (a) Cash on Hand, January 1, <u>2000</u> .....  |                         | 92496.57  |
| (b) Cash on Hand at Beginning of Reporting Period .....  | 90676.80                |   |
| (c) Total Receipts (from line 19) .....  | 9575.00                 | 82992.25  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and<br>Lines 6(a) and 6(c) for Column B) .....                        | 100251.80               | 175490.82   |
| 7. Total Disbursements (from line 30) .....  | 7600.49                 | 82839.51  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....                                      | 92651.31                | 92651.31  |
| 9. Debts and Obligations Owed TO the Committee<br>(Itemize all on Schedule C and/or Schedule D) .....                    | 0.00                    | For further information contact:<br>Federal Election Commission<br>989 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee<br>(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<br><b>Electronically Filed by John H. Scott</b>  |                         |   |
| Signature of Treasurer   | Date<br>09/20/2000      |   |

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<br><b>College of American Pathologists Political Action<br/>Committee</b> |         | REPORT COVERING PERIOD<br>FROM 07/01/2000 TO: 07/31/2000 |                                   |
|---|---------|--|-----------------------------------|
| <b>I. Receipts</b>  |         | <b>COLUMN A<br/>Total This Period</b>                    | <b>COLUMN B<br/>Calendar Year</b> |
| 11. Contributions (other than loans) From:  |         |  |                                   |
| a. Individual/Persons Other Than Political Committees                                       |         |  |                                   |
| i. Itemized (use Schedule A) .....  | 1550.00 | 37850.00   | 11.a.i.                           |
| ii. Unitemized .....  | 8025.00 | 45142.25   | 11.a.ii.                          |
| iii. Total .....  | 9575.00 | 82992.25   | 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 .....  | 9575.00 | 82992.25   | 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 .....  | 9575.00 | 82992.25   | 19.                               |
| 20. Total Federal Receipts .....  | 9575.00 | 82992.25   | 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 .....   | 53.69   | 1542.71  | 21.b.                             |
| c. Total Operating Expenditures .....   | 53.69   | 1542.71  | 21.c.                             |
| 22. Transfers to Affiliated/Other Party Committees .....                                    | 0.00    | 0.00   | 22.                               |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....     | 7546.80 | 81256.80   | 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 .....   | 7600.49 | 82839.51   | 30.                               |
| 31. Total Federal Disbursements .....   | 7600.49 | 82839.51   | 31.                               |
| <b>III. Net Contributions / Operating Expenditures</b>                                      |         |  |                                   |
| 32. Total Contributions (other than loans) (from line 11d) .....                            | 9575.00 | 82992.25   | 32.                               |
| 33. Total Contribution Refunds (from line 28d) .....  | 0.00    | 0.00   | 33.                               |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) .....                   | 9575.00 | 82992.25   | 34.                               |
| 35. Total Federal Operating Expenditures .....  | 53.69   | 1542.71  | 35.                               |
| 36. Offsets to Operating Expenditures (from line 15) .....                                  | 0.00    | 0.00   | 36.                               |
| 37. Net Operating Expenditures .....  | 53.69   | 1542.71  | 37.                               |

|                   |                          |   |                                |
|-------------------|--------------------------|---|--------------------------------|
| <b>SCHEDULE A</b> | <b>ITEMIZED RECEIPTS</b> | Use separate schedule(s) for each category of the Detailed Summary Page | <b>3 / 5</b>                   |
|                   |                          |   | FOR LINE NUMBER<br><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.

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

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| <b>Full Name, Mailing Address, and ZIP Code</b><br>James C. Gugley, MD<br><br>13112 West 84th Street<br><br>Lenexa KS 66215<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :     | Name of Employer<br>PPA                    | Date (month, day, year)<br>07/20/2000 | Amount of Each Receipt this Period<br>250.00 |
|   | Occupation<br>Pathologist                  |                                       |  |
|   | Aggregate Year-to-Date > \$ 250.00         |                                       |  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Michael S. Rabkin, MD<br><br>1145 Portland Street<br><br>Pittsburgh PA 15206<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | Name of Employer<br>Rabkin Dermatology Lab | Date (month, day, year)<br>07/20/2000 | Amount of Each Receipt this Period<br>500.00 |
|   | Occupation<br>Pathologist                  |                                       |  |
|   | Aggregate Year-to-Date > \$ 500.00         |                                       |  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>Robert Hubbard, MD<br><br>1806 Valle Vista<br><br>Redlands CA 92373<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :          | Name of Employer<br>Self-Employed          | Date (month, day, year)<br>07/27/2000 | Amount of Each Receipt this Period<br>300.00 |
|   | Occupation<br>Pathologist                  |                                       |  |
|   | Aggregate Year-to-Date > \$ 300.00         |                                       |  |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>William C. Silberman, MD<br><br>P.O. Box 1668<br><br>Leesburg VA 20177-1668<br><br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :  | Name of Employer<br>Self-Employed          | Date (month, day, year)<br>07/27/2000 | Amount of Each Receipt this Period<br>500.00 |
|   | Occupation<br>Pathologist                  |                                       |  |
|   | Aggregate Year-to-Date > \$ 500.00         |                                       |  |

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|---|----------------|
| <b>SUBTOTALS</b> of Receipts This Page (Optional) .....           |                |
| <b>TOTALS</b> This Period (last page this line number only) ..... | <b>1550.00</b> |

| <b>SCHEDULE B</b>  |   | <b>ITEMIZED DISBURSEMENTS</b>   |   | 4 / 5                         |
|--|---|---|---|-------------------------------|
|  |   | Use separate schedule(s) for each category of the Detailed Summary Page |   | FOR LINE NUMBER<br><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><br><b>College of American Pathologists Political Action Committee</b>   |   |   |   |                               |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>SunTrust Bank<br><br>1455 New York Avenue<br><br>Washington DC 20005  | <b>Purpose of Disbursement</b><br><br><br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/05/2000                            | <b>Amount of Each Disbursement This Period</b><br>53.69 |                               |
|  |   |   |   |                               |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....   |   |   |   |                               |
| <b>TOTALS</b> This Period (last page this line number only) .....  |   |   |   | <b>53.69</b>                  |

| <b>SCHEDULE B</b>  |   | <b>ITEMIZED DISBURSEMENTS</b>   |   | <b>5 / 5</b>          |
|--|---|---|---|-----------------------|
|  |   | Use separate schedule(s) for each category of the Detailed Summary Page |   | FOR LINE NUMBER<br>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><br><b>College of American Pathologists Political Action Committee</b>   |   |   |   |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>OXLEY FOR CONGRESS<br><br>PO BOX 2000<br><br>FINDLAY OH 45839   | <b>Purpose of Disbursement</b><br>In-kind Contribution<br>(House - OH - 04)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : | <b>Date (month, day, year)</b><br>07/25/2000                            | <b>Amount of Each Disbursement This Period</b><br>546.80  |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>FRIENDS OF PATRICK J. KENNEDY, INC.<br>P.O. Box 321<br><br>Pawtucket RI 02862   | <b>Purpose of Disbursement</b><br><br>(House - RI - 01)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/13/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>J D HAYWORTH FOR CONGRESS<br><br>4451 Brookfield Corporate Drive<br>Suite 200<br>Chantilly VA 20151   | <b>Purpose of Disbursement</b><br><br>(House - AZ - 08)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/17/2000                            | <b>Amount of Each Disbursement This Period</b><br>500.00  |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>TOM LANTOS FOR CONGRESS COMMITTEE<br>7713 Falstaff Court<br><br>McLean VA 22102   | <b>Purpose of Disbursement</b><br><br>(House - CA - 12)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/17/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>WALDEN FOR CONGRESS<br><br>P.O. Box 2159<br><br>Arlington VA 22202  | <b>Purpose of Disbursement</b><br><br>(House - OR - 02)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/17/2000                            | <b>Amount of Each Disbursement This Period</b><br>500.00  |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>DAVE CAMP FOR CONGRESS 2000<br><br>P.O.BOX 423<br><br>MIDLAND MI 48640  | <b>Purpose of Disbursement</b><br><br>(House - MI - 04)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/18/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>FRIENDS OF MAX BAUCUS 2002<br><br>203 C Street, NE<br><br>HELENA MT 20002   | <b>Purpose of Disbursement</b><br><br>(Senate - MT - 00)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                    | <b>Date (month, day, year)</b><br>07/18/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>PEOPLE FOR ENGLISH<br><br>PO BOX 1940<br><br>ERIE PA 16507  | <b>Purpose of Disbursement</b><br><br>(House - PA - 21)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/18/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>Full Name, Mailing Address, and ZIP Code</b><br>FRIENDS OF JOHN LAFALCE<br><br>38 Ivy Street, SE<br><br>Washington DC 20003   | <b>Purpose of Disbursement</b><br><br>(House - NY - 29)<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) :                     | <b>Date (month, day, year)</b><br>07/27/2000                            | <b>Amount of Each Disbursement This Period</b><br>1000.00 |                       |
| <b>SUBTOTALS</b> of Disbursements This Page (Optional) .....   |   |   |   |                       |
| <b>TOTALS</b> This Period (last page this line number only) .....  |   |   | <b>7546.80</b>  |                       |