

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

09/20/2000 21 : 21

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 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 checked="" 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>08/01/2000</u> through <u>08/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		92496.57
(b) Cash on Hand at Beginning of Reporting Period	92651.31	
(c) Total Receipts (from line 19)	8815.00	91807.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101466.31	184305.82
7. Total Disbursements (from line 30)	34775.59	117615.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66690.72	66690.72
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 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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**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 08/01/2000 TO: 08/31/2000	
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)	3125.00	40975.00	11.a.i.
ii. Unitemized	5690.00	50832.25	11.a.ii.
iii. Total	8815.00	91807.25	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	8815.00	91807.25	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	8815.00	91807.25	19.
20. Total Federal Receipts	8815.00	91807.25	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	67.59	1610.30	21.b.
c. Total Operating Expenditures	67.59	1610.30	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	34706.00	116004.80	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	34775.59	117615.10	30.
31. Total Federal Disbursements	34775.59	117615.10	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8815.00	91807.25	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	8815.00	91807.25	34.
35. Total Federal Operating Expenditures	67.59	1610.30	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	67.59	1610.30	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 8
		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 Richard Essman, MD 4275 Birch Street, NE St. Petersburg FL 33703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Laboratory Physicians, PA Occupation Pathologist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Richard Stenmier, MD 7955 Tangleoak Lane Castle Rock CO 80104-9299 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rocky Mountain Path Services Occupation Pathologist Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code S. Robert Freedman, MD 604 Everett Avenue Palo Alto CA 94301 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) 08/04/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code N. Balasubramanian, MD Ellis Hospital Schenectady NY 12308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ellis Hospital Occupation Pathologist Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code William F. Kern, MD 114 Kingsbury Drive Norman OK 73072 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Oklahoma College of Med. Occupation Pathologist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 250.00	
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 > \$ 1000.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				3125.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		4 / 8
		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 Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 67.50	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				67.50

SCHEDULE B		ITEMIZED DISBURSEMENTS		5 / 8
		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.				
NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee				
Full Name, Mailing Address, and ZIP Code 'FRIENDS OF JIM MALONEY INC' 20 E MAIN STREET SUITE 235 WATERBURY CT 06702	Purpose of Disbursement (House - CT - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code BALDACCI FOR CONGRESS 729 15th Street, NW Third Floor Washington DC 20005	Purpose of Disbursement (House - ME - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE PO BOX 395 BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code CANNON FOR CONGRESS PO Box 711 Provo UT 84603	Purpose of Disbursement (House - UT - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code CONGRESSMAN BART GORDON COMMITTEE P O BOX 2008 MURFREESBORO TN 37133	Purpose of Disbursement (House - TN - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF ROSA DELAURO 430 South Capitol Street, SE 2nd Floor Washington DC 20003	Purpose of Disbursement (House - CT - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code RE-ELECT BRIAN BILBRAY FOR CONGRESS 970 SEACOAST DR #7 IMPERIAL BEACH CA 91932	Purpose of Disbursement (House - CA - 49) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code RON LEWIS FOR CONGRESS 2000 4451 Brookfield Corporate Drive #200 Chantilly VA 20151	Purpose of Disbursement (House - KY - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code CHAMBLISS FOR CONGRESS PO BOX 4084 MACON GA 31208	Purpose of Disbursement (House - GA - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/02/2000	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		6 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		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 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) 08/02/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code PRYCE FOR CONGRESS 1200 Trinity Drive Alexandria VA 22314	Purpose of Disbursement (House - OH - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/02/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF MAURICE HINCHEY PO BOX 4497 KINGSTON NY 12402	Purpose of Disbursement (House - NY - 26) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code OXLEY FOR CONGRESS PO BOX 2000 FINDLAY OH 45839	Purpose of Disbursement (House - OH - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/10/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code ENSIGN FOR SENATE PO BOX 26568 LAS VEGAS NV 89107	Purpose of Disbursement (Senate - NV - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/17/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code BYRUM FOR CONGRESS PO BOX 26191 LANSING MI 48909	Purpose of Disbursement (House - MI - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code DEFAZIO, PETER PO BOX 1316 Springfield OR 97477	Purpose of Disbursement (House - OR - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	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) 08/25/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF JANICE NELSON PO BOX 758 SIERRA MADRE CA 91025	Purpose of Disbursement (House - CA - 28) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	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		7 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		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 FRIENDS OF JENNIFER B DUNN P.O. Box 70513 Washington DC 20024	Purpose of Disbursement In-kind Contribution (House - WA - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 208.00	
Full Name, Mailing Address, and ZIP Code INSLEE FOR CONGRESS PO BOX 33027 SEATTLE WA 98133	Purpose of Disbursement (House - WA - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code MCNULTY FOR CONGRESS PO BOX 75214 Washington DC 20013-5214	Purpose of Disbursement (House - NY - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code NANCY KEENAN FOR MONTANA PO BOX 9249 HELENA MT 59604	Purpose of Disbursement (House - MT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF CLAY SHAW PO BOX 2188 Ft. Lauderdale FL 33303	Purpose of Disbursement (House - FL - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN (1084) 236 Massachusetts Avenue, NE Washington DC 20002	Purpose of Disbursement (Senate - NM - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code ASHCROFT FOR SENATE 507 Capitol Court, NE, Suite 100 Washington DC 20002	Purpose of Disbursement (Senate - MO - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code COMMITTEE TO RE-ELECT NYDIA M VELAZQUEZ TO CONGRESS 436 New Jersey Avenue, SE Washington DC 20003	Purpose of Disbursement (House - NY - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF DAVE WELDON P.O. Box 18021 Alexandria VA 22302	Purpose of Disbursement (House - FL - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/30/2000	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	8 / 8
					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 HULSHOF FOR CONGRESS PO BOX 16021 Alexandria VA 22302		Purpose of Disbursement (House - MO - 09) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS c/o Epiphany Productions 2016 Mount Vernon Avenue, 3rd Fl Alexandria VA 22301		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code NORM DICKS FOR CONGRESS COMMITTEE 400 North Capitol Street, NW Suite 363 Washington DC 20001		Purpose of Disbursement (House - WA - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code PALLONE FOR CONGRESS PO BOX 3176 LONG BRANCH NJ 07740		Purpose of Disbursement (House - NJ - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1986 NEW BRITAIN CT 06050		Purpose of Disbursement (House - CT - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code SHEILA JACKSON LEE FOR CONGRESS 3401 LABRANCH HOUSTON TX 77004		Purpose of Disbursement (House - TX - 18) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code TEAM EMERSON PO Box 16021 Alexandria VA 22302		Purpose of Disbursement (House - MO - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code VOLUNTEER PAC 2000 GLEN ECHO ROAD SUITE 107 NASHVILLE TN 37215		Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code WALLY HERGER FOR CONGRESS COMMITTEE PO BOX 16021 Alexandria VA 22302		Purpose of Disbursement (House - CA - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 08/30/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					34708.00