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 Office of Public Records
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 Washington, DC 20510

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name: JAMES E. BOLAND

2. Address Check if different than previously reported
1155 CONNECTICUT AVE N.W. SUITE 300

3. Principal Place of Business (if different from line 2)
 City: WASHINGTON State/Zip (or Country): D.C. 20036

4. Contact Name: JAMES E. BOLAND Telephone: 202-467-8507 E-mail (optional):
 5. Senate ID #
 6. House ID #

7. Check Name Self
COLLEGE OF AMERICAN PATHOLOGISTS

8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report Termination Date: _____

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
 INCOME relating to lobbying activities for this reporting period was:
 Less than \$10,000
 \$10,000 or more \$ _____ income (nearest \$20,000)

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations
 EXPENSES relating to lobbying activities for this reporting period were:
 Less than \$10,000
 \$10,000 or more \$ _____ Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature: James E. Boland
 Printed Name and Title: JAMES E. BOLAND

PAGE 1 of 2

LD-2 (REV. 12/98)

Registrant Name JAMES E. BOLAND Client Name COLLEGE OF AMERICAN PATHOLOGISTS

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HC12 (one per page)

16. Specific lobbying issues

PATIENTS BILL OF RIGHTS

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. HOUSE
U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>JAMES E. BOLAND</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature James E. Boland Date 2/5/01
Printed Name and Title JAMES E. BOLAND

Form LD-1 (Rev. 6/08)

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