

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 13 3 13 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00274944
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 I STREET, NW SUITE 590		
CITY, STATE and ZIP CODE WASHINGTON, DC 20005		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate 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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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	04/01/99 through 04/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 33,146.42
(b) Cash on Hand at Beginning of Reporting Period		\$ 98,286.45	
(c) Total Receipts (from Line 1B)		\$ 9,165.00	\$ 76,805.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 107,451.45	\$ 109,951.42
7. Total Disbursements (from Line 3D)		\$ 1,418.99	\$ 3,918.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 106,032.46	\$ 106,032.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-584-1100

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 JOHN H. SCOTT - ASSISTANT TREASURER	Date 05/12/99
Signature of Treasurer <i>John Scott</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 8/93)

**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 04/01/99 TO 04/30/99

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(i)
i.	Itemized (use Schedule A)	4,100.00	39,600.00	11(a)(ii)
ii.	Unitemized	5,065.00	37,205.00	11(a)(iii)
iii.	Total (add i and ii) >	9,165.00	76,805.00	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a ii, b and c) >	9,165.00	76,805.00	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received			14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,165.00	76,805.00	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	9,165.00	76,805.00	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share			21(a)(ii)
ii.	Non-Federal Share	418.99	918.96	21(b)
b.	Other Federal Operating Expenditures	418.99	918.96	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	3,000.00	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >			29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,418.99	3,918.96	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,418.99	3,918.96	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)	9,165.00	76,805.00	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans) (subtract line 33 from 32)	9,165.00	76,805.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	418.99	918.96	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >	418.99	918.96	37

 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.

 COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
ALAN S. BRICKLIN 22733 DEKALB DRIVE CALABASAS, CA 91302	PATHOLOGIST TARZANA REGIONAL MEDICAL CENTER	04/09/99	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
FILIBERTO CAVAZOS 500 LONDON AVENUE MARYSVILLE, OH 43040	PATHOLOGIST MEMORIAL HOSPITAL OF UNION COUNTY	04/26/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
DANIEL J. HANSON 5347 FARMINGTON ROAD TOLEDO, OH 43624	PATHOLOGIST PATHOLOGY LABORATORIES, INC.	04/09/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
WILLIAM V. HARRER 241 WEST KINGS HIGHWAY HADDONFIELD, NJ 08033	PATHOLOGIST SELF-EMPLOYED	04/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JAMES E. HASWELL 11 GREYSTONE FARM LANE WESTPORT, CT 06880	PATHOLOGIST GRIFFIN PATHOLOGY CONSULTANTS	04/09/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
BRUCE W. HUGHES 8135 WEST 250TH STREET ROSSIAVILLE, IN 46979	PATHOLOGIST KOKOMO PATHOLOGIST ASSOCIATES	04/09/99	200.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

 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.

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
JOSEPH P. LEVERONE 4800 MARKAY RIDGE MINNEAPOLIS, MN 55422	PATHOLOGIST CENTRAL REGIONAL PATHOLOGY LABORATORIES	04/26/99	200.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		400.00
WILLIAM G. MCGEE 5008 VISTA DEL MONTE STREET EL PASO, TX 79922	PATHOLOGIST SELF-EMPLOYED	04/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
R. IRVIN MORGAN ROADRUNNER FARM GREENVILLE, TX 75403	PATHOLOGIST PATHOLOGY ASSOCIATES	04/09/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DIANA R. ROGERS 1601 CAMINO LINDO SOUTH PASADENA, CA 91030	PATHOLOGIST SELF-EMPLOYED	04/09/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

4100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/99 04/05/99	118.99 300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

418.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Snowe for Senate P.O. Box 2000 Augusta, ME 04104	Contribution: ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/21/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-14-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JH</i> PREPARER	5-14-99 DATE PREPARED