

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 15 12 46 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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 590	2. FEC IDENTIFICATION NUMBER C00274844
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
- Twelfth day report preceding _____ (Type of Election)
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>06/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 139,949.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 128,102.75	
(c) Total Receipts (from Line 1B)	\$ 4,499.00	\$ 74,564.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 132,601.75	\$ 214,513.71
7. Total Disbursements (from Line 3D)	\$ 26,033.10	\$ 107,945.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 106,568.65	\$ 106,568.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 889 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	

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 JAYNE HART CHAMBERS - ASSISTANT TREASURER	Date 07/14/98
Signature of Treasurer <i>Jayne Hart Chambers</i>	

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 9/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		FROM	TO:	
		06/01/98	06/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	850.00	32,840.00	11(a)(i)
ii.	Unitemized	3,649.00	41,724.00	11(a)(ii)
iii.	Total	4,499.00	74,564.00	11(a)(iii)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions	4,499.00	74,564.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts	4,499.00	74,564.00	19
20.	Total Federal Receipts	4,499.00	74,564.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)(i)
ii.	Non-Federal Share	0	0	21(a)(ii)
b.	Other Federal Operating Expenditures	33.10	806.86	21(b)
c.	Total Operating Expenditures	33.10	806.86	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	26,000.00	107,138.20	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds	0	0	28(d)
29.	Other Disbursements	0	0	29
30.	Total Disbursements	26,033.10	107,945.06	30
31.	Total Federal Disbursements	26,033.10	107,945.06	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	4,499.00	74,564.00	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,499.00	74,564.00	34
35.	Total Federal Operating Expenditures	33.10	806.86	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures	33.10	806.86	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
VINCENT J. DERISIO 300 EAST LANCASTER AVENUE WYNNEWOOD, PA 19096	PATHOLOGIST KENNEDY HEALTH SYSTEM	06/12/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MICHAEL T. KAFKA 3018 VALLEY DRIVE SIOUX CITY, IA 51104	PATHOLOGIST PATHOLOGY MEDICAL SERVICES OF SIOUXLAND	06/01/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ANTHONY J. SIMONETTI 8201 WEST BROWARD BOULEVARD PLANTATION, FL 33324	PATHOLOGIST WESTSIDE REGIONAL MEDICAL CENTER	06/19/98	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

TOTAL ITEMIZED LINE 11a

850.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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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	Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/98	33.10
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)

33.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/18/98	Amount of Each Disbursement This Period 5,000.00
Sam Brownback for U.S. Senate P.O. Box 2008 Topeka, KS 66601	Contribution: OK-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/98	1,000.00
Tom Coburn for Congress P.O. Box 504 Muskogee, OK 74402	Contribution: LA-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	1,000.00
Cooksey for Congress 1310 North 19th Street Monroe, LA 71201	Contribution: WY-AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,000.00
Cubin for Congress P.O. Box 4657 Casper, WY 82604	Contribution: CO-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,000.00
DeGette for Congress P.O. Box 75214 Washington, DC 20013	Contribution: OH-12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,000.00
Citizens for Kasich 2021 East Dublin Granville Road Columbus, OH 43229	Contribution: VA-19 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	500.00
Sue Kelley for Congress P.O. Box 16021 Alexandria, VA 22302	Contribution: MI-12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	1,000.00
Levin for Congress 436 New Jersey Avenue, SE Washington, DC 20003	Contribution: GA-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: IL-10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Porter for Congress P.O. Box 7126 Deerfield, IL 60015	Contribution: NC-04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,000.00
David Price for Congress P.O. Box 1986 Raleigh, NC 27602	Contribution: NY-2B Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	500.00
Slaughter Re-election Committee P.O. Box 1417 Rochester, NY 14614	Contribution: SC-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	500.00
Spratt for Congress P.O. Box 803 York, SC 29745	Contribution: CA-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	2,500.00
Pete Stark Re-election Committee 39300 Civic Center Drive Fremont, CA 94538	Contribution: TX-17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	1,000.00
Stenholm for Congress P.O. Box 5879 Abilene, TX 79608	Contribution: MA-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,000.00
John Tierney for Congress '98 P.O. Box 8013 Salem, MA 01970	Contribution: FL-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/11/98	500.00
Friends of Dave Weldon P.O. Box 968 Melbourne, FL 32902	Contribution: IL-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	4,000.00
Gerald C. Weller for Congress P.O. Box 687 Morris, IL 60450	Contribution: IL-11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/98	2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

26,000.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/15/98
<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>SKP</i> PREPARER	 <i>7/16/98</i> DATE PREPARED