

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 EYE STREET, NW	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	

FEB 13 2 13 PM '95

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>01/01/95</u> through <u>01/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 5,371.89
(b) Cash on Hand at Beginning of Reporting Period	\$ 5,371.89	
(c) Total Receipts (from Line 19)	\$ 31,735.00	\$ 31,735.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 37,106.89	\$ 37,106.89
7. Total Disbursements (from Line 30)	\$ 1,515.00	\$ 1,515.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,591.89	\$ 35,591.89
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 999 E Street NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 A. HART - ASSISTANT TREASURER	
Signature of Treasurer 	Date 02/08/95

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 9/93)

**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 01/01/95	TO: 01/31/95
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	17,350.00	17,350.00
ii.	Unitemized	14,385.00	14,385.00
iii.	Total (add i and ii) >	31,735.00	31,735.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contributions (add a iii, b and c) >	31,735.00	31,735.00
12.	Transfers From Affiliated/Other Party Committees	0	0
13.	All Loans Received	0	0
14.	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0
18.	Transfers from Nonfederal Account for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	31,735.00	31,735.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	31,735.00	31,735.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0	0
ii.	Non-Federal Share	0	0
b.	Other Federal Operating Expenditures	15.00	15.00
c.	Total Operating Expenditures (add a i, a ii, and b) >	15.00	15.00
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	1,500.00
24.	Independent Expenditures (use Schedule E)	0	0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26.	Loan Repayments Made	0	0
27.	Loans Made	0	0
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	0	0
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contribution Refunds (add a, b and c) >	0	0
29.	Other Disbursements	0	0
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,515.00	1,515.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,515.00	1,515.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)/(from line 11d)	31,735.00	31,735.00
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans)(subtract line 33 from 32)	31,735.00	31,735.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	15.00	15.00
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 36 from 35) >	15.00	15.00

 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
HOWARD C. ADELMAN 70 PARKER AVENUE PASSAIC, NJ 07055	PATHOLOGIST BETH ISRAEL HOSPITAL	01/18/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
N. BALASUBRAMANIAM ELLIS HOSPITAL SCHENECTADY, NY 12308	PATHOLOGIST ELLIS HOSPITAL	01/23/95	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
CARL A. BARNES P.O. BOX 1179 FLORENCE, AL 35631	PATHOLOGIST SELF-EMPLOYED	01/23/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
ROBERT L. BRECKENRIDGE, JR. 801 WEST 65TH STREET KANSAS CITY, MO 64113	PATHOLOGIST MAWD PATHOLOGY GROUP	01/18/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DESIREE CARLSON 73 BONAD ROAD WEST NEWTON, MA 02165	PATHOLOGIST CARLSON PATHOLOGY ASSOCIATES	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
JACK F. CONSAMUS 5379 CROW CREEK ROAD BETTENDORF, IA 52722	PATHOLOGIST SELF-EMPLOYED	01/23/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
TERENCE J. CUDAHY 7802 HOLLY CREEK LANE INDIANAPOLIS, IN 46240	PATHOLOGIST LAB PHYSICIANS, INC.	01/23/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT DE CRESCE 839 WEST BELDEN AVENUE CHICAGO, IL 60614	PATHOLOGIST UNIVERSITY PATHOLOGISTS	01/23/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
CRAIG A. DISE 42 NESTLING WOOD DRIVE LONG VALLEY, NJ 07853	PATHOLOGIST MORRISTOWN PATHOLOGY ASSOCIATES	01/23/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
EDWARD R. ECKERT 3102 ABOVE STRATFORD PLACE AUSTIN, TX 78746	PATHOLOGIST AUSTIN PATHOLOGY ASSOCIATES	01/23/95	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
STEPHEN A. GELLER 212 SOUTH STANLEY DRIVE BEVERLY HILLS, CA 90211	PATHOLOGIST SELF-EMPLOYED	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
MARK A. GRATHWOHL R.D. 2, ROCKLEDGE DRIVE BREWSTER, NY 10509	PATHOLOGIST SELF-EMPLOYED	01/23/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JAYNE ANN HART 1256 KENSINGTON ROAD MCLEAN, VA 22101	VICE PRESIDENT COLLEGE OF AMERICAN PATHOLOGISTS	01/13/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
RICHARD J. MAUSNER 9601 JONES ROAD HOUSTON, TX 77065	PATHOLOGIST CYPRESS FAIRBANKS MEDICAL CENTER	01/18/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
ROBERT H. KNAPP 2500 OAKWOOD, SE GRAND RAPIDS, MI 49506	PATHOLOGIST MICHIGAN STATE UNIVERSITY	01/23/95	750.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		750.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
R. IRVIN MORGAN P.O. BOX 424 GREENVILLE, TX 75403	PATHOLOGIST SELF-EMPLOYED	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
BERT F. MORTON 2802 MONTCLAIR DRIVE ELLCOTT CITY, MD 21043	PATHOLOGIST ST. AGNES HOSPITAL	01/23/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
FREDERICK MUSCHENHEIM OWERA POINT, R.D. 4 CAZENOVIA, NY 13035	PATHOLOGIST ONEIDA CITY HOSPSITAL	01/23/95	350.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
STEVEN P. OLSON 4904 JASMINE TRAIL SIOUX FALLS, SD 57106	PATHOLOGIST PHYSICIAN'S LABORATORY, LTD	01/23/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DWIGHT K. OXLEY P.O. BOX 782286 WICHITA, KS 67278	PATHOLOGIST WESLEY PATHOLOGY CONSULTANTS	01/13/95	5000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		5000.00

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 COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
JOSPEH PATLOVICH 101 OAK TERRACE LAKE BLUFF, IL 60044	PATHOLOGIST PATHOLOGY & NUCLEAR MEDICINE ASSOCIATES	01/23/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS G. PUCKETT P.O. BOX 1549 HATTIESBURG, MS 39402	PATHOLOGIST PUCKETT LABORATORY	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
POLIUS A. RASLAVICIUS 3 WILLIS LANE LYNNFIELD, MA 01940	PATHOLOGIST SELF-EMPLOYED	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
FRED W. REINEKE 230 NURMI DRIVE FORT LAUDERDALE, FL 33301	PATHOLOGIST SELF-EMPLOYED	01/23/95	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
RICHARD A. SAVAGE 1 EARLDOM WAY GETZVILLE, NY 14068	PATHOLOGIST MILLARD FILLMORE HOSPITAL	01/23/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
MARK S. SYNOVEC 6520 SW VORSE ROAD AUBURN, KS 66402	PATHOLOGIST TOPEKA PATHOLOGY GROUP	01/23/95	350.00
5 PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
ARTHUR M. VOGEL 1515 18TH AVENUE, EAST SEATTLE, WA 98112	PATHOLOGIST CYTO LAB	01/23/95	250.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
GORDON V. WEBB 5993 EAST IRWIN PLACE ENGLEWOOD, CO 80112	PATHOLOGIST ROCKY MOUNTAIN PATHOLOGY SERVICES	01/23/95	500.00
2 PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
RAYMOND C. ZASTROW 2400 WEST VILLARD AVENUE MILWAUKEE, WI 53209	PATHOLOGIST ST. MICHAEL HOSPITAL	01/18/95	300.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

17350.00

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/04/95	Amount of Each Disbursement This Period 15.00
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)

15.00

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

5069655047

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: NY-04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) '94 DEBT	Date (month, day, year) 01/03/95	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Bill Frist for Senate 1922 West End Avenue Nashville, TN 37203	Purpose of Disbursement Contribution: TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) '94 DEBT	Date (month, day, year) 01/05/95	Amount of Each Disbursement This Period 1,000.00
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)

1,500.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

1-31-95

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMH
PREPARER

2-13-95
DATE PREPARED

5034655048