
 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
PAUL BACHNER 810 DELONG LEXINGTON, KY 40515	PATHOLOGIST UNIVERSITY OF KENTUCKY	06/23/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
J.T. BRAUM 800 INDEPENDENCE BOULEVARD VIRGINIA BEACH, VA 23455	PATHOLOGIST SENTARA BAYSIDE HOSPITAL	06/08/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
RICHARD B. DRESKIN 214 OAK MEADOW DRIVE SIMPSONVILLE, SC 29681	PATHOLOGIST PATHOLOGY ASSOCIATES OF GREENVILLE	06/08/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DANIEL J. HANSON 5347 FARMINGTON ROAD TOLEDO, OH 43623	PATHOLOGIST ASSOCIATED PATHOLOGISTS, INC.	06/15/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
WILLIAM V. HARRER 241 KINGS HIGHWAY WEST HADDONFIELD, NJ 08033	PATHOLOGIST SELF-EMPLOYED	06/23/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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 COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
VICTOR H. HINRICHS 1538 WEST POWELL ROAD POWELL, OH 43065	PATHOLOGIST DIAGNOSTIC PATHOLOGY ASSOCIATES, INC.	06/30/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
GORDON L. JOHNSON 110 JACKSON TRACE FESTUS, MO 63028	PATHOLOGIST JEFFERSON MEMORIAL HOSPITAL	06/30/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
W.G. MCGEE 5008 VISTA DEL MONTE STREET EL PASO, TX 79922	PATHOLOGIST NICHOLS INSTITUTE	06/02/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOHN G. NEWBY 251 EAST ANTIETAM STRET HAGERSTOWN, MD 21740	PATHOLOGIST WASHINGTON COUNTY HOSPITAL	06/08/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
WALTER W. RANDOLPH, JR. 3629 CHAPMAN ROAD DELAWARE, OH 43015	PATHOLOGIST SELF-EMPLOYED	06/23/94	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
WILLIAM G. ROTH 1763 SOUTH CREEK LANE OSPREY, FL 34229	PATHOLOGIST SELF-EMPLOYED	06/23/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
DANIEL SECKINGER 5215 SOUTHWEST 92ND STREET MIAMI, FL 33156	PATHOLOGIST CEDARS MEDICAL CENTER	06/08/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
THOMAS E. VORPAHL 5100 EAST LAKE COUNTRY ROAD FLAGSTAFF, AZ 86004	PATHOLOGIST SELF-EMPLOYED	06/02/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

TOTAL ITEMIZED LINE 11a

9500.00

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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)	06/30/94	1.50
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)

1.50

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

2 4 0 0 2 5 0 4 2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Andrews Campaign Committee P.O. Box 990 Washington, DC 20044	Contribution: TX-25 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/94	500.00
Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Contribution: FL-09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/09/94	2,000.00
A Lot of People Who Support Bingaman P.O. Box 2048 Albuquerque, NM 87103	Contribution: NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/94	3,000.00
Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Contribution: MD-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/94	500.00
Friends of Kent Conrad 112B East Broad Street Falls Church, VA 22046	Contribution: ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/94	1,000.00
Fields for Congress 2607 Old Humble Road Humble, TX 77347	Contribution: TX-08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/94	500.00
Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Contribution: CT-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/94	500.00
Paxon for Congress P.O. Box 1995 Williamsville, NY 14231	Contribution: NY-27 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/94	2,000.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Contribution: DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/94	2,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 3
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	Date (month, day, year)	Amount of Each Disbursement This Period
Schaefer for Congress P.O. Box 1654 Englewood, CO 80150	Contribution: CO-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/94	2,000.00
Lynn Schenk for Congress 141 University Avenue San Diego, CA 92103	Contribution: CA-49 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/09/94	1,000.00
Louise Slaughter Re-Election Com. 1751 East Avenue Rochester, NY 14614	Contribution: NY-28 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/94	3,000.00
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Contribution: FL-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/28/94	2,000.00
Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	ADD BACK VOIDED CHECK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/94	(2,000.00)
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)

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MMR

PREPARED

7-7-94

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