

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION

MAR 20 10 35 AM '98

1. NAME OF COMMITTEE (In full)
COLLEGE OF AMERICAN PATHOLOGISTS
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
1350 F STREET, NW
SUITE 590

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
C00274844

3. 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>02/01/98</u> through <u>02/28/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 139,949.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 152,369.08	
(c) Total Receipts (from Line 19)	\$ 17,800.00	\$ 33,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 170,169.08	\$ 173,349.71
7. Total Disbursements (from Line 20)	\$ 14,168.49	\$ 17,349.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 156,000.59	\$ 156,000.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 660 E Street, NW Washington, DC 20468 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)	\$ 0.00	
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

Signature of Treasurer  Date: 03/16/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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 02/01/98 TO: 02/28/98	
		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)	10,815.00	10,515.00
ii.	Unitemized	6,985.00	13,885.00
iii.	Total (add i and ii) >	17,800.00	33,400.00
b.	Political Party Committees	0	0
c.	Other Political Committees (such as PACs)	0	0
d.	Total Contributions (add a iii, b and c) >	17,800.00	33,400.00
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) >	17,800.00	33,400.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	17,800.00	33,400.00
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	168.49	349.12
c.	Total Operating Expenditures (add a i, a ii, and b) >	168.49	349.12
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,000.00	17,000.00
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.	Individual/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, 29d, and 29) >	14,168.49	17,349.12
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	14,168.49	17,349.12
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	17,800.00	33,400.00
33.	Total Contribution Refunds (from line 28d)	0	0
34.	Net Contributions (other than loans)(subtract line 33 from 32)	17,800.00	33,400.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	168.49	349.12
36.	Offsets to Operating Expenditures (from line 15)	0	0
37.	Net Operating Expenditures (subtract line 36 from 35) >	168.49	349.12

 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
KEVIN B. DOLE 35 HARTFORD STREET DOVER, MA 02030	PATHOLOGIST SELF-EMPLOYED	02/02/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
FREDRICK W. GILKEY 136 JEFFERSON DRIVE MOUNT LEBANON, PA 15228	PATHOLOGIST SHADYSIDE HOSPITAL	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JEFFREY D. GOLDSTEIN 2656 BEAUCLERC ROAD JACKSONVILLE, FL 32257	PATHOLOGIST JACKSONVILLE PATHOLOGY CONSULTANTS	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DANIEL J. HANSON 5347 FARMINGTON ROAD TOLEDO, OH 43623	PATHOLOGIST ASSOCIATED PATHOLOGISTS, INC.	02/11/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
GENE N. HERBEK 2720 STONE PARK BOULEVARD SIOUX CITY, IA 51104	PATHOLOGIST PATHOLOGY MEDICAL SERVICES OF SIOUXLAND	02/02/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
VICTOR H. HINRICHS 1538 WEST POWELL ROAD POWELL, OH 43065	RETIRED	02/02/98	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
GORDON L. JOHNSON 110 JACKSON TRACE FESTUS, MO 63028	PATHOLOGIST JEFFERSON MEMORIAL HOSPITAL	02/02/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
ROBERT W. MCGONNAGLE 5401 SOUTH DORCHESTER AVENUE CHICAGO, IL 60615	PUBLISHER COLLEGE OF AMERICAN PATHOLOGISTS	02/24/98	365.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		365.00
BERT F. MORTON 2802 MONTCLAIR DRIVE ELLCOTT CITY, MD 21043	PATHOLOGIST HICKEN, CRANLEY & TAYLOR, PA	02/02/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JANICE M. NELSON 209 RAMONA AVENUE SIERRA MADRE, CA 91024	PATHOLOGIST LOS ANGELES COUNTY	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JOHN G. NEWBY 257 EAST ANTIETAM STREET HAGERSTOWN, MD 21740	PATHOLOGIST SELF-EMPLOYED	02/02/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
STEVEN F. O'SHEAL 3339 CASTLE CREST DRIVE BIRMINGHAM, AL 35216	PATHOLOGIST CYTOPATH, PC	02/24/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
THOMAS G. PUCKETT P.O. BOX 1549 HATTIESBURG, MS 39402	PATHOLOGIST PUCKETT LABORATORY	02/02/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
GARRY F. RUST 2003 WIND CREEK KINGWOOD, TX 77345	PATHOLOGIST NORTHEAST MEDICAL CENTER HOSPITAL	02/02/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
DANIEL SECKINGER 5900 SOUTHWEST 73RD STREET MEMPHIS, TN 38104	PATHOLOGIST AMERICAN MEDICAL ASSOCIATION	02/24/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
H.E. SETZER P.O. BOX 1217 BILLINGS, MT 59103	PATHOLOGIST PATHOLOGY CONSULTANTS, PC	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
E. MEI SHEN-HSIEH 4 LANDAU LANE ANDOVER, MA 01810	PATHOLOGIST NEW ENGLAND MEMORIAL HOSPITAL	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JOHN E. SLAVEN 4 WILDWOOD LITTLE ROCK, AR 72207	PATHOLOGIST PATHOLOGY LABS OF ARKANSAS	02/11/98	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
CARLA STAYBOLDT 2868 DOVE STREET SAN DIEGO, CA 92103	PATHOLOGIST PALMER LABORATORY MEDICAL GROUP	02/11/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DONALD D. VAN FOSSAN 2011 BRIARCLIFF SPRINGFIELD, IL 62704	PATHOLOGIST ST. JOHN'S HOSPITAL	02/24/98	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
FRANK L. WHITE 1491 VINTON MEMPHIS, TN 38104	PATHOLOGIST DUCKWORTH PATHOLOGY GROUP	02/24/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

10815.00

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 Bank charge 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
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005		02/03/98	168.49
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)

168.49

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	Date (month, day, year)	Amount of Each Disbursement This Period
Baesler for Senate P.O. Box 2147 Lexington, KY 40595	Contribution: KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/11/98	5,000.00
Brady for Congress P.O. Box 8277 The Woodlands, TX 77387	Contribution: TX-08 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) '96 Debt Retirement	02/17/98	1,500.00
Deal for Congress P.O. Box 902 Gainesville, GA 30503	Contribution: GA-09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/98	500.00
People for Ganske 521 East Locust Des Moines, IA 50309	Contribution: IA-04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/13/98	1,000.00
People for Ganske 521 East Locust Des Moines, IA 50309	Contribution: IA-04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/98	2,000.00
Latham for Congress 4010 Franconia Road Alexandria, VA 22310	Contribution: IA-05 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) '94 Debt Retirement	02/17/98	500.00
Friends of Connie Morella 7815 Wisconsin Avenue Bethesda, MD 20814	Contribution: MD-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/20/98	500.00
Nussle for Congress P.O. Box 324 Manchester, IA 52057	Contribution: IA-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/98	500.00
Thornberry for Congress P.O. Box 9392 Amarillo, TX 79105	Contribution: TX-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28/98	500.00

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: TX-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Turner for Congress P.O. Box 780 Crockett, TX 75835		02/17/98	2,000.00
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)

14,000.00

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 <i>3-20-98</i>
<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>SEP</i> PREPARER	<i>3-20-98</i> DATE PREPARED