

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAY 20 9 38 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00274944</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1350 I STREET, NW SUITE 590</b>		
CITY, STATE and ZIP CODE <b>WASHINGTON, DC 20005</b>		
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>04/01/97</u> through <u>04/30/97</u>			
6. (a)	Cash on Hand January 1, 19 <u>97</u>		\$ 18,804.60
(b)	Cash on Hand at Beginning of Reporting Period	\$ 81,605.87	
(c)	Total Receipts (from Line 19)	\$ 19,520.00	\$ 88,202.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 101,125.87	\$ 107,006.60
7.	Total Disbursements (from Line 30)	\$ 3,621.49	\$ 9,502.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 97,504.38	\$ 97,504.38
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 668 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 G 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 <b>JAYNE HART CHAMBERS - ASSISTANT TREASURER</b>			
Signature of Treasurer <i>Jayne Hart Chambers</i>			Date <b>05/19/97</b>

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

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 COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 04/01/97 TO 04/30/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		8,715.00	46,115.00
ii. Unitemized		10,805.00	41,087.00
iii. Total (add i and ii) >		19,520.00	87,202.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a ii, b and c) >		19,520.00	87,202.00
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	1,000.00
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) >		19,520.00	88,202.00
20. Total Federal Receipts (subtract line 18 from line 19) >		19,520.00	88,202.00
<b>II. Disbursements</b>			
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		121.49	502.22
c. Total Operating Expenditures (add a i, a ii, and b) >		121.49	502.22
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,500.00	9,000.00
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		3,621.49	9,502.22
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		3,621.49	9,502.22
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		3,621.49	9,502.22
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		19,520.00	87,202.00
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans)(subtract line 33 from line 32)		19,520.00	87,202.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		121.49	502.22
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from line 35) >		121.49	502.22

## SCHEDULE A

## ITEMIZED RECEIPTS

PAGE 1 OF 4  
LINE 11a

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
N. BALASUBRAMANIAM ELLIS HOSPITAL SCHENECTADY, NY 12308	PATHOLOGIST ELLIS HOSPITAL	04/30/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	1000.00	
BRYAN L. BARTLETT 1424 PLANTATION NORTH COLLEYVILLE, TX 76034	PATHOLOGIST SELF-EMPLOYED	04/16/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	500.00	
JOSEPH C. BERGERON, JR. FIVE HUCKLEBERRY LANE ACTON, MA 01720	PATHOLOGIST PATHOLOGY DOCTORS, PC	04/16/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	300.00	
GEORGE E. BRANAM 1138 WARWICK ROAD MUNCIE, IN 47304	PATHOLOGIST PATHOLOGISTS ASSOCIATED MEDICAL LABORATORIES	04/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	300.00	
PHILLIP M. BRIDGMAN P.O. BOX 68 HANNAWA FALLS, NY 13647	PATHOLOGIST SELF-EMPLOYED	04/16/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	300.00	
IRIS COSNOW P.O. BOX 470 GLENCOE, IL 60022	PATHOLOGIST RAVENSWOOD HOSPITAL	04/09/97	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	250.00	

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
SANDRA B. GREAR 1230 NORTH PARKWAY 18A CHICAGO, IL 60610	VICE PRESIDENT COLLEGE OF AMERICAN PATHOLOGISTS	04/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JAMES HASWELL 11 GREYSTONE FARM LANE WESTPORT, CT 06880	PATHOLOGIST GRIFFIN PATHOLOGY CONSULTANTS	04/14/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
H. RICHARD HINRICHS 1501 STAGECOACH ROAD, SE ALBUQUERQUE, NM 87123	PATHOLOGIST PATHOLOGY ASSOCIATES OF ALBUQUERQUE	04/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT H. KNAPP 2500 OAKWOOD, SE GRAND RAPIDS, MI 49506	PATHOLOGIST LABORATORY PATHOLOGISTS, PC	04/30/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
CHARLES F. MCCONNELL 5151 NORTH NINTH AVENUE PENSACOLA, FL	PATHOLOGIST SACRED HEART HOSPITAL	04/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT G. MCCORD 1350 BRISTOL PARK PLACE LAKE MARY, FL 32746	PATHOLOGIST SELF-EMPLOYED	04/16/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
JOHN MCDONALD 4350 ALPHA DALLAS, TX 75244	PATHOLOGIST AMPA	04/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MARY L. NIELSEN 6400 EAST 11TH STREET, NORTH WICHITA, KS 67206	PATHOLOGIST KANSAS PATHOLOGY CONSULTANTS	04/09/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD M. NUNNALLY 7414 BOCAJE BOULEVARD BATON ROUGE, LA 70809	PATHOLOGIST PATHOLOGY LABORATORY CONSULTANTS	04/16/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
STEVEN F. O'SHEAL 3339 CASTLE CREST DRIVE BIRMINGHAM, AL 35216	PATHOLOGIST CYTOLOGY - PATHOLOGY SERVICES, PC	04/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS G. PUCKETT 1107 SOUTH 34TH AVENUE HATTIESBURG, MS 39402	PATHOLOGIST PUCKETT LABORATORY	04/16/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JAMES C. QUIGLEY 13112 WEST 84TH STREET LENEXA, KS 66215	PATHOLOGIST PPA	04/30/97	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
E. MEI SHEN-HSIEH 5 WOODLAND STONEHAM, MA 02180	PATHOLOGIST NEW ENGLAND MEMORIAL HOSPITAL	04/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	300.00	
JAMES W. SMITH 4375 COLD SPRINGS ROAD INDIANAPOLIS, IN 46208	PATHOLOGIST INDIANA UNIVERSITY MEDICAL CENTER	04/16/97	365.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	365.00	
JAMES Q. WHITAKER P.O. BOX 2981 WARNER ROBINS, GA 31099	PATHOLOGIST PATHOLOGY INSTITUTE OF MIDDLE GEORGIA	04/07/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D	1000.00	

TOTAL ITEMIZED LINE 11a

8715.00

## 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)	04/03/97	121.49
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)

121.49

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER 23

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## NAME OF COMMITTEE (In Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> Tim Johnson for South Dakota P.O. Box 88113 Sioux Falls, SD 57109	<b>Purpose of Disbursement</b> Contribution: SD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement-96 General	<b>Date (month, day, year)</b> 04/10/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Mascara for Congress 3610 38th Street, NW Washington, DC 20016	<b>Purpose of Disbursement</b> Contribution: PA-20 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement-96 General	<b>Date (month, day, year)</b> 04/22/97	<b>Amount of Each Disbursement This Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Reed Committee P.O. Box 8628 Cranston, RI 02920	<b>Purpose of Disbursement</b> Contribution: RI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement-96 General	<b>Date (month, day, year)</b> 04/02/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Gordon Smith for U.S. Senate P.O. Box 2163 Lake Oswego, OR 97035	<b>Purpose of Disbursement</b> Contribution: OR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement-96 General	<b>Date (month, day, year)</b> 04/10/97	<b>Amount of Each Disbursement This Period</b> 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3,500.00



**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

5-20-97

☐ First Class Mail

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☐ Registered/Certified Mail

POSTMARKED

☐ 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

*See*

PREPARER

5-20-97

DATE PREPARED