

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION
MAY 18 5 22 PM '93

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 checked="" type="checkbox"/> Check if different than previously reported 1350 EYE STREET, NW SUITE 590		
CITY, STATE and ZIP CODE WASHINGTON, DC 20005		
3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).		


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	04/01/93 through 04/30/93		
6. (a)	Cash on Hand January 1, 19 93		\$ 58,460.33
(b)	Cash on Hand at Beginning of Reporting Period	\$ 59,179.83	
(c)	Total Receipts (from Line 18)	\$ 1,350.00	\$ 4,574.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60,529.83	\$ 63,034.33
7.	Total Disbursements (from Line 30)	\$ 2,501.50	\$ 5,006.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 58,028.33	\$ 58,028.33
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 202-219-3420
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 A. HART - ASSISTANT TREASURER

Signature of Treasurer  Date
05/14/93

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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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 04/01/93 TO: 04/30/93	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	850.00	3,100.00
ii. Unitemized	500.00	1,474.00
iii. Total	1,350.00	4,574.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	1,350.00	4,574.00
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	1,350.00	4,574.00
20. Total Federal Receipts	1,350.00	4,574.00
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	1.50	6.00
c. Total Operating Expenditures	1.50	6.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	5,000.00
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	0	0
29. Other Disbursements	0	0
30. Total Disbursements	2,501.50	5,006.00
31. Total Federal Disbursements	2,501.50	5,006.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,350.00	4,574.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,350.00	4,574.00
35. Total Federal Operating Expenditures	1.50	6.00
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	1.50	6.00

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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
MARSHALL K. DOUGHERTY 570 LAUREL LANE PARIS, TX 75460	PATHOLOGIST M.K. DOUGHERTY & ASSOCIATES	04/02/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
LLOYD L. GARDNER 711 CAPTAIN O'NEAL DRIVE DAPHNE, AL 36526	PATHOLOGIST PORT CITY PATHOLOGY	04/02/93	350.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
LOUIS S. MCCANN, JR. 6280 HIGHLANDS COURT PONTE VEDRA BEACH, FL 32082	PATHOLOGIST BAPTIST MEDICAL CENTER	04/02/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

TOTAL

850.00

8
0
1
3
5
9
3
3
3
3
3
0
3
3
9

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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	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30	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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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
Bliley for Congress 3830 Ingalls Avenue Alexandria, VA 23230	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) VA-07	04/07	500.00
B. Full Name, Mailing Address and ZIP Code Moorehead for Congress 420 North Brand Boulevard Glendale, CA 91203	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CA-27	04/02	500.00
C. Full Name, Mailing Address and ZIP Code Rowland for Congress P.O. Box 1345 Dublin, CA 91040	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CA-08	04/02	500.00
D. Full Name, Mailing Address and ZIP Code Clay Shaw for Congress P.O. Box 2188 Fort Lauderdale, FL 33303	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) FL-22	04/07	500.00
E. Full Name, Mailing Address and ZIP Code Re-elect Don Sundquist Committee P.O. Box 17640 Memphis, TN 38187	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) TN-07	04/02	500.00
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

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SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2,500.00

