

# 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 ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 EYE STREET, NW SUITE 590 CITY STATE and ZIP CODE WASHINGTON, DC 20005		2. FEC IDENTIFICATION NUMBER C00274944 3. This committee qualified as a multicandidate committee <b>DURING THIS</b> 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 \_\_\_\_\_

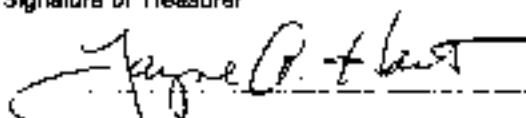
(b) Is this Report an Amendment? YES  NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/93</u> through <u>09/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 105,226.09	
(c) Total Receipts (from Line 19)	\$ 9,325.00	\$ 71,183.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 114,551.09	\$ 129,643.33
7. Total Disbursements (from Line 30)	\$ 3.00	\$ 15,095.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 114,548.09	\$ 114,548.09
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 202-376-3120
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  
 10/14/93

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

9303863214

# 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 09/01/93 TO: 09/30/93	
		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) .....		7,000.00	39,099.00
ii. Unitemized .....		2,325.00	32,084.00
iii. Total .....	(add i and ii) ➤	9,325.00	71,183.00
b. Political Party Committees .....		0	0
c. Other Political Committees (such as PACs) .....		0	0
d. Total Contributions .....	(add a ii, b and c) ➤	9,325.00	71,183.00
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) ➤	9,325.00	71,183.00
20. Total Federal Receipts .....	(subtract line 18 from line 19) ➤	9,325.00	71,183.00
<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 .....		3.00	95.24
c. Total Operating Expenditures .....	(Add a i, a ii, and b) ➤	3.00	95.24
22. Transfers to Affiliated/Other Party Committees .....		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		0	15,000.00
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, 28d, and 29) ➤	3.00	15,095.24
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) ➤	3.00	15,095.24
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....		9,325.00	71,183.00
33. Total Contribution Refunds (from line 28d) .....		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32) .....		9,325.00	71,183.00
35. Total Federal Operating Expenditures .....	(add 21 a i and 21 b) ➤	3.00	95.24
36. Offsets to Operating Expenditures (from line 15) .....		0	0
37. Net Operating Expenditures .....	(subtract line 36 from 35) ➤	3.00	95.24

9303863215

-----  
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	09/21/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
CRAIG A. DISE 42 NESTLING WOOD DRIVE LONG VALLEY, NJ 07853	PATHOLOGIST MORRISTOWN PATHOLOGY ASSOCIATES	09/21/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
KENNETH B. FARRIS 25 GRAND CANYON DRIVE NEW ORLEANS, LA 70131	PATHOLOGIST SELF-EMPLOYED	09/10/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
S. ROBERT FREEDMAN 604 EVERETT PALO ALTO, CA 94301	PATHOLOGIST COMMUNITY HOSPITAL OF LOS GATOS	09/10/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
DALE R. GRAHAM 1027 NORTH POST OAK WICHITA, KS 67206	BUSINESS MANAGER WESLEY PATHOLOGY CONSULTANTS	09/21/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

93038632116

-----  
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
MARK A. GRATHWOHL R.D. 2, ROCKLEDGE DRIVE BREWSTER, NY 10509	PATHOLOGIST SELF-EMPLOYED	09/21/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
SANDRA B. GREAR 1230 NORTH STATE PARKWAY CHICAGO, IL 60610	VICE PRESIDENT COLLEGE OF AMERICAN PATHOLOGISTS	09/01/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
WILLIAM V. HARRER 241 KINGS HIGHWAY EAST HADDONFIELD, NJ 08033	PATHOLOGIST WESLEY PATHOLOGY CONSULTANTS	09/10/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
DAVID R. HERBOLD 9439 CROSS CREEK CIRCLE WICHITA, KS 67206	PATHOLOGIST SELF-EMPLOYED	09/01/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
CHARLES M. KARPAS 6075 PELICAN BAY BOULEVARD NAPLES, FL 33963	PATHOLOGIST SELF-EMPLOYED	09/01/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

93038632117

-----  
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
ENA E. MOCEGA 7826 BRAESDALE HOUSTON, TX 77071	PATHOLOGIST SELF-EMPLOYED	09/10/93	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
STEVEN P. OLSON 4904 JASMINE TRAIL SIOUX FALLS, SD 57106	PATHOLOGIST PHYSICIANS LABORATORY LTD	09/10/93	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
WILLIAM G. ROTH 1763 SOUTH CREEK LANE OSPREY, FL 34229	PATHOLOGIST VENICE PATHOLOGY	09/01/93	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
LOYD R. WAGNER 1615 EDGEWOOD ROAD SIOUX FALLS, SD 57103	PATHOLOGIST SELF-EMPLOYED	09/21/93	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00

7000.00

9  
3  
0  
3  
8  
6  
3  
2  
1  
1  
8

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**

93038632119

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 CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/93	3.00
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 (options) .....	
TOTAL This Period (last page this line number only) .....	3.00

**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

*10-15-93*

First Class Mail

POSTMARKED

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

*SEH*  
PREPARER

*10-15-93*  
DATE PREPARED

93038632120