

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) <small>Check if different than previously reported</small> 1350 EYE STREET, NW CITY, STATE and ZIP CODE WASHINGTON, DC 20005	2. FEC IDENTIFICATION NUMBER CD0274944 3. This committee qualified as a multi-candidate committee DURING THIS Reporting Period on _____ (date).
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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: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input type="checkbox"/> October 20 <input type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input checked="" type="checkbox"/> November 20 <input type="checkbox"/> April 20 <input type="checkbox"/> August 20 <input type="checkbox"/> December 20 <input type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31 Twelfth day report preceding _____ <small>(Type of Election)</small> election on _____ in the State of _____ Thirtieth day report following the General Election on _____ in the State of _____
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(b) Is this Report an Amendment? YES NO

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/93</u> through <u>10/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 114,548.09	
(c) Total Receipts (from Line 19)	\$ 9,880.00	\$ 81,063.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 124,428.09	\$ 139,523.33
7. Total Disbursements (from Line 30)	\$ 1,101.50	\$ 16,196.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 123,326.59	\$ 123,326.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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

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
 11/10/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties at 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 10/01/93 TO: 10/31/93	
		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)	7,450.00	46,549.00	
ii. Unitemized	2,430.00	34,514.00	
iii. Total (add i and ii) >	9,880.00	81,063.00	
b. Political Party Committees	0	0	
c. Other Political Committees (such as PACs)	0	0	
d. Total Contributions (add a ii, b and c) >	9,880.00	81,063.00	
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) >	9,880.00	81,063.00	
20. Total Federal Receipts (subtract line 18 from line 19) >	9,880.00	81,063.00	
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	96.74	
c. Total Operating Expenditures (Add a i, a ii, and b) >	1.50	96.74	
22. Transfers to Affiliated/Other Party Committees	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,100.00	16,100.00	
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) >	1,101.50	16,196.74	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,101.50	16,196.74	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	9,880.00	81,063.00	
33. Total Contribution Refunds (from line 28d)	0	0	
34. Net Contributions (other than loans) (subtract line 33 from 32)	9,880.00	81,063.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1.50	96.74	

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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

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
J.T. BRAUN 4313 ALFRIENDS TRAIL VIRGINIA BEACH, VA 23455	PATHOLOGIST MEDICAL CENTER PATHOLOGISTS	10/21/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
KEVIN H. DOLE 35 HARTFORD STREET DOVER, MA 02030	PATHOLOGIST CARNEY HOSPITAL	10/21/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
EDWARD R. ECKERT 3102 ABOVE STRATFORD PLACE AUSTIN, TX 78746	PATHOLOGIST AUSTIN PATHOLOGY ASSOCIATES	10/21/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
GALEN M. EVERSOLE 510 NORTH DELAWARE ROSWELL, NM 88201	PATHOLOGIST SELF-EMPLOYED	10/21/93	350.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
JERRY L. GIBBS P.O. BOX 1719 GLASGOW, KY 42141	PATHOLOGIST ASSOCIATED PATHOLOGISTS	10/21/93	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
GORDON L. JOHNSON 110 JACKSON TRACE FESTUS, MO 63028	PATHOLOGIST JEFFERSON MEMORIAL HOSPITAL	10/04/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
ARTHUR JUDGE 76 NORTH SHORE DRIVE STOW, MA 01775	PATHOLOGIST SELF-EMPLOYED	10/04/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
P.W. KEITGES 5035 SUMMIT KANSAS CITY, MO 64112	PATHOLOGIST PHYSICIAN'S REFERENCE LAB	10/21/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
RONALD R. MARTINS 1855 HOLLYHOCK LANE ELM GROVE, WI 53122	PATHOLOGIST PROFESSIONAL MEDICAL LAB ASSOCIATES	10/04/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JESSE H. MARYMONT, JR. 291 SOUTH BROOKSIDE DRIVE WICHITA, KS 67218	PATHOLOGIST WESLEY MEDICAL CENTER	10/21/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
RICHARD NUNNALLY 7414 BOGAGE BOULEVARD BATON ROUGE, LA 70809	PATHOLOGIST SELF-EMPLOYED	10/21/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
S. VICTOR SAVINO 2505 SCHELL COURT, NE ALBUQUERQUE, NM 87106	RETIRED	10/29/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DONALD D. VAN FOSSAN 2011 BRIARCLIFF SPRINGFIELD, IL 62704	PATHOLOGIST ST. JOHN'S HOSPITAL	10/21/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
THOMAS F. WOOD 3114-A MIDDLEBROOK CIRCLE TALLAHASSEE, FL 32312	PATHOLOGIST PATHOLOGY ASSOCIATES	10/21/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

7450.00

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

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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 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)	10/31	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)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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
Bill Brewster for Congress P.O. Box 990 Washington, DC 20044	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) OK-03	10/29	100.00
B. Full Name, Mailing Address and ZIP Code Jefferson Committee P.O. Box 76337 Washington, DC 20013	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) LA-02	10/14	500.00
C. Full Name, Mailing Address and ZIP Code Paxon for Congress P.O. Box 1995 Williamsville, NY 14231	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) NY-27	10/04	500.00
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

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SUBTOTAL of Disbursements This Page (optional)

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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>11-12-93</i>
<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

JMN
PREPARER

11-15-93
DATE PREPARED

93038661138