

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE SERVICES

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE</b> ADDRESS (number and street) <small>Check if different than previously reported</small> <b>1101 VERMONT AVENUE, NW SUITE 604</b>  CITY, STATE and ZIP CODE <b>WASHINGTON, DC 20005</b>	2. FIDUCIARY IDENTIFICATION NUMBER <b>C00274944</b>  3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on <b>02/28/93</b> (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 checked="" type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input 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  <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____  <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
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(b) Is this Report an Amendment?     YES      NO

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	SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/01/93</u> through <u>02/28/93</u>			
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period		\$ 59,883.83	
(c) Total Receipts (from Line 19)		\$ 199.00	\$ 2,624.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 60,082.83	\$ 61,084.33
7. Total Disbursements (from Line 30)		\$ 1.50	\$ 1,003.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 60,081.33	\$ 60,081.33
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	

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 *Jayne A. Hart* Date **03/16/93**

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

# 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 02/01/93 TO 02/28/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
	i. Itemized (use Schedule A) .....	0	1,750.00
	ii. Unitemized .....	199.00	874.00
	iii. Total .....	199.00	2,624.00
	b. Political Party Committees .....	0	0
	c. Other Political Committees (such as PACs) .....	0	0
	d. Total Contributions .....	199.00	2,624.00
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 .....	199.00	2,624.00
20	Total Federal Receipts .....	199.00	2,624.00
<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 .....	1.50	3.00
c.	Total Operating Expenditures .....	1.50	3.00
22	Transfers to Affiliated/Other Party Committees .....	0	0
23	Contributions to Federal Candidates/Committees and Other Political Committees .....	0	1,000.00
24	Independent Expenditures (use Schedule E) .....	0	0
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F) ..	0	0
26	Loan Repayments Made .....	0	0
27	Loans Made .....	0	0
28	Refunds of Contributions To:		
	a. Individuals/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 .....	1.50	1,003.00
31	Total Federal Disbursements .....	1.50	1,003.00
<b>III. Net Contributions/Operating Expenditures</b>			
32	Total Contributions (other than loans) (from line 11d) .....	199.00	2,624.00
33	Total Contribution Refunds (from line 28d) .....	0	0
34	Net Contributions (other than loans) (subtract line 33 from 32) .....	199.00	2,624.00
35	Total Federal Operating Expenditures .....	1.50	3.00
36	Offsets to Operating Expenditures (from line 15) .....	0	0
37	Net Operating Expenditures .....	1.50	3.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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)	02/28	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

**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 3/22/93
<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

  
 PREPARER

3/22/93  
 DATE PREPARED

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