

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

DEC 2 10 04 AM '94

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	2. FEC IDENTIFICATION NUMBER C00274944
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 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 \_\_\_\_\_ (Type of Election) \_\_\_\_\_ election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on 11/08/94 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>10/20/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 125,338.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,679.09	
(c) Total Receipts (from Line 19)	\$ 3,235.00	\$ 110,029.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15,914.09	\$ 235,367.59
7. Total Disbursements (from Line 30)	\$ 1,089.52	\$ 220,543.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,824.57	\$ 14,824.57
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 889 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	Date
Signature of Treasurer 	11/30/94

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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**FEC FORM 3X**  
(revised 9/93)

94039451297

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		FROM 10/20/94	TO 11/28/94
		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		
	Itemized (use Schedule A) .....	1,450.00	58,949.00
	Unitemized .....	1,285.00	50,080.00
	Total .....	2,735.00	109,029.00
b.	Political Party Committees .....	0	0
c.	Other Political Committees (such as PACs) .....	0	0
d.	Total Contributions .....	2,735.00	109,029.00
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 .....	500.00	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 .....	3,235.00	110,029.00
20.	Total Federal Receipts .....	3,235.00	110,029.00
<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 .....	89.52	143.02
c.	Total Operating Expenditures .....	89.52	143.02
22.	Transfers to Affiliated/Other Party Committees .....	0	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	1,000.00	220,400.00
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. 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 .....	1,089.52	220,543.02
31.	Total Federal Disbursements .....	1,089.52	220,543.02
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d) .....	2,735.00	109,029.00
33.	Total Contribution Refunds (from line 28d) .....	0	0
34.	Net Contributions (other than loans) (subtract line 33 from line 32) .....	2,735.00	109,029.00
35.	Total Federal Operating Expenditures .....	89.52	143.02
36.	Offsets to Operating Expenditures (from line 15) .....	0	0
37.	Net Operating Expenditures .....	89.52	143.02

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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.  
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## COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
JOHN D. MILAM 11927 ARBORDALE HOUSTON, TX 77024	PATHOLOGIST UNIVERSITY OF TEXAS HEALTH SCIENCES CENTER	11/02/94	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
FREDERICK MUSCHENHEIM OWERA POINT, R.D. 4 CAZENOVIA, NY 13035	PATHOLOGIST SELF-EMPLOYED	11/02/94	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
MARY L. NIELSEN 6409 EAST 11TH WICHITA, KS 67206	PATHOLOGIST PATHOLOGY CONSULTANTS, INC.	11/02/94	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
ROBERT R. RICKERT ST. BARNABAS MEDICAL CENTER LIVINGSTON, NJ 07039	PATHOLOGIST DIAGNOSTIC PATHOLOGY	10/24/94	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
THOMAS S. VELZ 69 WILKES AVENUE AMSTERDAM, NY 12010	PATHOLOGIST SELF-EMPLOYED	11/02/94	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

1450.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 16

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**NAME OF COMMITTEE (In Full)**

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

94039451300

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Billey for Congress P.O. Box 17095 Richmond, VA 23226	Contribution refund	11/02/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	500.00

**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

94039451301

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	Reverse 10/03/94 charge	11/02/94	( 15.00 )
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Bank charge	10/31/94	1.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94 11/03/94	17.08 25.00
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Bank charge	11/15/94	10.94
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/94	50.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

89.52

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE**

2  
3  
4  
5  
9  
3  
4  
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A Lot of People Who Support Bingaman 1504 San Pedro Albuquerque, NM 87110	Contribution: NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Sherrod Brown for Congress 111 Edgefield Drive Elyria, OH 44035	Contribution: OH-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	500.00
C. Full Name, Mailing Address and ZIP Code Jim Chapman for Congress P.O. Box 388 Sulphur Springs, TX 75483	Contribution: TX-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	500.00
D. Full Name, Mailing Address and ZIP Code Cubin for Congress P.O. Box 4657 Casper, WY 82604	Contribution: WY-AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Graham for Congress P.O. Box 1155 Seneca, SC 29679	Contribution: SC-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	500.00
F. Full Name, Mailing Address and ZIP Code Lambert To Win Campaign P.O. Box 118 Helena, AR 72342	Contribution: AR-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/94	1,000.00
G. Full Name, Mailing Address and ZIP Code LoBiondo Committee to Change Congress P.O. Box 775 Marmora, NJ 08223	Contribution: NJ-02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/94	500.00
H. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Contribution: NJ-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Rangel for Congress 2030 Allen Place, NW Washington, DC 20009	Contribution: NY-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/94	2,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

94039451303

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Barton Campaign Committee P.O. Box 1444 Ennis, TX 75119	Add back voided check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/94	(1,000.00)
B. Full Name, Mailing Address and ZIP Code Citizens for Gillmor P.O. Box 910 Port Clinton, OH 43452	Add back voided check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/94	(1,000.00)
C. Full Name, Mailing Address and ZIP Code Congressman Waxman Campaign 8665 Wilshire Boulevard Beverly Hills, CA 90211	Add back voided check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/94	(5,000.00)
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

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	1,000.00

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

First Class Mail POSTMARKED  
12-1-94

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

SMN  
PREPARER

12-2-94  
DATE PREPARED

94039451304