

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REGULATED BY
FEDERAL ELECTION
COMMISSION

Oct 20 11 10 AM '98

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 type="checkbox"/> Check if different than previously reported 1350 I STREET, NW SUITE 590		
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:
 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 GENERAL
(Type of Election)
election on 11/03/98 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>10/01/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 139,949.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 39,208.26	
(c) Total Receipts (from Line 19)	\$ 9,750.00	\$ 94,555.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 48,958.26	\$ 234,504.71
7. Total Disbursements (from Line 30)	\$ 13,515.00	\$ 199,061.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 35,443.26	\$ 35,443.26
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 939 E Street, NW Washington, DC 20483 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 HART CHAMBERS - ASSISTANT TREASURER	Date 10/19/98
Signature of Treasurer <i>Jayne Hart Chambers</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE	FROM 10/01/98 TO 10/14/98	
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)	4,900.00	39,190.00
ii. Unitemized	4,850.00	55,365.00
iii. Total (add i and ii) >	9,750.00	94,555.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a ii, b and c) >	9,750.00	94,555.00
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) >	9,750.00	94,555.00
20. Total Federal Receipts (subtract line 18 from line 19) >	9,750.00	94,555.00
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	15.00	923.25
c. Total Operating Expenditures (add a i, a ii, and b) >	15.00	923.25
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,500.00	198,138.20
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) >	13,515.00	199,061.45
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,515.00	199,061.45
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,750.00	94,555.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,750.00	94,555.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	15.00	923.25
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	15.00	923.25

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
NADARAJAH BALASUBRAMANIAM ELLIS HOSPITAL SCHENECTADY, NY 12308	PATHOLOGIST ELLIS HOSPITAL	10/05/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
CARL ALLEN BARNES P.O. BOX 1179 FLORENCE, AL 35631	PATHOLOGIST SELF-EMPLOYED	10/05/98	100.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
RAFAEL CAMPANINI 1044 NORTH FRANCISCO AVENUE CHICAGO, IL 60622	PATHOLOGIST NORWEGIAN-AMERICAN HOSPITAL	10/07/98	100.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
DESIREE CARLSON 24 MILLER HILL ROAD DOVER, MA 02030	PATHOLOGIST SELF-EMPLOYED	10/05/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
KENNETH J. FRIEDMAN 1730 ELTON ROAD SILVER SPRING, MD 20903	PATHOLOGIST SELF-EMPLOYED	10/07/98	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		750.00
THOMAS D. GREEN 117 EAST DESHLER AVENUE COLUMBUS, OH 43206	PATHOLOGIST SELF-EMPLOYED	10/05/98	150.00
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
ROBERT H. KNAPP 2500 OAKWOOD DRIVE, SE EAST GRAND RAPIDS, MI 49506	PATHOLOGIST LABORATORY PATHOLOGIST, PC	10/05/98	200.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		700.00
MARGARET H. KOWALSKI 12 BRIARWOOD LANE NEW HARTFORD, NY 13413	PATHOLOGIST ST. ELIZABETH HOSPITAL	10/05/98	100.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		400.00
MARY B. BANCROFT LUX 2301 SHERIDAN DRIVE NORFOLK, NE 68701	PATHOLOGIST PATHOLOGY MEDICAL SERVICES	10/05/98	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
R. IRVIN MORGAN P.O. BOX 424 GREENVILLE, TX 75403	PATHOLOGIST SELF-EMPLOYED	10/05/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JOHN C. NEFF 508 UNION AVENUE KNOXVILLE, TN 37902	PATHOLOGIST UNIVERSITY OF TENNESSEE MEDICAL CENTER	10/05/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
GARRY F. RUST 2003 WIND CREEK KINGWOOD, TX 77345	PATHOLOGIST SELF-EMPLOYED	10/05/98	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1150.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
JAMES J. SCHNABEL 11308 WOODBRIDGE ROAD OKLAHOMA CITY, OK 73162	PATHOLOGIST BAPTIST MEDICAL CENTER	10/05/98	100.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
EDWARD J. SHUMSKI P.O. BOX 841 OCEAN SPRINGS, MS 39564	PATHOLOGIST SELF-EMPLOYED	10/05/98	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ANN E. SIERK 19001 OXFORD ROAD SHAKER HEIGHTS, OH 44122	PATHOLOGIST WEST SIDE PATHOLOGY	10/05/98	100.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
CHARLES E. SLONAKER, III 14672 SOUTH COUNTRYWOOD DRIVE GULFPORT, MS 39503	PATHOLOGIST SELF-EMPLOYED	10/05/98	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		650.00
EDGAR H. SMITH 1407 PINE ROAD OMAHA, NE 68144	PATHOLOGIST MIDWEST PATHOLOGY SPECIALISTS	10/05/98	150.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
RONALD P. SPARK BOX 43414 TUCSON, AZ 85733	PATHOLOGIST TUCSON MEDICAL CENTER	10/05/98	50.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

TOTAL ITEMIZED LINE 11a

4900.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/02/98	Amount of Each Disbursement This Period 15.00
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 (optional)

TOTAL This Period (last page this line number only)

15.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Baesler for Senate 2365 Harrodsburg Road Lexington, KY 40504	Contribution: KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/98	3,000.00
B. Full Name, Mailing Address and ZIP Code Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120	Purpose of Disbursement Contribution: TX-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Faircloth for Senate 3901 Barrett Drive Raleigh, NC 27609	Purpose of Disbursement Contribution: NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
D. Full Name, Mailing Address and ZIP Code LoBiondo for Congress P.O. Box 775 Marmora, NJ 08223	Purpose of Disbursement Contribution: NJ-02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7101 Wisconsin Avenue Bethesda, MD 20814	Purpose of Disbursement Contribution: MD-08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Janice Nelson P.O. Box 758 Sierra Madra, CA 91025	Purpose of Disbursement Contribution: CA-28 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,500.00
G. Full Name, Mailing Address and ZIP Code Don Sherwood for Congress 10 Bridgeover Tunkhannock, PA 18657	Purpose of Disbursement Contribution: PA-10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Volnovich for Senate 25201 Chagrin Boulevard Cleveland, OH 44122	Purpose of Disbursement Contribution: OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	2,500.00
I. Full Name, Mailing Address and ZIP Code Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	Purpose of Disbursement Contribution: WA-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/98	2,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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
Alaska '98 Committee P.O. Box 100298 Anchorage, AK 99510	Contribution: AK-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Misser for Congress P.O. Box 628245 Middleton, WI 53562	Purpose of Disbursement ADD BACK VOIDED CHECK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/98	(1,000.00)
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)

13,500.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/20/98</i>
<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
<input type="checkbox"/> Electronic Filing	
<i>RAS</i> PREPARER	<i>10/20/98</i> DATE PREPARED