

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 16 10 13 AM '99

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 _____
(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>05/01/99</u> through <u>05/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 33,146.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 106,032.46	
(c) Total Receipts (from Line 19)	\$ 9,150.00	\$ 85,955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 115,182.46	\$ 119,101.42
7. Total Disbursements (from Line 30)	\$ 4,410.06	\$ 8,329.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 110,772.40	\$ 110,772.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 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)	\$ 0.00	

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
JOHN W. SCOTT - ASSISTANT TREASURER

Signature of Treasurer
John Scott

Date
06/14/99

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 3/93)

**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 05/01/99 TO: 05/31/99	
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)		2,950.00	42,550.00
ii. Unitemized		6,200.00	43,405.00
iii. Total (add i and ii) >		9,150.00	85,955.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		9,150.00	85,955.00
12. Transfers From Affiliated/Other Party Committees			
13. AS Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		9,150.00	85,955.00
20. Total Federal Receipts (subtract line 18 from line 19) >		9,150.00	85,955.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		(89.94)	829.02
b. Other Federal Operating Expenditures		(89.94)	829.02
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,500.00	7,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,410.06	8,329.02
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,410.06	8,329.02
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		9,150.00	85,955.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		9,150.00	85,955.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		(89.94)	829.02
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		(89.94)	829.02

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 J. BIGGS 5008 GRAND ROCK ROAD BIRMINGHAM, AL 35223	PATHOLOGIST BMC PATHOLOGY GROUP	05/10/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
S. ROBERT FREEDMAN 604 EVERETT AVENUE PALO ALTO, CA 94301	PATHOLOGIST SELF-EMPLOYED	05/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		400.00
ALFONSO GONZALEZ 27 BEE RIDGE CIRCLE COLUMBIA, SC 29223	PATHOLOGIST COLUMBIA SKIN CLINIC	05/26/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
R. IRVIN MORGAN P.O. BOX 424 GREENVILLE, TX 75403	PATHOLOGIST SELF-EMPLOYED	05/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOHN C. NEFF 508 UNION AVENUE KNOXVILLE, TN 37902	PATHOLOGIST UNIVERSITY OF TENNESSEE MEDICAL CENTER	05/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		2000.00
JANICE M. NELSON 209 RAMONA AVENUE SIERRA MADRE, CA 91024	PATHOLOGIST LOS ANGELES COUNTY	05/10/99	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
CONSTANTINE A. PAPPAS 35 EVERETT AVENUE WINCHESTER, MA 01890	PATHOLOGIST SELF-EMPLOYED	05/10/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JARED N. SCHWARTZ 3429 WYNINGTON DRIVE CHARLOTTE, NC 28226	PATHOLOGIST SELF-EMPLOYED	05/10/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

TOTAL ITEMIZED LINE 11a

2950.00

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	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Credit card fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/99	210.06
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Correct bank error: 04/19/99 credit card fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/99	(300.00)
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)

(89.94)

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
Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	Contributions: OH-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court, NE Washington, DC 20002	Contribution: VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 East Main Street Waterbury, CT 06702	Contribution: CT-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/99	500.00
D. Full Name, Mailing Address and ZIP Code Porter for Congress P.O. Box 7126 Deerfield, IL 60015	Contribution: IL-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/11/99	500.00
E. Full Name, Mailing Address and ZIP Code Thurman for Congress 450 Pleasant Grove Road Inverness, FL 34452	Contribution: FL-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Weygand Committee P.O. Box 7818 Warwick, RI 02887	Contribution: RI-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/99	500.00
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)

4,500.00

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 6-16-99
<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>JW</i> PREPARER	 6-16-99 DATE PREPARED