

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 19 1 45 PM '99

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 I STREET, NW SUITE 590	2. FEC IDENTIFICATION NUMBER CD0274944
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 checked="" 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 _____ 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>01/01/99</u> through <u>01/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 33,146.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 33,146.42	
(c) Total Receipts (from Line 19)	\$ 27,865.00	\$ 27,865.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 61,011.42	\$ 61,011.42
7. Total Disbursements (from Line 30)	\$ 33.17	\$ 33.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 60,978.25	\$ 60,978.25
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 998 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 H. SCOTT - ASSISTANT TREASURER

Signature of Treasurer

Date
 02/12/99

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 9/93)

**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 01/01/99 TO: 01/31/99	
		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)		15,750.00	15,750.00
ii. Unitemized		12,115.00	12,115.00
iii. Total	(add i and ii) >	27,865.00	27,865.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a iii, b and c) >	27,865.00	27,865.00
12. Transfers From Affiliated/Other Party Committees			
13. All 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) >	27,865.00	27,865.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	27,865.00	27,865.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		33.17	33.17
b. Other Federal Operating Expenditures		33.17	33.17
c. Total Operating Expenditures	(add a i, ii, and b) >	33.17	33.17
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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) >	33.17	33.17
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	33.17	33.17
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		27,865.00	27,865.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		27,865.00	27,865.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	33.17	33.17
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >	33.17	33.17

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 BACHNER 810 DELONG LEXINGTON, KY 40515	PATHOLOGIST UNIVERSITY OF KENTUCKY MEDICAL CENTER	01/26/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
N. BALASUBRAMANIAM ELLIS HOSPITAL SCHENECTADY, NY 12308	PATHOLOGIST ELLIS HOSPITAL	01/26/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOSEPH C. BERGERON, JR. 5 HUCKLEBERRY LANE ACTON, MA 01720	PATHOLOGIST SELF-EMPLOYED	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GORDON LEE BILLS 9293 WITHERBONE COURT CINCINNATI, OH 45242	PATHOLOGIST GOOD SAMARITAN HOSPITAL	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MICHAEL E. BUSH 247 WILTON ROAD WEST RIDGEFIELD, CT 06877	PATHOLOGIST NORWALK HOSPITAL	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DESIREE CARLSON 24 MILLER HILL ROAD DOVER, MA 02030	PATHOLOGIST SELF-EMPLOYED	01/26/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
THOMAS J. COOPER 3962 KNORVILLE LONG BEACH, CA 90808	PATHOLOGIST SELF-EMPLOYED	01/26/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
CRAIG A. DISE 42 NESTLINGWOOD DRIVE LONG VALLEY, NJ 07853	PATHOLOGIST MORRISTOWN PATHOLOGY ASSOCIATES	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GENE E. EWING 4509 HIGHLAND DRIVE DALLAS, TX 75205	PATHOLOGIST PROPATH ASSOCIATES	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
KENNETH J. FRIEDMAN 1730 ELTON ROAD SILVER SPRING, MD 20903	PATHOLOGIST SELF-EMPLOYED	01/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
KATHLEEN P. HART-DITTMER 3567 FAWN LANE BETTENDORF, IA 52722	PATHOLOGIST QUAD CITIES PATHOLOGISTS GROUP	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD J. HAUSNER 9601 JONES ROAD HOUSTON, TX 77065	PATHOLOGIST SELF-EMPLOYED	01/18/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
JAMES S. HEATH 21 FARLEY ROAD HOLLIS, NH 03049	PATHOLOGIST NASHUA PATHOLOGY ASSOCIATES	01/26/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
MELVIN HOSHIKO 6161 GLENEAGLES CIRCLE HUNTINGTON BEACH, CA 92648	PATHOLOGIST LONG BEACH MEMORIAL PATHOLOGY GROUP	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD H. KELTY 3664 TWIN LAKE RIDGE WESTLAKE VILLAGE, CA 91361	PATHOLOGIST SELF-EMPLOYED	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GLEN D. MASON 1819 BILTMORE STREET, NW WASHINGTON, DC 20009	GOV'T AFFAIRS DIRECTOR COLLEGE OF AMERICAN PATHOLOGISTS	01/13/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
WILLIAM B. MULLINS 1402 WALTON WAY AUGUSTA, GA 30901	PATHOLOGIST SELF-EMPLOYED	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JOHN C. NEFF 508 UNION AVENUE KNOXVILLE, TN 37902	PATHOLOGIST UNIVERSITY OF TENNESSEE MEDICAL CENTER	01/26/99	1500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1500.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
JOHN G. NEWBY 11110 MEDICAL CAMPUS ROAD HAGERSTOWN, MD 21742	PATHOLOGIST SELF-EMPLOYED	01/26/99 01/26/99	100.00 900.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
W. EDWARD NULL 407 EAST HIGH POINT ROAD PEORIA, IL 61614	PATHOLOGIST CENTRAL ILLINOIS PATHOLOGY	01/26/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
LAUREN I. O'BRIEN 2322 CALIFORNIA AVENUE SANTA MONICA, CA 90403	PATHOLOGIST SELF-EMPLOYED	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
PAUL A. RASLAVICUS 3 WILLIS LANE LYNNFIELD, MA 01940	PATHOLOGIST BOSTON REGIONAL MEDICAL CENTER	01/13/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
MARION M. RUNDALL 1410 SPRING CRESS LANE SEABROOK, TX 77586	PATHOLOGIST CLEAR LAKE PATHOLOGY ASSOCIATES	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
H.E. SETZER P.O. BOX 1217 BILLINGS, MT 59103	PATHOLOGIST PATHOLOGY CONSULTANTS, PC	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
CHARLES E. SLONAKER, III 14672 SOUTH COUNTRYWOOD GULFPORT, MS 39503	PATHOLOGIST SELF-EMPLOYED	01/26/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
J. ROBERT SPENCER 2001 WEBBER STREET SARASOTA, FL 33579	PATHOLOGIST SELF-EMPLOYED	01/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
CARLA STAYBOLDT 435 H STREET CHULA VISTA, CA 91910	PATHOLOGIST SAN DIEGO PATHOLOGISTS MEDICAL GROUP	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
NORMAN C. SUDDUTH 5215 PENNOCK POINT ROAD JUPITER, FL 33458	PATHOLOGIST PATHOLOGY CONSULTANTS OF PALM BEACHES	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
PAULA E. SZYPKO 1401 THORNHILL LANE WINSTON-SALEM, NC 27106	PATHOLOGIST NORTH STATE PATHOLOGY ASSOCIATES	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS A. WEBB 6110 NORTH OAK LEAF COURT PEORIA, IL 61615	PATHOLOGIST PEORIA-TAZEWELL PATHOLOGY GROUP	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
J.S. WILKENFELD P.O. BOX 55008 HOUSTON, TX 77255	PATHOLOGIST SELF-EMPLOYED	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS P. WOOD 3114-A MIDDLEBROOK CIRCLE TALLAHASSEE, FL 32312	PATHOLOGIST SELF-EMPLOYED	01/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RAYMOND C. ZASTROW 504 PONDEROSA DRIVE HARTLAND, WI 53029	PATHOLOGIST SELF-EMPLOYED	01/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
KENT G. ZIMMERMAN 2602 SOUTH GAUCHO MESA, AZ 85202	PATHOLOGIST CLIN-PATH ASSOCIATES	01/26/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

15750.00

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 1455 New York Avenue, NW Washington, DC 20005	Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/05/99	33.17
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)

33.17

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 2-19-99
<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	
 PREPARER	2-19-99 DATE PREPARED