

# 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

Mar 19 1999

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	

## 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  |
- 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>02/01/99</u> through <u>02/28/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 33,146.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 60,978.25	
(c) Total Receipts (from Line 18)	\$ 18,125.00	\$ 45,990.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 79,103.25	\$ 79,136.42
7. Total Disbursements (from Line 30)	\$ 1,253.42	\$ 1,286.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 77,849.83	\$ 77,849.83
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 202-218-3420
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	Date
Signature of Treasurer 	03/18/99

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 1/1/81)

NAME OF COMMITTEE COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 02/01/99 TO 02/28/99	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,950.00	27,700.00	11(a)(i)
ii. Unitemized	6,175.00	18,290.00	11(a)(ii)
iii. Total (add i and ii) >	18,125.00	45,990.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	18,125.00	45,990.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,125.00	45,990.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	18,125.00	45,990.00	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	253.42	286.59	21(b)
b. Other Federal Operating Expenditures	253.42	286.59	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	253.42	286.59	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29
d. Total Contribution Refunds (add a, b and c) >			30
29. Other Disbursements			31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,253.42	1,286.59	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,253.42	1,286.59	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	18,125.00	45,990.00	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)	18,125.00	45,990.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	253.42	286.59	
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >	253.42	286.59	

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
CARL G. BECKER 3529 NORTH SUMMIT AVENUE SHOREWOOD, WI 53211	PATHOLOGIST MEDICAL COLLEGE OF WISCONSIN	02/12/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
CATHY OBERG BLIGHT 2615 CIRCLE DRIVE FLINT, MI 48507	PATHOLOGIST PATHOLOGY ASSOCIATES	02/12/99	1000.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00
KEVIN B. DOLE 35 HARTFORD STREET DOVER, MA 02030	PATHOLOGIST CARNEY HOSPITAL	02/12/99	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
EDWARD R. ECKERT 3102 ABOVE STRATFORD PLACE AUSTIN, TX 78746	PATHOLOGIST AUSTIN PATHOLOGY ASSOCIATES	02/12/99	2500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		2500.00
GENE E. EWING 5909 HARRY HINES BOULEVARD DALLAS, TX 75235	PATHOLOGIST PROPATH ASSOCIATES	02/12/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		600.00
JEFFREY D. GOLDSTEIN 2656 BEAUCLERC ROAD JACKSONVILLE, FL 32257	PATHOLOGIST JACKSONVILLE PATHOLOGY CONSULTANTS	02/12/99	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
JOHN R. HARBOUR 6112 LAUREL VALLEY COURT FORT WORTH, TX 76132	PATHOLOGIST PATHOLOGY ASSOCIATES OF TEXAS	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
H. RICHARD HINRICHS 1501 STAGECOACH ROAD, SE ALBUQUERQUE, NM 87123	PATHOLOGIST PATHOLOGY ASSOCIATES OF ALBUQUERQUE	02/03/99	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
MARY V. IACocca 2100 COPELAND WAY CHAPEL HILL, NC 27514	PATHOLOGIST NC MEMORIAL HOSPITAL	02/12/99	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
LAUREL A. KRAUSE 13933 OAKLAND PLACE MINNETONKA, MN 55305	PATHOLOGIST HOSPITAL PATHOLOGY ASSOCIATES	02/12/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
JOHN D. MILAM 11927 ARBORDALE HOUSTON, TX 77024	PATHOLOGIST UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	02/12/99	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
RODNEY T. MILLER 623 LAKE PARK DRIVE COPPELL, TX 75019	PATHOLOGIST PROPATH ASSOCIATES	02/03/99	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
DENNIS D. REINKE 2336 ROLLING DRIVE BISMARCK, ND 58501	PATHOLOGIST MEDCENTER ONE HEALTH SYSTEMS	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
GARRY F. RUST 2003 WIND CREEK KINGWOOD, TX 77345	PATHOLOGIST SELF-EMPLOYED	02/12/99	1000.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00
THOMAS H. RYNALSKI 143 CARICA ROAD NAPLES, FL 34108	PATHOLOGIST NAPLES PATHOLOGY ASSOCIATES	02/12/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
RICHARD A. SAVAGE 8715 OAKDALE DRIVE JOHNSTON, IA 50131	PATHOLOGIST MERCY HOSPITAL	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
JERALD R. SCHENKEN 115 NORTH 54TH STREET OMAHA, NE 68132	PATHOLOGIST NEBRASKA METHODIST HOSPITAL	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
GREGORY J. SKARULIS 747 HILLCREST DRIVE BRADENTON, FL 34209	PATHOLOGIST MANATEE MEMORIAL HOSPITAL	02/12/99	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
CARL T. SMEDBERG 504 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	PATHOLOGIST SPACE COAST PATHOLOGISTS	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
MARK S. SYNOVEC 6520 SW VORSE ROAD AUBURN, KS 66402	PATHOLOGIST TOPEKA PATHOLOGY GROUP	02/03/99	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
MAUREEN TROTTAR 1818 PINE STREET ABILENE, TX 79601	PATHOLOGIST CLINICAL PATHOLOGY ASSOCIATES	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
ARTHUR M. VOGEL 1515 18TH AVENUE EAST SEATTLE, WA 98112	PATHOLOGIST CYTOLAB	02/03/99	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
SARAH V. WEBB 1417 PLANTATION DRIVE NORTH COLLEYVILLE, TX 76034	PATHOLOGIST HARRIS METHODIST HOSPITAL	02/12/99	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
JAMES Q. WHITAKER P.O. BOX 2981 WARNER ROBINS, GA 31099	PATHOLOGIST PATHOLOGY INSTITUTE OF MIDDLE GEORGIA	02/12/99	1000.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00

TOTAL ITEMIZED LINE 11a

11950.00

**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)	02/02/99 02/22/99	153.42 100.00
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) .....

253.42

**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 Contribution: LA-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/23/99	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Cooksey for Congress P.O. Box 7600 Monroe, LA 71211	Purpose of Disbursement Contribution: TX-24 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/23/99	Amount of Each Disbursement This Period 500.00
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) .....

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 3-18-99
<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>J.P.P.</i> PREPARER	3-18-99 DATE PREPARED