

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JUN 14 2 00 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**COLLEGE OF AMERICAN PATHOLOGISTS
 POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) Check if different than previously reported
1350 I STREET, NW SUITE 590

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
C00274944

3. 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 checked="" 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 |

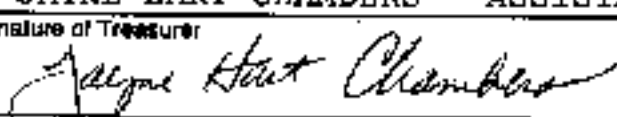
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>05/01/96</u> through <u>05/31/96</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 85,262.51
(b)	Cash on Hand at Beginning of Reporting Period	\$ 181,001.66	
(c)	Total Receipts (from Line 19)	\$ 3,840.00	\$ 109,427.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 184,841.66	\$ 194,689.51
7.	Total Disbursements (from Line 30)	\$ 5,586.95	\$ 15,434.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 179,254.71	\$ 179,254.71
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 660 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-9420
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

Signature of Treasurer:  Date: **06/10/96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 9/93)

FEC444101

9603055441

**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 05/01/96 TO 05/31/96

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,800.00	53,280.00
ii. Unitemized		1,040.00	56,147.00
iii. Total (add i and ii)		3,840.00	109,427.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a ii, b and c)		3,840.00	109,427.00
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)		3,840.00	109,427.00
20. Total Federal Receipts (subtract line 18 from line 19)		3,840.00	109,427.00
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		86.95	634.80
c. Total Operating Expenditures (add a i, a ii, and b)		86.95	634.80
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		5,500.00	14,500.00
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	300.00
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	300.00
29. Other Disbursements		0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		5,586.95	15,434.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		5,586.95	15,434.80
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		3,840.00	109,427.00
33. Total Contribution Refunds (from line 28d)		0	300.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		3,840.00	109,127.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		86.95	634.80
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35)		86.95	634.80

960305442

 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
N. BALASUERAMANIAM ELLIS HOSPITAL SCHENECTADY, NY 12308	PATHOLOGIST ELLIS HOSPITAL	05/10/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
MARY L. NIELSEN 6409 EAST 11TH STREET WICHITA, KS 67206	PATHOLOGIST KANSAS PATHOLOGY CONSULTANTS	05/09/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
WILLIAM E. ROBERTS 1240 SOUTHAMPTON DRIVE ALEXANDRIA, LA 71303	PATHOLOGIST SELF-EMPLOYED	05/22/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
F. MICHAEL WALSH 4342 BROOKSIDE ROAD TOLEDO, OH 43615	PATHOLOGIST CONSULTANTS IN LABORATORY MEDICINE	05/10/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

TOTAL ITEMIZED LINE 11a

2800.00

9
6
0
3
0
5
4
4
3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

96030554444

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) 05/03/96	Amount of Each Disbursement This Period 86.95
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)

86.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

9603055445

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: FL-09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Contribution: FL-09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/96	1,000.00
B. Full Name, Mailing Address and ZIP Code Peter Blute for Congress P.O. Box 246 Worcester, MA 01613	Purpose of Disbursement Contribution: MA-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/96	1,000.00
C. Full Name, Mailing Address and ZIP Code McCrery for Congress P.O. Box 4650 Shreveport, LA 71134	Purpose of Disbursement Contribution: LA-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/96	1,000.00
D. Full Name, Mailing Address and ZIP Code Moran for Congress P.O. Box 2518 Alexandria, VA 22301	Purpose of Disbursement Contribution: VA-08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/96	500.00
E. Full Name, Mailing Address and ZIP Code Solomon for Congress P.O. Box 459 Saratoga Springs, NY 12866	Purpose of Disbursement Contribution: NY-22 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/96	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns 4451 Brookfield Corp. Drive Chantilly, VA 22021	Purpose of Disbursement Contribution: FL-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/96	500.00
G. Full Name, Mailing Address and ZIP Code Stenholm for Congress 4710 North 40th Street Arlington, VA 22207	Purpose of Disbursement Contribution: TX-17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/96	500.00
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)

5,500.00

**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.

Hand Delivered DATE OF RECEIPT
6-14-92

First Class Mail POSTMARKED

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

JCB 6-14-92
PREPARER DATE PREPARED

9603055446