

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 18 4 41 PM '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

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election 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 01/01/98 through 01/31/98		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 98		\$ 139,949.71
(b)	Cash on Hand at Beginning of Reporting Period	\$ 139,949.71	
(c)	Total Receipts (from Line 19)	\$ 15,600.00	\$ 15,600.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 155,549.71	\$ 155,549.71
7.	Total Disbursements (from Line 20)	\$ 3,180.63	\$ 3,180.63
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 152,369.08	\$ 152,369.08
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.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)	\$.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
JAYNE HART CHAMBERS - ASSISTANT TREASURER

Signature of Treasurer

Jayne Hart Chambers

Date

02/17/98

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 8/98)

**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 01/01/98 TO 01/31/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,700.00	8,700.00	1140
ii. Unitemized	6,900.00	6,900.00	1140
ii. Total (add i and ii) >	15,600.00	15,600.00	1140
b. Political Party Committees	0	0	143
c. Other Political Committees (such as PACs)	0	0	143
d. Total Contributions (add a ii, b and c) >	15,600.00	15,600.00	143
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,600.00	15,600.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	15,600.00	15,600.00	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(a)
b. Other Federal Operating Expenditures	180.63	180.63	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	180.63	180.63	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,180.63	3,180.63	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,180.63	3,180.63	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,600.00	15,600.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,600.00	15,600.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	180.63	180.63	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	180.63	180.63	37

 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
DALE F. ANDRES 2 OLD FARM ROAD MASON CITY, IA 50401	PATHOLOGIST NORTH IOWA MERCY HEALTH CENTER	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
REX H. BELL 5300 RIDGEFIELD LANE LITTLE ROCK, AR 72211	PATHOLOGIST	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
J.K. BILLMAN, JR. P.O. BOX 869 MOLINE, IL 61266	PATHOLOGIST SELF-EMPLOYED	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
CATHY O. BLIGHT 2615 CIRCLE DRIVE FLINT, MI 48507	PATHOLOGIST PATHOLOGY ASSOCIATES, PC	01/20/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOSEPH N. CARBERRY 2411 GLENDOWER AVENUE LOS ANGELES, CA 90027	PATHOLOGIST ST. VINCENT MEDICAL CENTER.	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
EDWARD R. ECKERT 3102 ABOVE STRATFORD PLACE AUSTIN, TX 78746	PATHOLOGIST AUSTIN PATHOLOGY ASSOCIATES	01/20/98	2500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		2500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
S. ROBERT FREEDMAN 604 EVERETT PALO ALTO, CA 94301	PATHOLOGIST SELF-EMPLOYED	01/06/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
KENNETH J. FRIEDMAN 1730 ELTON ROAD SILVER SPRING, MD 20903	PATHOLOGIST BETHESDA DERMATOPATHOLOGY	01/19/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
BRUCE W. HUGHES 8135 WEST 250 SOUTH RUSSIAVILLE, IN 46979	PATHOLOGIST KOKOMO PATHOLOGIST ASSOCIATES, PC	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
EDWARD F. LOEB 5228 HARWOOD DRIVE DES MOINES, IA 50312	PATHOLOGIST PATHOLOGY LABORATORY, PC	01/19/98	400.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		400.00
WILLIAM B. MULLINS 1402 WALTON WAY AUGUSTA, GA 30901	PATHOLOGIST SELF-EMPLOYED	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
POLIUS A. RASLAVICIUS 3 WILLIS LANE LYNNFIELD, MA 01940	PATHOLOGIST SELF-EMPLOYED	01/07/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
RENE RONE 7206 WINTERWOOD SAN ANTONIO, TX 78229	PATHOLOGIST SEVERANCE & ASSOCIATES	01/20/98	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	01/07/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD SEVERANCE 1725 GOLD STREET REDDING, CA 96001	PATHOLOGIST SELF-EMPLOYED	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ARTHUR M. VOGEL 1515 18TH AVENUE EAST SEATTLE, WA 98112	PATHOLOGIST CYTOLAB	01/20/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS P. WOOD 3114-A MIDDLEBROOK CIRCLE TALLAHASSEE, FL 32312	PATHOLOGIST SELF-EMPLOYED	01/20/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

TOTAL ITEMIZED LINE 11a

8700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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.

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)	Amount of Each Disbursement This Period
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)

180.63

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
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Contribution: CA-21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/31/98	3,000.00
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)

3,000.00

TOTAL This Period (last page this line number only)

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>2-19-98</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>Seb</i> PREPARER	<i>2-19-98</i> DATE PREPARED