

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 16 4 06 PM '97

2. FEC IDENTIFICATION NUMBER
C00274944

3. This committee has qualified as a multi-candidate 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	COLUMN B
6. Covering Period 08/01/97 through 08/31/97		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 97		\$ 18,804.60
(b)	Cash on Hand at Beginning of Reporting Period	\$ 109,643.25	
(c)	Total Receipts (from Line 18)	\$ 1,950.00	\$ 108,023.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 111,593.25	\$ 126,827.60
7.	Total Disbursements (from Line 20)	\$ 6,018.94	\$ 21,253.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 105,574.31	\$ 105,574.31
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-5420
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

Jayne Hart Chambers

Date

09/12/97

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 8/93)

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 08/01/97 TO: 08/31/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	600.00	52,965.00	11(a)(i)
ii. Unitemized	1,350.00	53,558.00	11(a)(ii)
iii. Total (add i and ii) >	1,950.00	106,523.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a i, b and c) >	1,950.00	106,523.00	11(d)
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	1,500.00	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) >	1,950.00	108,023.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1,950.00	108,023.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (From Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	18.94	753.29	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	18.94	753.29	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	20,500.00	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. Individuals/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) >	6,018.94	21,253.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,018.94	21,253.29	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,950.00	106,523.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,950.00	106,523.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	18.94	753.29	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	18.94	753.29	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
CECILIA CARRICK 2172 PLUM STREET SAN DIEGO, CA 92106	PATHOLOGIST ALVARADO HOSPITAL	08/11/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS SODEMAN 3131 HARVEY AVENUE CINCINNATI, OH 45229	PATHOLOGIST GREATER CINCINNATI PATHOLOGISTS	08/29/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

600.00

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 Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/97	Amount of Each Disbursement This Period 18.94
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)

18.94

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
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Contribution: MD-09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/97	1,500.00
B. Full Name, Mailing Address and ZIP Code Latham for Congress P.O. Box 174 Sioux City, IA 51102	Contribution: IA-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/97	1,500.00
C. Full Name, Mailing Address and ZIP Code Friends of Senator Don Nickles P.O. Box 1549 Ponca City, OK 74602	Contribution: OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/97	3,000.00
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)

6,000.00

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.

Hand Delivered

DATE OF RECEIPT

9-16-97

First Class Mail

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POSTMARKED

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

SES

PREPARER

9-17-97

DATE PREPARED