

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUN 16 4 13 PM '95

USE FEC MAILING LABEL
OR
TYPE ON 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)		

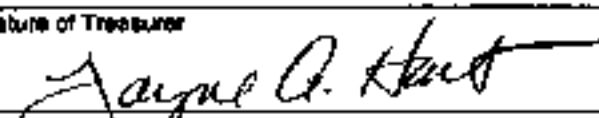
4. TYPE OF REPORT

- (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
- 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	05/01/95	through	05/31/95	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	05/01/95	through	05/31/95		
6. (a) Cash on Hand January 1, 1995					\$ 5,371.89
(b) Cash on Hand at Beginning of Reporting Period				\$ 77,757.58	
(c) Total Receipts (from Line 19)				\$ 5,600.00	\$ 87,775.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 83,357.58	\$ 93,146.89
7. Total Disbursements (from Line 30)				\$ 67.94	\$ 9,857.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 83,289.64	\$ 83,289.64
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 800 E Street, NW Washington, DC 20463 Toll Free 800-424-6630 Local 202-219-5420
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 A. HART - ASSISTANT TREASURER	Date
Signature of Treasurer 	06/12/95

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)

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
JOHN A. BRYAN 533 DURAND DRIVE ATLANTA, GA 30307	PATHOLOGIST EMORY UNIVERSITY HOSPITAL	05/10/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GLENN S. HOOPER 4808 CULBREATH ISLES ROAD TAMPA, FL 33629	PATHOLOGIST UNIVERSITY COMMUNITY HOSPITAL	05/10/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
KARL R. MEYERS 321 CYNWYD ROAD BALA-CYNWYD, PA 19004	PATHOLOGIST SELF-EMPLOYED	05/17/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ALAN PIERCE 3200 HUNTER ROAD WESTON, FL 33331	PATHOLOGIST SELF-EMPLOYED	05/10/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
WALTER W. RANDOLPH, JR. 3629 CHAPMAN ROAD DELAWARE, OH 43015	PATHOLOGIST SELF-EMPLOYED	05/10/95	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
MARION M. RUNDALL 1410 SPRING CRESS LANE SEABROOK, TX 77586	PATHOLOGIST CLEAR LAKE PATHOLOGY ASSOCIATES	05/10/95	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD L. VOET 16 CREEKWOOD CIRCLE RICHARDSON, TX 75080	PATHOLOGIST SELF-EMPLOYED	05/10/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DON B. VOLLMAN, JR. 1315 LINDEN JONESBORO, AR 72401	PATHOLOGIST DOCTORS ANATOMIC PATHOLOGY SERVICES	05/10/95	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

TOTAL ITEMIZED LINE 11a

2650.00

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 charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/05/95	Amount of Each Disbursement This Period 67.94
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)

67.94

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

6/19/95

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

E. J.

PREPARER

6/19/95

DATE PREPARED