

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION HALL ROOM

JUN 12 1 40 PM '97

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 000274944
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		COLUMN A	COLUMN B
5. Covering Period <u>05/01/97</u> through <u>05/31/97</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>97</u>		\$ 18,804.60
(b)	Cash on Hand at Beginning of Reporting Period	\$ 97,504.38	
(c)	Total Receipts (from Line 1B)	\$ 10,100.00	\$ 98,302.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 107,604.38	\$ 117,106.60
7.	Total Disbursements (from Line 3D)	\$ 2,157.85	\$ 11,660.07
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 105,446.53	\$ 105,446.53
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 800-424-9630 Local 202-219-3420
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 <i>Jayne Hart Chambers</i>	Date 06/09/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

								FEC FORM 3X (revised 9/93)
--	--	--	--	--	--	--	--	--------------------------------------

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 05/01/97 TO 05/31/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,850.00	49,965.00	11(a)(i)
ii. Unitemized	6,250.00	47,337.00	11(a)(ii)
Total (add i and ii) >	10,100.00	97,302.00	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 iii, b and c) >	10,100.00	97,302.00	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	1,000.00	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) >	10,100.00	98,302.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	10,100.00	98,302.00	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	157.85	660.07	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	157.85	660.07	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	11,000.00	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) >	2,157.85	11,660.07	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	2,157.85	11,660.07	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,100.00	97,302.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,100.00	97,302.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	157.85	660.07	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	157.85	660.07	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
NOEL T. FLORENDO 6409 WYNFREY PLACE MEMPHIS, TN 38120	PATHOLOGIST DUCKWORTH PATHOLOGY	05/13/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
FREDERICK W. GILKEY 136 JEFFERSON DRIVE MOUNT LEBANON, PA 15228	PATHOLOGIST SHADYSIDE HOSPITAL	05/13/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
R.H. HEARNE P.O. BOX 630171 NACOGDOCHES, TX 75963	PATHOLOGIST SELF-EMPLOYED	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MARTHA HUTCHINSON 103 CLINTON ROAD BROOKLINE, MA 02146	PATHOLOGIST WOMEN AND INFANTS HOSPITAL	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RONALD N. PADGETT 155 CHOCTAW ROAD SUNSET, LA 70584	PATHOLOGIST SELF-EMPLOYED	05/13/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DEWEY H. PATE 13400 DURANT ROAD RALEIGH, NC 27614	PATHOLOGIST RALEIGH PATHOLOGISTS LAB ASSOCIATES	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

 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
WALTER W. RANDOLPH, JR. 3629 CHAPMAN ROAD DELAWARE, OH 43015	PATHOLOGIST SELF-EMPLOYED	05/13/97	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
THOMAS H. RYNALSKI 5241 SEASHELL AVENUE NAPLES, FL 33940	PATHOLOGIST NAPLES PATHOLOGY ASSOCIATES	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
REINHARDT O. SAHMEI 7309 WAVERLY ISLAND ROAD EASTON, MD 21601	PATHOLOGIST SELF-EMPLOYED	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
BRUCE M. SCHLEIN 307 BRIDGEWATER DRIVE GREENVILLE, SC 29615	PATHOLOGIST PATHOLOGY PARTNERSHIP	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ANNE E. SIERK 19001 OXFORD ROAD SHAKER HEIGHTS, OH 44122	PATHOLOGIST WEST SIDE PATHOLOGY ASSOCIATES	05/30/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
J.S. WILKENFELD P.O. BOX 55008 HOUSTON, TX 77255	PATHOLOGIST SELF-EMPLOYED	05/13/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

 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
KENT G. ZIMMERMAN 2602 SOUTH GAUCHO MESA, AZ 85202	PATHOLOGIST CLIN-PATH ASSOCIATES	05/13/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

3850.00

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) 05/05/97	Amount of Each Disbursement This Period 157.85
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)

157.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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	Date (month, day, year)	Amount of Each Disbursement This Period
Brady for Congress P.O. Box 8277 The Woodlands, TX 77387	Contribution: TX-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/97	500.00
B. Full Name, Mailing Address and ZIP Code Rangel for Congress 365 West 125th Street New York, NY 10027	Contribution: NY-15 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Weller for Congress P.O. Box 687 Morris, IL 60450	Contribution: IL-11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/97	500.00
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)

2,000.00

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

6-13-97

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


PREPARER

6-13-97
DATE PREPARED