

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES DIVISION
Aug 11 11 20 AM '93

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 EYE STREET, NW SUITE 590		
CITY, STATE and ZIP CODE WASHINGTON, DC 20005		
		3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>07/01/93</u> through <u>07/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period		\$ 51,875.33	
(c) Total Receipts (from Line 19)		\$ 22,910.00	\$ 28,834.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 74,785.33	\$ 87,294.33
7. Total Disbursements (from Line 30)		\$ 2,581.74	\$ 15,090.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 72,203.59	\$ 72,203.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
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.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer JAYNE A. HART - ASSISTANT TREASURER	Date 08/10/93
Signature of Treasurer <i>Jayne A. Hart</i>	

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 1/1/91)

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE	FROM 07/01/93	TO: 07/31/93
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	8,400.00	12,750.00
ii. Unitemized	14,510.00	16,084.00
ii. Total	22,910.00	28,834.00
..... (add i and ii) >		
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	22,910.00	28,834.00
..... (add a iii, b and c) >		
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	22,910.00	28,834.00
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts	22,910.00	28,834.00
..... (subtract line 18 from line 19) >		
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	81.74	90.74
c. Total Operating Expenditures	81.74	90.74
..... (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	15,000.00
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. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds	0	0
..... (add a, b and c) >		
29. Other Disbursements	0	0
30. Total Disbursements	2,581.74	15,090.74
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31. Total Federal Disbursements	2,581.74	15,090.74
..... (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	22,910.00	28,834.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	22,910.00	28,834.00
35. Total Federal Operating Expenditures	81.74	90.74
..... (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	81.74	90.74
..... (subtract line 36 from 35) >		

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 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 PATHOLOGY ASSOCIATES OF MASON CITY	07/01/93	300.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT E. CRANLEY, JR. 4011 MOUNTAIN VIEW BOULEVARD LAS VEGAS, NV 89102	PATHOLOGIST SOUTHWEST MEDICAL ASSOCIATES	07/09/93	300.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
STEPHEN A. GELLER 212 SOUTH STANLEY DRIVE BEVERLY HILLS, CA 90211	PATHOLOGIST CEDARS-SINAI MEDICAL CENTER	07/01/93	500.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JEFFREY D. GOLDSTEIN 2656 BEAUCLERC ROAD JACKSONVILLE, FL 32257	PATHOLOGIST BAPTIST MEDICAL CENTER	07/09/93	300.00
0 PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
HERMAN H. GRAEFE 510 SOUTH 28TH STREET WEST DES MOINES, IA 50265	PATHOLOGIST CENTRAL IOWA PATHOLOGISTS, PC	07/09/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
J. CAMERON HALL 8375 WESTFAIR DRIVE GERMANTOWN, TN 38139	PATHOLOGIST MIDSOUTH PATHOLOGY GROUP, INC.	07/30/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
LEMING HANG 2155 PARK MARINA DRIVE REDDING, CA 96001	PATHOLOGIST NORTHERN MEDICAL GROUP, INC.	07/01/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOHN R. HARBOUR 2311 WOODLAKE CIRCLE LODI, CA 95242	PATHOLOGIST SELF-EMPLOYED	07/30/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JAYNE A. HART 1256 KENSINGTON ROAD MCLEAN, VA 22101	VICE PRESIDENT COLLEGE OF AMERICAN PATHOLOGISTS	07/01/93	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
JAMES S. HEATH 21 FARLEY ROAD HOLLIS, NH 03049	PATHOLOGIST NASHUA PATHOLOGY, PA	07/01/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
RICHARD H. KELTY 3664 TWIN LAKE RIDGE WESTLAKE VILLAGE, CA 91361	PATHOLOGIST SELF-EMPLOYED	07/01/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
J.B. KETCHERSID 3202 SALINAS COURT IRVING, TX 75062	PATHOLOGIST IRVING LABORATORIES, INC.	07/01/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JOHN W. MASON 733 TAFT ROAD HINSDALE, IL 60521	PATHOLOGIST CHRIST HOSPITAL AND MEDICAL CENTER	07/09/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS R. MATTISON 4909 77TH STREET LUBBOCK, TX 79424	PATHOLOGIST SELF-EMPLOYED	07/01/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
THOMAS K. RESK 19907 HIDDEN HILLS ROAD COTTONWOOD, CA 96022	PATHOLOGIST NORTHERN MEDICAL GROUP, INC.	07/01/93	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
SHELDON TAUBMAN 52 PLEASANT RIDGE DRIVE POUGHKEEPSIE, NY 12603	PATHOLOGIST MDS HUDSON VALLEY LABS	07/30/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
YOSHINORI TOKUNAGA 11-597 CR C BRYAN, OH 43506	PATHOLOGIST COMMUNITY HOSPITALS OF WILLIAMS COUNTY	07/09/93	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
LUIS VILLA, JR. 7901 ERWIN ROAD CORAL GABLES, FL 33143	PATHOLOGIST SELF-EMPLOYED	07/09/93	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
ARTHUR M. VOGEL 1515 18TH AVENUE EAST SEATTLE, WA 98112	PATHOLOGIST CYTO LAB	07/01/93	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be said 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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Check printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/08	76.24
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	NSF check charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/08	4.00
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/30	1.50
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)	81.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

2303334

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brown for Congress 230 3rd Street Elyria, OH 44035	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) OH-13	07/30	500.00
B. Full Name, Mailing Address and ZIP Code Cmte. to Re-elect Tom Foley P.O. Box 2121 Spokane, WA 99210	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WA-05	07/30	1,000.00
C. Full Name, Mailing Address and ZIP Code Kennelly for Congress P.O. Box 5719 Hartford, CT 06103	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CT-01	07/20	500.00
D. Full Name, Mailing Address and ZIP Code Mike Kopetski for Congress 140 Owens South Salem, OR 97301	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) OR-05	07/20	500.00
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)

2,500.00

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
8-10-93

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

JAN 8-11-93
 PREPARER DATE PREPARED

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