

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Sep 14 4 04 PM '94

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) <input type="checkbox"/> Check if different than previously reported 1350 EYE STREET, NW	2. FEC IDENTIFICATION NUMBER CD0274944
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:
- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> 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>08/01/94</u> through <u>08/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 125,338.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 143,442.09	
(c) Total Receipts (from Line 18)	\$ 7,900.00	\$ 100,514.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 151,342.09	\$ 225,852.59
7. Total Disbursements (from Line 30)	\$ 15,001.50	\$ 89,512.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 136,340.59	\$ 136,340.59
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 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 A. HART - ASSISTANT TREASURER	
Signature of Treasurer 	Date 09/05/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2 4 0 3 7 2 1 1 3 4 6

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 08/01/94	TO 08/31/94
	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)	4,050.00	53,849.00
ii. Unitemized	3,850.00	46,165.00
Total	7,900.00	100,014.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	7,900.00	100,014.00
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts	7,900.00	100,514.00
20. Total Federal Receipts	7,900.00	100,514.00
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	1.50	12.00
c. Total Operating Expenditures	1.50	12.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	89,500.00
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
29. Other Disbursements	0	0
30. Total Disbursements	15,001.50	89,512.00
31. Total Federal Disbursements	15,001.50	89,512.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,900.00	100,014.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,900.00	100,014.00
35. Total Federal Operating Expenditures	1.50	12.00
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	1.50	12.00

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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
BRYAN L. BARTLETT 1424 PLANTATION NORTH COLLEYVILLE, TX 76034	PATHOLOGIST ALL SAINTS EPISCOPAL HOSPITAL	08/19/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JOSEPH C. BERGERON, JR. 5 HUCKLEBERRY LANE ACTON, MA 01720	PATHOLOGIST SELF-EMPLOYED	08/19/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JEFF W. BYRD 322 EAST WASHINGTON STREET THOMASVILLE, GA 31792	PATHOLOGIST ARCHBOLD HOSPITAL	08/19/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GALEN M. EVERSELE 706 NORTH KANSAS AVENUE ROSWELL, NM 88201	PATHOLOGIST SELF-EMPLOYED	08/29/94	300.00
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	08/09/94	300.00
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
GLEN D. MASON 1819 BILTMORE STREET, NW WASHINGTON, DC 20009			GOV'T AFFAIRS DIRECTOR COLLEGE OF AMERICAN PATHOLOGISTS	08/09/94	250.00
PRIM.	GEN.	OTHER	AGGREGATE Y-T-D		250.00
RICHARD NUNNALLY 7414 BOCAGE BOULEVARD BATON ROUGE, LA 70809			PATHOLOGIST PATHOLOGY LABORATORY CONSULTANTS	08/09/94	1000.00
PRIM.	GEN.	OTHER	AGGREGATE Y-T-D		1000.00
S. VICTOR SAVINO 330 SOUTHEAST 20TH AVENUE DEERFIELD BEACH, FL 33441			PATHOLOGIST SED MEDICAL LABORATORIES	08/29/94	500.00
PRIM.	GEN.	OTHER	AGGREGATE Y-T-D		500.00
JAMES W. SMITH 4375 COLD SPRINGS ROAD INDIANAPOLIS, IN 46208			PATHOLOGIST INDIANA UNIVERSITY	08/29/94	300.00
PRIM.	GEN.	OTHER	AGGREGATE Y-T-D		300.00
SHELDON TAUBMAN 52 PLEASANT RIDGE DRIVE POUGHKEEPSIE, NY 12603			PATHOLOGIST MDS HUDSON VALLEY LABS	08/29/94	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
LEE VANBREMEN 871 BURR AVENUE WINNETKA, IL 60093	EXECUTIVE COLLEGE OF AMERICAN PATHOLOGISTS	08/19/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

TOTAL ITEMIZED LINE 11A

4050.00

SCHEDULE 9

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	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/94	1.50
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)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Ashcroft for Senate 517 2nd Street, NE Washington, DC 20002	Contribution: Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MD	08/26/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Crapo for Congress P.O. Box 1013 Boise, ID 83701	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ID-02	08/26/94	500.00
C. Full Name, Mailing Address and ZIP Code Greenwood for Congress P.O. Box 2358 Doylestown, PA 18901	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) PA-08	08/26/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Hatch Election Committee 425 2nd Street, NE Washington, DC 20005	Contribution: Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) UT	08/24/94	3,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Jerry Klezcka 3268 South 9th Street Milwaukee, WI 53215	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WI-04	08/24/94	500.00
F. Full Name, Mailing Address and ZIP Code Klug for Congress P.O. Box 5619 Madison, WI 53705	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WI-02	08/26/94	1,500.00
G. Full Name, Mailing Address and ZIP Code Mike Kriedler for Congress P.O. Box 4838 Federal Way, WA 98063	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WA-09	08/08/94	500.00
H. Full Name, Mailing Address and ZIP Code Levin for Congress 30638 Dequindre Warren, MI 48092	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MI-12	08/26/94	500.00
I. Full Name, Mailing Address and ZIP Code Moorhead for Congress 420 North Brand Boulevard Glendale, CA 91203	Contribution: House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CA-27	08/26/94	1,500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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

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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
Moynihan Committee 21 East 40th Street New York, NY 10017	Contribution: Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) NY	08/26/94	5,000.00
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)

TOTAL This Period (last page this line number only)

15,000.00

**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

9-15-94

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

JMN

PREPARED

9-15-94

DATE PREPARED

9403911394