

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	2. FEC IDENTIFICATION NUMBER 000274944
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 EYE STREET, NW SUITE 590	3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report 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 _____

Termination Report

(b) Is this Report an Amendment? YES NO

	SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/93</u> through <u>05/31/93</u>			
6. (a) Cash on Hand January 1, 19 <u>93</u>			\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period		\$ 58,028.33	
(c) Total Receipts (from Line 18)		\$ 0	\$ 4,574.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 58,028.33	\$ 63,034.33
7. Total Disbursements (from Line 30)		\$ 5,501.50	\$ 10,507.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 52,526.83	\$ 52,526.83
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 202-378-3120
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
 06/08/93

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/94)

NAME OF COMMITTEE COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 05/01/93 TO 05/31/93	
		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)	0	3,100.00	
ii. Unitemized	0	1,474.00	
iii. Total (add i and ii) >	0	4,574.00	
b. Political Party Committees	0	0	
c. Other Political Committees (such as PACs)	0	0	
d. Total Contributions (add a ii, b and c) >	0	4,574.00	
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	0	
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	
18. Transfers from Nonfederal Account for Joint Activity	0	0	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0	4,574.00	
20. Total Federal Receipts (subtract line 18 from line 19) >	0	4,574.00	
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	7.50	
c. Total Operating Expenditures (Add a i, a ii, and b) >	1.50	7.50	
22. Transfers to Affiliated/Other Party Committees	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	10,500.00	
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 (Add a, b and c) >	0	0	
29. Other Disbursements	0	0	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,501.50	10,507.50	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	5,501.50	10,507.50	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	0	4,574.00	
33. Total Contribution Refunds (from line 28d)	0	0	
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	4,574.00	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1.50	7.50	
36. Offsets to Operating Expenditures (from line 15)	0	0	
37. Net Operating Expenditures (subtract line 36 from 35) >	1.50	7.50	

2 3 0 3 0 4 2 1 3 6 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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
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)	05/31	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)	1.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

23338421360

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Andrews for Congress 300 Main Street Houston, TX 77002	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) TX-25	05/20	500.00
A Lot of People Who Support Jeff Bingaman P.O. Box 2048 Albuquerque, NM 87103	Contribution: U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) NM	05/20	1,000.00
Faircloth for Senate P.O. Box 26585 Raleigh, NC 27611	Contribution: U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 92 DEBT NC	05/20	1,000.00
Hall for Congress P.O. Box 711 Rockwall, TX 75087	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) TX-04	05/11	500.00
Kennelly for Congress P.O. Box 3719 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	05/11	500.00
Klug for Congress P.O. Box 5619 Madison, WI 53705	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WI-02	05/20	500.00
Santorum for Congress P.O. Box 10495 Pittsburgh, PA 15234	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) PA-18	05/11	500.00
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) FL-06	05/20	500.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CA-21	05/11	500.00

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,500.00

**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

First Class Mail POSTMARKED
6/15/93

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

ES 6/18/93
 PREPARER DATE PREPARED

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