

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

APR 10 11 20 AM '96

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 I STREET, NW SUITE 590	
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	2. FEC IDENTIFICATION NUMBER C00274944
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 checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input 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>03/01/96</u> through <u>03/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 85,262.51
(b) Cash on Hand at Beginning of Reporting Period	\$ 148,111.08	
(c) Total Receipts (from Line 19)	\$ 32,846.00	\$ 96,471.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 180,957.08	\$ 181,733.51
7. Total Disbursements (from Line 30)	\$ 6,915.67	\$ 7,692.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 174,041.41	\$ 174,041.41
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 800-424-8530 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
JANE HART CHAMBERS - ASSISTANT TREASURER

Signature of Treasurer: *Jayne Hart Chambers* Date: **04/10/96**

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 1/1/91)

NAME OF COMMITTEE COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 03/01/96 TO 03/31/96	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		13,250.00	47,280.00
ii. Unitemized		19,596.00	49,191.00
iii. Total (add i and ii) >		32,846.00	96,471.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a iii, b and c) >		32,846.00	96,471.00
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) >		32,846.00	96,471.00
20. Total Federal Receipts (subtract line 18 from line 19) >		32,846.00	96,471.00
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		115.67	392.10
c. Total Operating Expenditures (add a i, a ii, and b) >		115.67	392.10
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,500.00	7,000.00
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		300.00	300.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		300.00	300.00
29. Other Disbursements		0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		6,915.67	7,692.10
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		6,915.67	7,692.10
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		32,846.00	96,471.00
33. Total Contribution Refunds (from line 28d)		300.00	300.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		32,546.00	96,171.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		115.67	392.10
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35) >		115.67	392.10

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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	03/05/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JOSEPH C. BERGERON, JR. FIVE HUCKLEBERRY LANE ACTON, MA 01720	PATHOLOGIST SELF-EMPLOYED	03/14/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JAMES T. BOLAN 322 SPRINGLAKE HINSDALE, IL 60521	PATHOLOGIST PALOS COMMUNITY HOSPITAL	03/15/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GEORGE W. ENGLISH, III 3308 SOUTH EDDY STREET AMARILLO, TX 79109	PATHOLOGIST HIGH PLAINS BAPTIST HOSPITAL	03/22/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JON FAGRE R.R. 4, BOX 176-B AMES, IA 50014	PATHOLOGIST AMES PATHOLOGY	03/05/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
PHILLIP R. GORDON 3700 CALIFORNIA STREET SAN FRANCISCO, CA 94118	PATHOLOGIST CALIFORNIA PACIFIC MEDICAL CENTER	03/29/96	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
WILLIAM V. HARRER 241 KINGS HIGHWAY WEST HADDONFIELD, NJ 08033	PATHOLOGIST OUR LADY OF LOURDES MEDICAL CENTER	03/14/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
WILLIAM P. HEYNS 1 BAZZELL DRIVE LONGVIEW, TX 75604	PATHOLOGIST PATHOLOGY ASSOCIATION	03/05/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
REBECCA L. JOHNSON P.O. BOX 524 RICHMOND, MA 01254	PATHOLOGIST BERKSHIRE MEDICAL CENTER	03/14/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
P.W. KEITGES 7800 WEST 110TH STREET OVERLAND PARK, KS 66210	PATHOLOGIST PHYSICIAN'S REFERENCE LAB	03/29/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
ROBERT H. KNAPP 2500 OAKWOOD, SE GRAND RAPIDS, MI 49506	PATHOLOGIST BLODGETT MEMORIAL MEDICAL CENTER	03/22/96	750.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		750.00
LINTON L. KUCHLER 6659 BEN PARKS ROAD MURRAYVILLE, GA 30564	PATHOLOGIST GAINESVILLE REGIONAL PATHOLOGY ASSOCIATES	03/11/96	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
DARWIN C. LEHFELDT 400 NORTH WILLSON BOZEMAN, MT 59715	PATHOLOGIST PHYSICIAN'S LABORATORY, INC.	03/22/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT W. MCGONNAGLE 5401 SOUTH DORCHESTER AVENUE CHICAGO, IL 60615	PUBLISHER COLLEGE OF AMERICAN PATHOLOGISTS	03/14/96	350.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		350.00
STEPHEN A. OVANESSOFF 10276 EAST BELLA VISTA SCOTTSDALE, AZ 85258	PATHOLOGIST CLIN-PATH ASSOCIATES	03/14/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
FRED W. REINEKE 230 NURMI DRIVE FORT LAUDERDALE, FL 33301	PATHOLOGIST HOLY CROSS HOSPITAL	03/05/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
DENNIS D. REINKE 2336 ROLLING DRIVE BISMARCK, ND 58501	PATHOLOGIST MEDCENTER HEALTH SYSTEMS	03/29/96	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
ROBERT R. RICKERT 25 KENILWORTH DRIVE SHORT HILLS, NJ 07078	PATHOLOGIST DIAGNOSTIC PATHOLOGY	03/14/96	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
PHILIP SACCOCCIA, JR. 991 EAST BEACH PASS CHRISTIAN, MS 39571	PATHOLOGIST SOUTH COAST PATHOLOGY SERVICES	03/05/96	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
S. VICTOR SAVINO 2505 SCHELL COURT, NE ALBUQUERQUE, NM 87106	PATHOLOGIST SELF-EMPLOYED	03/22/96	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JARED N. SCHWARTZ 3429 WYNINGTON DRIVE CHARLOTTE, NC 28226	PATHOLOGIST PRESBYTERIAN HOSPITAL	03/14/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DANIEL SECKINGER 5215 SW 92ND STREET MIAMI, FL 33156	PATHOLOGIST CEDARS MEDICAL CENTER	03/14/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
E. MEI SHEN-HSIEH 5 WOODLAND ROAD STONEHAM, MA 02180	PATHOLOGIST NEW ENGLAND MEMORIAL HOSPITAL	03/05/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
CARL TAYLOR SMEDBERG 504 SOUTH RIVER OAKS DRIVE INDIALANTIC, FL 32903	PATHOLOGIST SPACE COAST PATHOLOGY	03/05/96	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
THOMAS M. SODEMAN 12353 GAINES WAY WALTON, KY 41094	PATHOLOGIST CHRIST HOSPITAL	03/05/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
DON B. VOLLMAN 1315 LINDEN JONESBORO, AR 72401	PATHOLOGIST DOCTORS ANATOMIC PATHOLOGY SERVICES	03/29/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
THOMAS E. VORPAHL 5100 EAST LAKE COUNTRY ROAD FLAGSTAFF, AZ 86004	PATHOLOGIST FLAGSTAFF MEDICAL CENTER	03/22/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
LESLIE L. WALTERS 5604 BANISTER COURT PLANO, TX 75093	PATHOLOGIST COLUMBIA MEDICAL CENTER OF PLANO	03/01/96	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
HOWARD W. WRIGHT 405 JOE WHITE ROAD MONROE, LA 71211	PATHOLOGIST WRIGHT & LILES	03/05/96	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
KENT G. ZIMMERMAN 2602 SOUTH GAUCHO MESA, AZ 85202	PATHOLOGIST CLIN-PATH ASSOCIATES	03/14/96	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

13250.00

9
6
5
3
0
4
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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

3 5 0 3 0 3 1 2 0 4

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) 03/05/96	Amount of Each Disbursement This Period 115.67
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)	115.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

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1

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall for Congress 1560 Wilson Boulevard Arlington, VA 22209	Contribution: TX-04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/96	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim Inhofe 507 Capitol Court, NE Washington, DC 20002	Contribution: OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	2,000.00
C. Full Name, Mailing Address and ZIP Code Barbara Kennelly for Congress P.O. Box 2884 Washington, DC 20013	Contribution: CT-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	1,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Molinari 507 Capitol Court, NE Washington, DC 20002	Contribution: NY-13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	500.00
E. Full Name, Mailing Address and ZIP Code Fallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Contribution: NJ-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/96	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Larry Pressler P.O. Box 77166 Washington, DC 20013	Contribution: SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	1,000.00
G. Full Name, Mailing Address and ZIP Code Schaefer to Congress 7600 East Orchard Road Englewood, CO 80111	Contribution: CO-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	500.00
H. Full Name, Mailing Address and ZIP Code Slaughter Re-Election Committee P.O. Box 75214 Washington, DC 20013	Contribution: NY-28 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/15/96	500.00
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)

6,500.00

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

4-18-96

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

JES
PREPARER

4-18-96
DATE PREPARED

9 6 0 3 0 4 3 1 9 0 6