

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON
MAIL ROOM

Dec 9 4 31 PM '93

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) Check if different than previously reported
1350 EYE STREET, NW

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

2. FEC IDENTIFICATION NUMBER
000274944

3. This committee qualified as a multi-candidate committee DURING THIS Reporting Period on _____ (date)

4. TYPE OF REPORT

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

February 20	June 20	October 20
March 20	July 20	November 20
April 20	August 20	<input checked="" type="checkbox"/> December 20
May 20	September 20	January 31

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non election Year Only)

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>11/01/93</u> through <u>11/30/93</u>		
6 (a) Cash on Hand January 1, 19 <u>93</u>		\$ 58,460.33
(b) Cash on Hand at Beginning of Reporting Period	\$ 123,326.59	
(c) Total Receipts (from Line 19)	\$ 1,815.00	\$ 82,878.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 125,141.59	\$ 141,338.33
7. Total Disbursements (from Line 30)	\$ 1,001.50	\$ 17,198.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 124,140.09	\$ 124,140.09
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.

Type or Print Name of Treasurer
JAYNE A. HART - ASSISTANT TREASURER

Signature of Treasurer

Date
12/01/93

Jayne A. Hart

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 7/1991)

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 11/01/93	TO: 11/30/93
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)	800.00	47,349.00
ii. Unitemized	1,015.00	35,529.00
iii. Total	1,815.00	82,878.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	1,815.00	82,878.00
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	1,815.00	82,878.00
20. Total Federal Receipts	1,815.00	82,878.00
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	98.24
c. Total Operating Expenditures	1.50	98.24
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	17,100.00
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. Individuals/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	1,001.50	17,198.24
31. Total Federal Disbursements	1,001.50	17,198.24
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1,815.00	82,878.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)	1,815.00	82,878.00
35. Total Federal Operating Expenditures	1.50	98.24
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	1.50	98.24

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
WILLIAM W. HOWLAND P.O. BOX 990 BOULDER, CO 80306			PATHOLOGIST BOULDER VALLEY PATHOLOGY, PC	11/24/93	300.00
0	PRIM.	GEN. OTHER	AGGREGATE Y-T-D	300.00	
THOMAS G. PUCKETT P.O. BOX 1549 HATTIESBURG, MS 39402			PATHOLOGIST PUCKETT LABORATORY	11/04/93	500.00
3	PRIM.	GEN. OTHER	AGGREGATE Y-T-D	500.00	

800.00

0
3
1
9
3
8
3
3
9

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

23338534957

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Greater Bank 1455 New York Avenue, NW Washington, DC 20005	Bank charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30	1.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Franks P.O. Box 2743 Waterbury, CT 06723	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) CT-05	11/24	500.00
Lambert to Win P.O. Box 118 Helena, AR 72342	Contribution: U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) AR-01	11/10	500.00
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)	1,000.00

**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

12/10/93

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

ES.
PREPARER

12/10/93
DATE PREPARED

930338534939