

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

MAR 18 3 32 PM '96

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 I STREET, NW SUITE 590		
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:

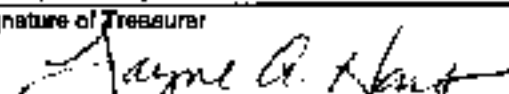
- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- 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 02/01/96 through 02/28/96		
6. (a) Cash on Hand January 1, 19 96		\$ 85,262.51
(b) Cash on Hand at Beginning of Reporting Period	\$ 131,336.22	
(c) Total Receipts (from Line 19)	\$ 17,520.00	\$ 63,625.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 148,856.22	\$ 148,887.51
7. Total Disbursements (from Line 30)	\$ 745.14	\$ 776.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 148,111.08	\$ 148,111.08
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 20483 Toll Free 800-424-9530 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 JAYNE A. HART - ASSISTANT TREASURER	Date
Signature of Treasurer 	03/15/96

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

FEC FORM 3X  
(revised 9/93)

9 6 0 3 0 4 2 9 4

**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 02/01/96 TO 02/29/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	9,850.00	34,030.00	11(a)(i)
ii. Unitemized .....	7,670.00	29,595.00	11(a)(ii)
iii. Total .....	17,520.00	63,625.00	11(a)(iii)
b. Political Party Committees .....	0	0	11(b)
c. Other Political Committees (such as PACs) .....	0	0	11(c)
d. Total Contributions .....	17,520.00	63,625.00	11(d)
12. Transfers From Affiliated/Other Party Committees .....	0	0	12
13. All Loans Received .....	0	0	13
14. Loan Repayments Received .....	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0	17
18. Transfers from Nonfederal Account for Joint Activity .....	0	0	18
19. Total Receipts .....	17,520.00	63,625.00	19
20. Total Federal Receipts .....	17,520.00	63,625.00	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0	0	21(a)(i)
ii. Non-Federal Share .....	0	0	21(a)(ii)
b. Other Federal Operating Expenditures .....	245.14	276.43	21(b)
c. Total Operating Expenditures .....	245.14	276.43	21(c)
22. Transfers to Affiliated/Other Party Committees .....	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	500.00	500.00	23
24. Independent Expenditures (use Schedule E) .....	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0	25
26. Loan Repayments Made .....	0	0	26
27. Loans Made .....	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0	0	28(a)
b. Political Party Committees .....	0	0	28(b)
c. Other Political Committees (such as PACs) .....	0	0	28(c)
d. Total Contribution Refunds .....	0	0	28(d)
29. Other Disbursements .....	0	0	29
30. Total Disbursements .....	745.14	776.43	30
31. Total Federal Disbursements .....	745.14	776.43	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	17,520.00	63,625.00	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	17,520.00	63,625.00	34
35. Total Federal Operating Expenditures .....	245.14	276.43	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures .....	245.14	276.43	37

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
THOMAS P. ANDERSON 100 LANYON DRIVE CHESHIRE, CT 05410	PATHOLOGIST CONSULTING PATHOLOGISTS OF CONNECTICUT	02/09/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
PAUL BACHNER 810 DELONG LEXINGTON, KY 40515	PATHOLOGIST UNIVERSITY OF KENTUCKY MEDICAL CENTER	02/09/96	1000.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00
WILLIAM C. BURTON 2300 WILLOW BEND DRIVE PLANO, TX 75093	PATHOLOGIST PLANO PATHOLOGY ASSOCIATES	02/26/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
DESIREE CARLSON 73 BONAD ROAD WEST NEWTON, MA 02165	PATHOLOGIST SELF-EMPLOYED	02/26/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
JAMES B. CASH 1105 WEST NASH STREET WILSON, NC 27893	PATHOLOGIST SELF-EMPLOYED	02/09/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
ROBERT DE CRESCE 839 WEST BELDEN AVENUE CHICAGO, IL 60614	PATHOLOGIST UNIVERSITY PATHOLOGISTS	02/09/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00

6  
9  
2  
4  
0  
3  
0  
3  
5  
9

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
MICHAEL A. DECK 3700 SHANTARA LANE PLANO, TX 75093	PATHOLOGIST SELF-EMPLOYED	02/09/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
GEORGE W. ENGLISH, III 3308 SOUTH EDDY STREET AMARILLO, TX 79109	PATHOLOGIST HIGH PLAINS BAPTIST HOSPITAL	02/26/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
RICHARD A. ESSMAN 655 APALACHEE CIRCLE, NE ST. PETERSBURG, FL 33702	PATHOLOGIST LABORATORY PHYSICIANS	02/02/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
SORRELL N. GLOVER 24740 CORDILLERA DRIVE CALABASAS, CA 92302	PATHOLOGIST LOS ROBLES HOSPITAL	02/09/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
JOHN T. GMELICH 1640 5TH STREET SANTA MONICA, CA 90401	PATHOLOGIST HUNTINGTON MEMORIAL HOSPITAL	02/15/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
JEFFREY GOLDSTEIN 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	PATHOLOGIST BAPTIST MEDICAL CENTER	02/09/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00

9603034297

-----  
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
HERMAN H. GRAEFE 510 SOUTH 28TH STREET WEST DES MOINES, IA 50265	PATHOLOGIST REGIONAL LABORATORY CONSULTANTS	02/15/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
GORDON L. JOHNSON 110 JACKSON TRACE FESTUS, MO 63028	PATHOLOGIST JEFFERSON MEMORIAL HOSPITAL	02/09/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00
J.B. KETCHERSID 3202 SALINAS COURT IRVING, TX 75062	PATHOLOGIST IRVING LABORATORIES	02/26/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
R. IRVIN MORGAN P.O. BOX 424 GREENVILLE, TX 75403	PATHOLOGIST PATHOLOGY ASSOCIATES	02/26/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
FREDERICK MUSCHENHEIM OWERA POINT, R.D. 4 CAZENOVIA, NY 13035	PATHOLOGIST SELF-EMPLOYED	02/02/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
JOHN G. NEWBY 251 EAST ANTIETAM STREET HAGERSTOWN, MD 21740	PATHOLOGIST WASHINGTON COUNTY HOSPITAL	02/02/96	1000.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		1000.00

9 5 0 3 0 4 2 9 8

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
THOMAS G. PUCKETT P.O. BOX 1549 HATTIESBURG, MS 39402	PATHOLOGIST PUCKETT LABORATORY	02/26/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
H.E. SETZER P.O. BOX 1217 BILLINGS, MT 59103	PATHOLOGIST PATHOLOGY CONSULTANTS	02/09/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00
WILLIAM H. SHUTZE P.O. BOX 491345 LEESBURG, FL 34749	PATHOLOGIST DRS. SHUTZE & TECHMAN, PA	02/26/96	500.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		500.00
LEE VANBREMEN 871 BURR AVENUE WINNETKA, IL 60093	EXECUTIVE VP COLLEGE OF AMERICAN PATHOLOGISTS	02/22/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
THOMAS S. VELZ 69 WILKES AVENUE AMSTERDAM, NY 12010	PATHOLOGIST SELF-EMPLOYED	02/26/96	300.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		300.00
LOYD R. WAGNER 1615 EDGEWOOD ROAD SIOUX FALLS, SD 57103	RETIRED	02/15/96	250.00
PRIM.    GEN.    OTHER	AGGREGATE Y-T-D		250.00

TOTAL ITEMIZED LINE 11a

9850.00

9  
3  
9  
2  
4  
3  
0  
3  
0  
3  
9

**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

9 6 0 3 0 3 4 2 9 : 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank charges	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/96 02/09/96	241.64 3.50
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) .....

245.14

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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**

9  
6  
0  
3  
0  
3  
4  
2  
9  
1

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MD-08	Date (month, day, year) 02/14/96	Amount of Each Disbursement This Period 500.00
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) .....

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  
3-18-96

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

*Jeb* 3-19-96  
 PREPARER DATE PREPARED

2 5 0 3 0 3 4 2 9 6 2