

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
U.S. DEPARTMENT OF JUSTICE

Mar 20 10 15 AM '97

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	2. FEC IDENTIFICATION NUMBER C00274944
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 <u>02/01/97</u> through <u>02/28/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 18,804.60
(b) Cash on Hand at Beginning of Reporting Period	\$ 54,104.33	
(c) Total Receipts (from Line 10)	\$ 17,275.00	\$ 52,595.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 71,379.33	\$ 71,399.60
7. Total Disbursements (from Line 30)	\$ 710.58	\$ 730.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 70,668.75	\$ 70,668.75
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 202-219-3420
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 HART CHAMBERS - ASSISTANT TREASURER	
Signature of Treasurer 	Date 03/13/97

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

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 02/01/97	TO: 02/28/97	
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)	9,150.00	28,000.00	11(a)
ii. Unitemized	7,125.00	23,595.00	11(b)
iii. Total	16,275.00	51,595.00	11(c)
b. Political Party Committees	0	0	11(d)
c. Other Political Committees (such as PACs)	0	0	11(e)
d. Total Contributions	16,275.00	51,595.00	11(f)
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	1,000.00	1,000.00	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	17,275.00	52,595.00	19
20. Total Federal Receipts	17,275.00	52,595.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(b)
b. Other Federal Operating Expenditures	210.58	230.85	21(c)
c. Total Operating Expenditures	210.58	230.85	21(d)
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. Individual/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	710.58	730.85	30
31. Total Federal Disbursements	710.58	730.85	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,275.00	51,595.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,275.00	51,595.00	34
35. Total Federal Operating Expenditures	210.58	230.85	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures	210.58	230.85	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
JAMES L. BAUER 5216 TATES CREEK PIKE LEXINGTON, KY 40515	PATHOLOGIST CHIPPS, COFFREY, DUBILIER PSC	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
CATHY OBERG BLIGHT 2615 CIRCLE DRIVE FLINT, MI 48507	PATHOLOGIST PATHOLOGY ASSOCIATES, PC	02/07/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
FREDERICK E. DENNSTEDT 1503 BLACK BEAR COURT WINTER SPRINGS, FL 32708	PATHOLOGIST CARMONA & DENNSTEDT, PA	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT FREEDMAN 604 EVERETT AVENUE PALO ALTO, CA 94301	PATHOLOGIST COMMUNITY HOSPITAL	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JEFFREY D. GOLDSTEIN 2656 BEAUCLERC ROAD JACKSONVILLE, FL 32257	PATHOLOGIST JACKSONVILLE PATHOLOGY CONSULTANTS	02/21/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
RICHARD HAUSNER 9601 JONES ROAD HOUSTON, TX 77065	PATHOLOGIST SELF-EMPLOYED	02/07/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
VICTOR H. HINRICHS 1538 WEST POWELL ROAD POWELL, OH 43065	RETIRED	02/07/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
MELVIN HOSHIKO 6161 GLENEAGLES CIRCLE HUNTINGTON BEACH, CA 92648	PATHOLOGIST LONG BEACH MEMORIAL PATHOLOGY GROUP	02/07/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
T.M. JAMES 5122 SENECA DRIVE DALLAS, TX 75209	PATHOLOGIST SELF-EMPLOYED	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
WILLIAM G. MCGEE 16 CONCORD EL PASO, TX 79906	PATHOLOGIST CORNING CLINICAL LABS	02/07/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOHN C. NEFF 508 UNION AVENUE KNOXVILLE, TN 37902	PATHOLOGIST UNIVERSITY OF TENNESSEE MEDICAL CENTER	02/07/97	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JOHN S. OEHRLE 236 O'HARA MANOR DRIVE PITTSBURGH, PA 15238	PATHOLOGIST SELF-EMPLOYED	02/21/97	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
DANIEL SECKINGER 5215 SOUTHWEST 92ND STREET MIAMI, FL 33156	PATHOLOGIST CEDARS MEDICAL CENTER	02/07/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
RICHARD SEVERANCE 1725 GOLD STREET REDDING, CA 96001	PATHOLOGIST REDDING PATHOLOGISTS	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
J. ROBERT SPENCER 2001 WEBBER STREET SARASOTA, FL 33579	PATHOLOGIST SELF-EMPLOYED	02/07/97	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
NORMAN C. SUDDUTH 5215 PENNOCK POINT ROAD JUPITER, FL 33458	PATHOLOGIST SELF-EMPLOYED	02/21/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
DONALD D. VAN FOSSAN 2011 BRIARCLIFF SPRINGFIELD, IL 62704	PATHOLOGIST ASSOCIATED PATHOLOGISTS, LTD	02/07/97	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
LESLIE WALTERS 5604 BANISTER COURT PLANO, TX 75093	PATHOLOGIST SELF-EMPLOYED	02/21/97	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

TOTAL ITEMIZED LINE 11a

9150.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Congressman Waxman Campaign 8665 Wilshire Boulevard Beverly Hills, CA 90211</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Contribution refund</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>02/21/97</p>	<p>Amount of Each Receipt this Period</p> <p>1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,000.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank charge	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)	02/03/97	210.58
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)

210.58

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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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
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Contribution: MO-09 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General * <input checked="" type="checkbox"/> Other (specify) 96 DEBT RETIREMENT - GENERAL	02/21/97	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

3-20-97

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


PREPARER

3-20-97
DATE PREPARED