

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

ADDRESS (number and street) Check if different than previously reported
1350 I STREET, NW SUITE 590

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Apr 28 17 23 PM '99

2. FEC IDENTIFICATION NUMBER
C00274944

3. 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	COLUMN B
5. Covering Period <u>03/01/99</u> through <u>03/31/99</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 33,146.42
(b)	Cash on Hand at Beginning of Reporting Period	\$ 77,849.83	
(c)	Total Receipts (from Line 19)	\$ 21,650.00	\$ 67,640.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 99,499.83	\$ 100,786.42
7.	Total Disbursements (from Line 20)	\$ 1,213.38	\$ 2,499.97
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 98,286.45	\$ 98,286.45
9.	Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-219-3420
10.	Debits and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
JOHN H. SCOTT - ASSISTANT TREASURER

Signature of Treasurer

John Scott

Date
04/14/99

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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FEC FORM 3X
(revised 9/93)

**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 03/01/99 TO: 03/31/99	
		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)	7,800.00	35,500.00	11(a)ii
ii. Unitemized	13,850.00	32,140.00	11(a)iii
iii. Total (add i and ii) >	21,650.00	67,640.00	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	21,650.00	67,640.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,650.00	67,640.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	21,650.00	67,640.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)ii
i. Federal Share			21(a)ii
ii. Non-Federal Share	213.38	499.97	21(b)
b. Other Federal Operating Expenditures	213.38	499.97	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees	1,000.00	2,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,213.38	2,499.97	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,213.38	2,499.97	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	21,650.00	67,640.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	21,650.00	67,640.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	213.38	499.97	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	213.38	499.97	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
DALE F. ANDRES 3647 NORTH SHORE CLEAR LAKE, IA 50428	PATHOLOGIST NORTH IOWA MERCY HEALTH CENTER	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
PETER J. BENSON 8 RED PINE LANE NORTH OAKS, MN 55127	PATHOLOGIST NORTH PATHOLOGY ASSOCIATES	03/29/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
MARCUS CONTARDO P.O. BOX 4128 CARLSBAD, CA 92018	PATHOLOGIST TRI-CITY MEDICAL CENTER	03/18/99	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	03/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
EDWARD P. FODY 408 GENTLEMEN'S RIDGE SIGNAL MOUNTAIN, TN 37377	PATHOLOGIST SELF-EMPLOYED	03/29/99	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
J.F. FOSS 1032 OAK TERRACE NORTH MANKATO, MN 56003	PATHOLOGIST LCM PATHOLOGISTS	03/17/99	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
MARLENE M. GREYSON 1504 CANARY PLACE EDMOND, OK 73034	PATHOLOGIST THE PATHOLOGY GROUP	03/29/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
SANDRA B. GREAR 1230 NORTH STATE PARKWAY CHICAGO, IL 60610	VICE PRESIDENT COLLEGE OF AMERICAN PATHOLOGISTS	03/18/99	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
CAROL J. HECKMAN ONE RIVER POINTE PLAZA JEFFERSONVILLE, IN 47130	PATHOLOGIST CARITOS MEDICAL CENTER	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
VICTOR H. HINRICHS 1538 WEST POWELL ROAD POWELL, OH 43065	PATHOLOGIST SELF-EMPLOYED	03/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
GORDON JOHNSON 110 JACKSON TRACE FESTUS, MO 63028	PATHOLOGIST JEFFERSON MEMORIAL HOSPITAL	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MICHAEL T. KAFKA 3018 VALLEY DRIVE SIOUX CITY, IA 51104	PATHOLOGIST PATHOLOGY MEDICAL SERVICES OF SIOUXLAND	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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Name, mailing address, and zip code	Employer and occupation	Date	Amount
PAUL R. N. KIRCHGRABER 5 MORTON ROAD SYRACUSE, NY 13214	PATHOLOGIST ST. JOSEPH'S HOSPITAL	03/29/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
EDWARD F. LOEB 1200 PLEASANT DES MOINES, IA 50309	PATHOLOGIST PATHOLOGY LABORATORY, PC	03/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JAMES L. PADGETT 11 WESTWOOD LANE LINCOLNSHIRE, IL 60069	PATHOLOGIST HIGHLAND PARK HOSPITAL	03/29/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
THOMAS G. PUCKETT 1107 SOUTH 34TH AVENUE HATTIESBURG, MS 39402	PATHOLOGIST PUCKETT LABS	03/18/99	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
JAMES J. SCHNABEL 11308 WOODBRIDGE ROAD OKLAHOMA CITY, OK 73162	PATHOLOGIST SELF-EMPLOYED	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ELI DAVID SONKIN 1015 SOUTH SOUTHLAKE DRIVE HOLLYWOOD, FL 33019	PATHOLOGIST FLORIDA MEDICAL CENTER	03/18/99	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
JOSE R. TORRENT 10563 SOUTHWEST 92ND AVENUE MIAMI, FL 33176	PATHOLOGIST TORRENT & RAMOS	03/29/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
THOMAS E. VORPAHL 5100 EAST LAKE COUNTRY ROAD FLAGSTAFF, AZ 86004	PATHOLOGIST FLAGSTAFF MEDICAL CENTER	03/18/99	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

TOTAL ITEMIZED LINE 11a

7800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1455 New York Avenue, NW Washington, DC 20005	Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/04/99	213.38
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)

213.38

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
Norwood for Congress P.O. Box 499 Evans, GA 30809	Contribution: GA-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/99	1,000.00
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)

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

4-20-99

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

Electronic Filing

JMP

PREPARER

4-20-99

DATE PREPARED