

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Mar 11 2 03 PM '94

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 EYE STREET, NW	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	

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 checked="" type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input 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

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
02/01/94 through 02/28/94		
(a) Cash on Hand January 1, 19 94		\$ 125,338.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 126,987.09	
(c) Total Receipts (from Line 19)	\$ 27,060.00	\$ 28,710.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 154,047.09	\$ 154,048.59
7. Total Disbursements (from Line 20)	\$ 3,501.50	\$ 3,503.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 150,545.59	\$ 150,545.59
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 899 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 A. HART - ASSISTANT TREASURER	
Signature of Treasurer 	Date 03/08/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE COLLEGE OF AMERICAN PATHOLOGISTS
POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD
FROM 02/01/94 TO: 02/28/94

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)		11,350.00	12,500.00
ii. Unitemized		15,710.00	16,210.00
iii. Total	(add i and ii) >	27,060.00	28,710.00
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions	(add a ii, b and c) >	27,060.00	28,710.00
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) >	27,060.00	28,710.00
20. Total Federal Receipts	(subtract line 16 from line 19) >	27,060.00	28,710.00
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	3.00
c. Total Operating Expenditures	(add a i, a ii, and b) >	1.50	3.00
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,500.00	3,500.00
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		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds	(add a, b and c) >	0	0
29. Other Disbursements		0	0
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,501.50	3,503.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	3,501.50	3,503.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		27,060.00	28,710.00
33. Total Contribution Refunds (from line 28c)		0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)		27,060.00	28,710.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	1.50	3.00
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures	(subtract line 36 from 35) >	1.50	3.00

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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
THOMAS P. ANDERSON 100 LANYON DRIVE CHESHIRE, CT 06410	PATHOLOGIST CONSULTING PATHOLOGISTS OF CONNECTICUT	02/14/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
CARL A. BARNES P.O. BOX 1179 FLORENCE, AL 35631	PATHOLOGIST ELIZA COFFEE MEMORIAL HOSPITAL	02/23/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
CATHY O. BLIGHT 2615 CIRCLE DRIVE FLINT, MI 48507	PATHOLOGIST PATHOLOGY ASSOCIATES	02/14/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
ROBERT L. BRECKENRIDGE 6501 EAST COMMERCE AVENUE KANSAS CITY, MO 64120	PATHOLOGIST MAWD PATHOLOGY GROUP	02/23/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
NICOLAS G. CACCIABEVE 11296 LANDY LANE GREAT FALLS, VA 22066	PATHOLOGIST PLA LABORATORY	02/14/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

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SCHEDULE A

ITEMIZED RECEIPTS

PAGE 2 OF 6
LINE 11a

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
JOHN V. CARLSON ROUTE 3, ORCHARD HEIGHTS MEXICO, MO 65265	PATHOLOGIST BOYCE & BYNUM PATHOLOGY SERVICES	02/14/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JAMES B. CASH 1105 WEST NASH STREET WILSON, NC 27893	PATHOLOGIST WILSON PATHOLOGY ASSOCIATION	02/14/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JACK F. CONSAMUS 5379 CROW CREEK ROAD BETTENDORF, IA 52722	PATHOLOGIST ST. LUKE'S HOSPITAL	02/23/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
BRUCE H. DAVIS 3860 WESTCLIFF ROAD SOUTH FORT WORTH, TX 76109	PATHOLOGIST SELF-EMPLOYED	02/14/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
ROBERT DE CRESCE 839 WEST BELDEN AVENUE CHICAGO, IL 60614	PATHOLOGIST RUSH ASSOCIATED PATHOLOGISTS	02/23/94	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
JOHN G. ETHERIDGE 2780 FIERCE DRIVE SOUTH MACON, GA 31204	PATHOLOGIST OMPAPA	02/14/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
JOHN R. HARBOUR 2311 WOODLAKE CIRCLE LODI, CA 95242	PATHOLOGIST SELF-EMPLOYED	02/23/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GERALD A. HOELTGE 17310 OLD TANNERY TRAIL CHAGRIN FALLS, OH 44023	PATHOLOGIST CLEVELAND CLINIC FOUNDATION	02/14/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
P.W. KEITGES 5035 SUMMIT KANSAS CITY, MO 64112	PATHOLOGIST SELF-EMPLOYED	02/14/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
RICHARD H. KELTY 3664 TWIN LAKE RIDGE WESTLAKE VILLAGE, CA 91361	PATHOLOGIST SELF-EMPLOYED	02/14/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
J. B. KETCHERSID 3202 SALINAS COURT IRVING, TX 75062	PATHOLOGIST IRVING LABORATORIES	02/14/94	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	02/14/94	750.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		750.00
R. IRVIN MORGAN P.O. BOX 424 GREENVILLE, TX 75403	PATHOLOGIST PATHOLOGY ASSOCIATES	02/23/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
BERT F. MORTON 2802 MONTCLAIR DRIVE ELLCOTT CITY, MD 21043	PATHOLOGIST ST. AGNES HOSPITAL	02/18/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
DENNIS G. O'NEILL 183 LEIGH GATE ROAD GLASTONBURY, CT 06033	PATHOLOGIST SELF-EMPLOYED	02/23/94	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
JOSEPH PATLOVICH 101 OAK TERRACE LAKE BLUFF, IL 60044	PATHOLOGIST PNMA	02/14/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
POLIUS A. RASLAVICIUS 3 WILLIS LANE LYNNFIELD, MA 01940	PATHOLOGIST SELF-EMPLOYED	02/14/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
GERALD R. SCHENKEN 115 NORTH 54TH STREET OMAHA, NE 68132	PATHOLOGIST NEBRASKA MEMORIAL HOSPITAL	02/23/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
E. MEI SHEN-HSIEH 5 WOODLAND ROAD STONEHAM, MA 02180	PATHOLOGIST NEW ENGLAND MEMORIAL HOSPITAL	02/23/94	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
GREGORY J. SKARULIS 717 HILLCREST DRIVE BRADENTON, FL 34209	PATHOLOGIST MANATEE MEMORIAL HOSPITAL	02/14/94	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
KIMBALL S. THOMPSON 4774 SCHOOL HOUSE ROAD BETTENDORF, IA 52722	PATHOLOGIST QUAD CITIES PATHOLOGISTS GROUP	02/14/94	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
ARTHUR M. VOGEL 1515 18TH AVENUE EAST SEATTLE, WA 98112	PATHOLOGIST CYTO LAB, INC.	02/14/94	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00
			11350.00

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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

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

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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 CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/28	1.50
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)

1.50

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

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE ANDREWS FOR SENATE 1300 MAIN STREET HOUSTON, TX 77002	CONTRIBUTION: SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX	02/23	500.00
B. Full Name, Mailing Address and ZIP Code FIELDS FOR CONGRESS 2607 OLD HUMBLE ROAD HUMBLE, TX 77347	CONTRIBUTION: HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX-08	02/18	500.00
C. Full Name, Mailing Address and ZIP Code HALL FOR CONGRESS 104 NORTH WEST STREET ALEXANDRIA, VA 22314	CONTRIBUTION: HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) TX-04	02/23	500.00
D. Full Name, Mailing Address and ZIP Code HANCOCK FOR CONGRESS 322-C PERSHING SPRINGFIELD, MO 65806	CONTRIBUTION: HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) MO-07	02/18	500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF JERRY KLECZKA 3268 SOUTH 9TH STREET MILWAUKEE, WI 53215	CONTRIBUTION: HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) WI-04	02/23	1,000.00
F. Full Name, Mailing Address and ZIP Code CRAIG WASHINGTON FOR CONGRESS P.O. BOX 2588 HOUSTON, TX 77252	CONTRIBUTION: HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) TX-18	02/18	500.00
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)

3,500.00

**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

3-11-94

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

3-11-94

DATE PREPARED

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