

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1001 G Street NW  
Suite 425 West  
Washington DC 20001  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00274944 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2024 through [MM] / [DD] / [YYYY] 01 / 31 / 2024

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 Kozel, Jessica, A, Dr, MD

Signature of Treasurer *Kozel, Jessica, A, Dr, MD* Date [MM] / [DD] / [YYYY] 02 / 16 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="227169.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="227169.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13476.00"/>	<input type="text" value="13476.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="240645.08"/>	<input type="text" value="240645.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3586.50"/>	<input type="text" value="3586.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="237058.58"/>	<input type="text" value="237058.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10325.00	10325.00
(ii) Unitemized .....	3151.00	3151.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13476.00	13476.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13476.00	13476.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13476.00	13476.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13476.00	13476.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	86.50	86.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	86.50	86.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3586.50	3586.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3586.50	3586.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13476.00	13476.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13476.00	13476.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	86.50	86.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	86.50	86.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Block, Jared, G., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14541 Floral Hall Dr  
 City Charlotte State NC Zip Code 28277-2884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Celligent Diagnostics LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62770**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. Bocsi, Gregory, , Dr., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12401 E 17th Ave Rm 292  
 City Aurora State CO Zip Code 80045-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado Hospital Author Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62772**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item

**C. Comstock, Jessica, M, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 100 Mario Capecchi Dr  
 City Salt Lake City State UT Zip Code 84113-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primary Children's Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62775**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Craver, Jeffrey, L., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Path  
 1402 S Grand Blvd  
 City Saint Louis State MO Zip Code 63104-1004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Louis Univ School Of Medicine Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62776**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Deck, Michael, A., Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6124 W Parker Rd Ste G36  
 City Plano State TX Zip Code 75093-8124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MD Pathology Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62777**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Gomez, Richard, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Marsh PL S  
 City Saint Augustine State FL Zip Code 32080-6425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2024  
**Transaction ID : SA11AI.62781**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Kozel, Jessica, Ann, Dr., MD**

Mailing Address 9705 Lenexa Dr

City Lenexa      State KS      Zip Code 66215-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MAWD Pathology Group PA      Occupation (for Individual) Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2024  
**Transaction ID : SA11AI.62786**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lancet, Frederick, C, Dr., MD**

Mailing Address Department of Pathology  
2001 W 68th St

City Hialeah      State FL      Zip Code 33016-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Palmetto General Hospital      Occupation (for Individual) Pathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2024  
**Transaction ID : SA11AI.62729**

Amount of Each Receipt this Period  
225.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Le, Mary, D, Dr., MD**

Mailing Address 2923 W Academy Ave

City Anaheim      State CA      Zip Code 92804-2038

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LA County/Harbor UCLA Med Ctr      Occupation (for Individual) Pathologist

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2024  
**Transaction ID : SA11AI.62790**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00

**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Milless, Tiffani, Lynn, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1212 Pleasant St Ste L13  
 City Des Moines State IA Zip Code 50309-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iowa Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 24 / 2024**  
**Transaction ID : SA11AI.62787**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Novak, Joseph, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Lab Med 2323 N Lake Dr  
 City Milwaukee State WI Zip Code 53211-4508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia St Mary's Hospital of Milwauk Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 24 / 2024**  
**Transaction ID : SA11AI.62788**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Pullman, James, M, Mrs., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Circle Rd  
 City Scarsdale State NY Zip Code 10583-5321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Med Ctr Moses Divison Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 05 / 2024**  
**Transaction ID : SA11AI.62744**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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. Putnam, Angelica, Rocio, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 100 Mario Capecchi Dr  
 City Salt Lake City State UT Zip Code 84113-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primary Childrens Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 19 / 2024  
**Transaction ID : SA11AI.62765**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Shrago, Stanley, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 N LENOX AVE  
 City OKLAHOMA CITY State OK Zip Code 73116-5508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTEGRIS BAPTIST MEDICAL CENTE Occupation (for Individual) PATHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -200.00

Date of Receipt 01 / 08 / 2024  
**Transaction ID : SA11AI.62793**  
 Amount of Each Receipt this Period -200.00  
 Memo Item  
 Refund on Jan-8-24 of Dec'23 Contribution

**C. Simonetti, Anthony, John, Dr., MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 960 Saint Matthews Rd  
 City Chester Springs State PA Zip Code 19425-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : SA11AI.62757**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. Sriganeshan, Vathany, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Blum Bldg Rm 2400  
4300 Alton Rd

City Miami Beach State FL Zip Code 33140-2948

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Scripps Clinic Medical Laboratory Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2024  
**Transaction ID : SA11AI.62791**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Vincentelli, Cristina, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
4300 Alton Rd Ste 2400

City Miami Beach State FL Zip Code 33140-2948

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emory University Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2024  
**Transaction ID : SA11AI.62758**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Welsh, Jeff, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
2720 Sunset Blvd

City West Columbia State SC Zip Code 29169

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lexington Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2024  
**Transaction ID : SA11AI.62762**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	10325.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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

Full Name (Last, First, Middle Initial)

A. DR. KIM SCHRIER FOR CONGRESS

Mailing Address 499 South Capitol Street, SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) State: WA District: 08

Date of Disbursement

Date of Disbursement: 01 / 31 / 2024

FEC Identification Number

C00652628

Transaction ID : SB23.62727

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address 439 New Jersey Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) State: MO District: 08

Date of Disbursement

Date of Disbursement: 01 / 31 / 2024

FEC Identification Number

C00541862

Transaction ID : SB23.62728

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address 14736 BELL TOWER ROAD

City WOODBRIDGE State VA Zip Code 22193

Purpose of Disbursement Refund Apr'24 Contribution because of Retirement

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) State: TX District: 26

Date of Disbursement

Date of Disbursement: 01 / 01 / 2024

FEC Identification Number

C00372532

Transaction ID : SB23.62726

Amount of Each Disbursement this Period

- 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

3500.00