Image# 2020102293268	01124				_		I	PAGE 1 / 14
FEC FORM 3X	A	ND DIS	OF REC BURSEI	MENT	S		Office Use On	ly
1. NAME OF COMMITTEE (in fr		e or print V		ample: If typir r the lines.	ng, type	12FE4M	15	
College of Ame	rican Path	ologists Po	litical Action		e 			
ADDRESS (number and		001 G Street NW	/ 					
▼	l S	uite 425 West						1
Check if differ than previousl reported. (AC	ly v	Vashington				DC	20001	
2. FEC IDENTIFICA	TION NUMB	ER 🔻	CITY ▲		S	STATE 🔺	ZIP	CODE 🔺
C C00274944			3. IS THIS REPORT	~	NEW N) OR	Al (A	MENDED	
 4. TYPE OF REP((Choose One) (a) Quarterly Repo April 15 Quarterly 		(b) Monthly Report Due On: (c) 12-Day	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Ser Oct	g 20 (M8) p 20 (M9) ; 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
October 1	Report (Q3)	PRE-EN Report		Convention (12C)	Special	(12S)	ne
Year-End July 31 M Report (N Year Only	Report (YE) lid-Year lon-election r) (MY)	(d) 30-Day POST -E Report		General (300	03 Ĵ)	2020 Runoff (-	e of IL Special (30S)
Terminatio (TER)	on Report		Election on	M M /	D D /	Y Y Y Y Y	in the State	
5. Covering Period	10		2020	through	M M 10	/ D D 14	/ Y Y Y 2020	Y
I certify that I have exactly that I have exactly or Print Name of	۲	eport and to th Kozel, Jessica, A		wledge and b	belief it is true	e, correct ar	nd complete.	
Signature of Treasurer	Kozel, Jes.	sica, A, Dr, MD		[Electronically	y Filed]	ate 10	M / D D 22	2020
NOTE: Submission of fa	lse, erroneous	, or incomplete i	nformation may s	ubject the pers	son signing th	is Report to	the penalties of	52 U.S.C. § 3010
Office Use Only							FEC FC	DRM 3X 5/2016

10/22/2020 10 : 05

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

College of American Pathologists Political Action Committee

R	Report Covering the Period: From: 10	M / D D / Y Y Y Y 01 2020	To: 10 / 14 / 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		395573.09
	(b) Cash on Hand at Beginning of Reporting Period	302413.34	
	(c) Total Receipts (from Line 19)	10476.60	150454.20
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	312889.94	546027.29
7.	Total Disbursements (from Line 31)	0.00	233137.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	312889.94	312889.94
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Image#	20201	022932	6881126
--------	-------	--------	---------

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

R	eport Covering the Period: From: 10		To: 10 / D D / Y Y Y Y 10 14 2020
	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)	8763.30	127816.60
	(ii) Unitemized	1713.30	22637.60
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	10476.60	150454.20
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs)	0.00	0.00
10	 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other 	10476.60	150454.20
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	10476.60	150454.20
20	Total Federal Receipts	10470.00	
_0.	(subtract Line 18(c) from Line 19)▶	10476.60	150454.20

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FE	EC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
(a) Al	ing Expenditures: located Federal/Non-Federal stivity (from Schedule H4)		Calendar Tear-to-Date		
(i)	Federal Share	0.00	0.00		
(ii)	Non-Federal Share	0.00	0.00		
	her Federal Operating	0.00	1137.35		
(c) To	tal Operating Expenditures				
	dd 21(a)(i), (a)(ii), and (b))► ers to Affiliated/Other Party	0.00	1137.38		
Commi	ttees	0.00	0.00		
Federa and Ot	I Candidates/Committees her Political Committees	0.00	232000.00		
(use S	ndent Expenditures chedule E) nated Party Expenditures	0.00	0.00		
(52 U.S	S.C. § 30116(d)) chedule F)	0.00	0.00		
Loan F	Repayments Made	0.00	0.00		
	Made Is of Contributions To:	0.00	0.00		
(a) Ind	dividuals/Persons Other an Political Committees	0.00	0.00		
• •	plitical Party Committees	0.00	0.00		
(-)	her Political Committees uch as PACs)	0.00	0.00		
· · /	tal Contribution Refunds dd Lines 28(a), (b), and (c))	0.00	0.00		
	Disbursements (Including ederal Donations)	0.00	0.00		
(a) Al	I Election Activity (52 U.S.C. § 30101 located Federal Election Activity om Schedule H6)	(20))			
`	Federal Share	0.00	0.00		
. ,	"Levin" Share deral Election Activity Paid	0.00	0.00		
Er	ntirely With Federal Funds	0.00	0.00		
	tal Federal Election Activity (add nes 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	isbursements (add Lines 21(c), 22,				
	25, 26, 27, 28(d), 29 and 30(c))	0.00	233137.35		
	ederal Disbursements ct Line 21(a)(ii) and Line 30(a)(ii)				
from Li	ne 31)	0.00	233137.35		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

				10476.60
	-7		-7-	
				0.00
-	-	1	-	0.00
				10476.60
	7		- 7	10470.00
				0.00
	7		-7	
				0.00
	-7		-7	0.00
				0.00
	-7-		-7-	

150454.20 0.00 150454.20 1137.35 0.00 1137.35



COLUMN B

Calendar Year-to-Date

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVILED RECEIFIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹				
			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) College of American Patholo	ogists Politica	al Action Committee					
Full Name of Individual (Last, First, Middl A . Beier, Jessica, W, Dr., MD	le Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 901 18th St E			M M / D D / Y Y Y Y 10 12 2020				
City Tifton	State GA	Zip Code 31794-3648	Transaction ID : SA11AI.59035 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1000.00				
Name of Employer (for Individual) Tift Reg Med Ctr		upation (for Individual) nologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1				
Full Name of Individual (Last, First, Middl B. Birdsong, George, G, Dr., MD	le Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address Anatomic Path PO Box 26248	1-		10 / Y Y Y Y 2020				
City Atlanta	State GA	Zip Code 30303-3031	Transaction ID : SA11AI.59034 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Grady Health System		upation (for Individual) hologist	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]				
Full Name of Individual (Last, First, Middl C. Bryce, Clare, Helen, Dr., MD	le Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 170 E 94th St Apt 2g			10 14 2020				
City New York	State NY	Zip Code 10128-2559	Transaction ID : SA11AI.59064 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		88.30				
Name of Employer (for Individual) Univ of Edinburgh		upation (for Individual) nologist	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 301.60]				
SUBTOTAL of Receipts This Page (optional	al)		1338.30				
TOTAL This Period (last page this line nun	nber only)						

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	X 1 ¹		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using			erson for	the p	urpose of	f soliciting	g contribut	tions
NAME OF COMMITTEE (In Full)								
College of American Patholog	ists Politica	al Action Committee						
Full Name of Individual (Last, First, Middle A. Chen, Zong-Ming, E, Dr., MD, PhD	Initial) or Full O	rganization Name	Dat	e of F	Receipt			
Mailing Address 3585 46th Ave NW				10 [™]	/ D 14		y y 2020	Y
City Rochester	State MN	Zip Code 55901-8528				SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	C				-19- I		125.0	00
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) nologist		Mer	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1					
Full Name of Individual (Last, First, Middle B. Durden, Angela, Fay, Dr., MD	Initial) or Full O	rganization Name	Dat	e of F	Receipt			
Mailing Address 6088 Hazelwood Dr			M	10	/ 13		2020	Y
City Billings	State MT	Zip Code 59106-9547				SA11AL		
FEC ID number of contributing federal political committee.	С						500.0	00
Name of Employer (for Individual) Yellowstone Pathology Institute Inc La		upation (for Individual) hologist		Mer	no Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		500.00]					
Full Name of Individual (Last, First, Middle Eisen, Richard, N, Dr., MD	Initial) or Full O	rganization Name	Dat	e of F	Receipt			
Mailing Address 18780 N. 95th Way				10 [™]	/ 10		Y Y 2020	Y
City Scottsdale	State AZ	Zip Code 85255				: SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С				, .		125.0	00
Name of Employer (for Individual) Banner Thunderbird Med Ctr		upation (for Individual) lologist		Mer	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	1					
SUBTOTAL of Receipts This Page (optional).					,	. ,	750.0	00
TOTAL This Period (last page this line numb	er only)							

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17				
			e to solicit contributions from such commit	utions				
NAME OF COMMITTEE (In Full) College of American Patho	logists Politica	al Action Committee						
Full Name of Individual (Last, First, Mi A. Eisen, Richard, N, Dr., MD	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 18780 N. 95th Way			M M / D D / Y Y Y 10 12 2020	Y				
City Scottsdale	State AZ	Zip Code 85255	Transaction ID : SA11AI.59042 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25	.00				
Name of Employer (for Individual) Banner Thunderbird Med Ctr		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1					
Full Name of Individual (Last, First, Min B. Ferrer, Karen, T, Dr, MD	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1521 W Harrison St			10 / Y Y Y Y 2020	Y				
City Chicago	State	Zip Code 60607-3105	Transaction ID : SA11AI.59008 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) John H Stroger Jr Hospital of Cook Cou		upation (for Individual) hologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name of Individual (Last, First, Mi C. Ferrer, Karen, T, Dr, MD	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1521 W Harrison St			M M / D D / Y Y Y 10 12 2020	Y				
City Chicago	State IL	Zip Code 60607-3105	Transaction ID : SA11AI.59037 Amount of Each Receipt this Period	t				
FEC ID number of contributing federal political committee.	С		25	.00				
Name of Employer (for Individual) John H Stroger Jr Hospital of Cook Cou		upation (for Individual) Iologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	1					
SUBTOTAL of Receipts This Page (optic	nal)		300	.00				
TOTAL This Period (last page this line n	umber only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

	<i>.</i>	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	
Any information copied from such Repo or for commercial purposes, other than	orts and Statements ma using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the	e purpose contributions	15 of soliciting from suct	16 g contribut h committ	tions tions
NAME OF COMMITTEE (In Full)	using the name and a						
College of American Path	nologists Politica	al Action Committee					
Full Name of Individual (Last, First, Fowkes, Mary, Elizabeth, Dr., M		rganization Name	Date	of Receipt			
Mailing Address 28 Elm Rd			м 10			ү ү 2020	Y
City Katonah	State NY	Zip Code 10536-1308		nsaction ID nt of Each			
FEC ID number of contributing federal political committee.	C			1 7 1		200.0	00
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) nologist		Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00]				
Full Name of Individual (Last, First, Fowkes, Mary, Elizabeth, Dr		rganization Name	Date	of Receipt			
Mailing Address 28 Elm Rd			10			у у 2020	Y
City	State NY	Zip Code		saction ID	-		
Katonah		10536-1308	Amoui	nt of Each	Receipt th	iis Period	
FEC ID number of contributing federal political committee.	C					200.0	00
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) nologist		Memo Item			
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify) ▼		1600.00	1				
Full Name of Individual (Last, First, Frigy, Alan, F, Dr., MD	Middle Initial) or Full O	rganization Name	Date	of Receipt			
Mailing Address 2465 Haines Hill Rd	1		10	0	9	2020	Y
City Decatur	State IL	Zip Code 62521-9120		nsaction ID			
FEC ID number of contributing federal political committee.	C			. , .	9	1000.0	00
Name of Employer (for Individual) Unafilliated		upation (for Individual) ologist		Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]				
SUBTOTAL of Receipts This Page (op	tional)					1400.0	00
TOTAL This Period (last page this line	e number only)						

FOR LINE NUMBER:

PAGE 10 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
IILIVIILED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) College of American Patholog	gists Politica	al Action Committee						
Full Name of Individual (Last, First, Middle Gang, David, L., Dr., MD	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Dept of Path 759 Chestnut St			10 / Y Y Y Y Y 10 13 2020					
City Springfield	State MA	Zip Code 01199-1001	Transaction ID : SA11AI.59049 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Baystate Med Ctr		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]					
Full Name of Individual (Last, First, Middle Gardner, Laura, Jane, Dr., MD	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 417 Edgar Rd			10 / 12 / 2020					
City Saint Louis	State MO	Zip Code 63119-4237	Transaction ID : SA11AI.59038 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) St Anthony's Med Ctr		upation (for Individual) nologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]					
Full Name of Individual (Last, First, Middle C. Gochman, Gary, A, Dr., MD	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Lab 9333 E Imperial Hwy			10 / D D / Y Y Y Y Y 2020					
City Downey	State CA	Zip Code 90242-2812	Transaction ID : SA11AI.59005 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Kaiser Downey Medical Center		upation (for Individual) ologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			300.00					

FOR LINE NUMBER:

PAGE 11 OF

Detailed Summary Page Image 11b 11c 12 13 12 14 12 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) NAME OF COMMITTEE (In Full) College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				Use separate schedule(s)	(check only one)									
Any hormation capled from such Reports and Statements may not be sold or used by any person for the purposes of solicing 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, Jhaver, Bharda, Suketu, Dr., MD Maling Address 1312 Woods Fam Ln City Springfield EC ID number of contributing team political committee. City Status Zipregration to the propert (for individual) Statins Heapital Receipt For: Other (specify) Maling Address 102 Bianwood Dr City Statins Heapital Receipt For: Other (specify) Maling Address 1022 Bianwood Dr City Statins 1029 Bianwood Dr City Name of Individual (Last, First, Middle Initial) or Full Organization Name K.Vazraski, Trzvetan, Boritsov, Dr., MD Maling Address 1029 Bianwood Dr City Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Receipt For: Other (specify)				for each category of the Detailed Summary Page		_		4 -						
College of American Pathologists Political Action Committee Full Name of Individual (Last, First, Middle initial) or Full Organization Name A. Jhaveri, Bharati, Suketu, Dr., MD Mailing Address 1312 Woods Farm Ln City Springlield Bernormittee Path or of contributing federal political committee. City Name of Employer (for Individual) St.dnin Haspital Receipt For: Primary City St.dnin Haspital Receipt For: Primary College of American Pathologist Mailing Address 1029 Brianwood Dr City State Educat Name of Employer (for Individual) Variant of acontributing federal political committee City State Primary General Octure (specify) Aggregate Year-to-Date * Other (specify) Aggregate Year-to-Date * Duttee of Individual Unnet of Individual Occupation (for Individual) Date of Receipt Transaction ID 2: SAt14L55061						for the		pose of	soliciting	contribut	tions			
✓ Cub Cu	$\overline{)}$	NAME OF COMMITTEE (In Full)												
A. Jhaveri, Bharati, Suketu, Dr., MD Date of Receipt Maling Address 1312 Woods Farm Ln 10 / 12 / 2020 City Springfield 10 / 12 / 2020 Springfield It 2020/45645 FEC ID number of contributing tederal political committee. C 100 / 01 / 20 / 2020 Name of Employer (for Individual) Pathologist Aggregate Year-to-Date ▼ Primary General 000.00 000.00 B. KU Parski, Tzvetan, Borissov, Dr., MD Maling Address 1029 Branwood Dr 01 / 2020 2020.00 City State 2ip Code 10 / 01 / 2020 2020.00 Name of Employer (for Individual) Pathologist Date of Receipt 0 / 01 / 2020 2020.00 Malling Address 1029 Branwood Dr C 10 / 01 / 2020 2020.00 0 / 01 / 2020 2020.00 City State 2ip Code NY 13760-7128 Amount of Each Receipt in Period FEC ID number of contributing tederal political committee. C 2020.00 Image: Pathologist Amount of Each Receipt in Period Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Transaction D: SAt14L50061 </td <td></td> <td>College of American Pathologists</td> <td>s Politica</td> <td>I Action Committee</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		College of American Pathologists	s Politica	I Action Committee										
City State Zip Code 12 202 Springfield IL Zip Code 62704-6545 Amount of Each Receipt Ihis Period FEC: ID number of contributing C 10 State State 1000.00 Name of Employer (for Individual) Pathologist 1000.00 Memo Item St.Johns Hospital Pathologist 2000.00 Memo Item Primary General 2000.00 Transaction ID : SA11AL59031 Maling Address 1029 Brianwood Dr C 13760-7128 Date of Receipt Ihis Period FEC: ID number of contributing federal political committee. C Transaction ID : SA11AL59061. Name of Employer (for Individual) NY 210 Code Transaction ID : SA11AL59061. Maling Address 1029 Brianwood Dr C Transaction ID : SA11AL59061. Amount of Each Receipt Ihis Period FEC: ID number of contributing federal political committee. C Transaction ID : SA11AL59061. Amount of Each Receipt Ihis Period City Itame of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Im Period 125.00 City City Sattat Zip Code Transaction ID : SA11AL59021 <t< td=""><td>A.</td><td colspan="5"></td><td>Re</td><td>eceipt</td><td></td><td></td><td></td></t<>	A.						Re	eceipt						
Springfield L 62704-6545 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer (for Individual) St John's Hospital Occupation (for Individual) Pathologist 0 Racoipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0 Malling Address 1029 Briarwood Dr Image: Control of the		Mailing Address 1312 Woods Farm Ln					/		/ Y		Y			
FEC ID number of contributing federal political committee. C 1000.00 Name of Employer (for individual) St John's Hopital Occupation (for individual) Pathologist 0 Receipt For: City Aggregate Year-to-Date ▼ 0 Balance of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Kozarski, Tzvetan, Borissov, Dr., MD 10 14 Mailing Address 1029 Brianwood Dr C 10 14 City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 10 14 2020 Name of Employer (for Individual) United Hith Sxcs-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Date of Receipt Receipt For: City General Other (specify) ▼ C 0 0 Mailing Address 296 Valley Club Cir C 25,00 0 0 City State Zip Code 72212-2914 0 0 0 0 0 2020 0 0 2020 0 0 0 0 2020 0 0 0 2020 0 0 0 20						Transaction ID : SA11AI.59031								
federal political committee. 100000 Name of Employer (for Individual) Occupation (for Individual) St John's Hospital Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Kozarski, Tzvetan, Borissov, Dr., MD Date of Receipt Mailing Address 1029 Brianwood Dr 10 City State Endicott NY Receipt For: 2020.00 Primary General Other (specify) ▼ C Mailing Address 1029 Brianwood Dr C City State Pecipt For: 125.00 Receipt For: 125.00 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225,00 City State Zip Code Mailing Address 296 Valley Club Cir 10 10 202.0		Springfield		62704-6545		Amount	of	Each R	eceipt th	is Period				
St John's Hospital Pathologist Receipt For: Aggregate Year-to-Date ▼ Dther (specify) ▼ 2000.00 B. Kozarski, Tzvetan, Borissov, Dr., MD Date of Receipt Mailing Address 1029 Briarwood Dr 10 ' 14' 2020 City State Zip Code Pathologist Aggregate Year-to-Date ▼ Mailing Address 1029 Briarwood Dr 0' 14' 2020 City State Zip Code Pathologist Aggregate Year-to-Date ▼ Name of Employer (for individual) Occupation (for individual) Pathologist Recoipt For: Aggregate Year-to-Date ▼ 125.00 Primary General Occupation (for individual) Memo Item Mailing Address 296 Valley Club Cir 10 ' 10' 2020 2020 Citly State Zip Code 10 ' 10' 2020 Citly State Zip Code Monunt of Each Receipt I Mailing Address 296 Valley Club Cir 10 ' 10' 2020 2020 Citly State Zip Code Aggregate Year-to-Date ▼ Mailing Address 296 Valley Club Cir Occupation (for Individual) Pathologist Name of Emplo		8	С		<u> </u>	_	- y -	-	1000.0	00				
Primary General 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Kozzarski, Tzvetan, Borissov, Dr., MD Date of Receipt Mailing Address 1029 Brianwood Dr 110 14 2020 City State Zip Code Transaction ID: SAt1AL59061 FEC ID number of contributing federal political committee. C 14 2020 Name of Employer (for Individual) United Hik Nexe-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 225.00 Date of Receipt Date of Receipt Mailing Address 286 Valley Club Cir Aggregate Year-to-Date ▼ 225.00 Date of Receipt 10 2020 Transaction ID : SAt1AL59021 Aggregate Year-to-Date ▼ 0 0 70 2020 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C 10 10 2020 City State Agregate Year-to-Date ▼ 250.00 70 250.00 76 <						Me	emc	tem						
□ Other (specify) 2000.00 B. Hull Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 1029 Briarwood Dr 14 2020 City State Zip Code Endicott NY 13760-7128 FEC 1D number of contributing tederal political committee. C 14 2020 Name of Employer (for Individual) United Hith Svcs-Wilson Mem Reg Med Ct Pathologist Aggregate Year-to-Date ▼ Pointer (specify) General Other (specify) Date of Receipt Mailing Address 296 Valley Club Cir Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 296 Valley Club Cir City State Zip Code Transaction ID : SAt1AL59021 Mailing Address 296 Valley Club Cir City Sate of Receipt this Period Monout of Each Receipt this Period <			Aggregate											
B. Kozarski, Tzvetan, Borissov, Dr., MD Date of Receipt Mailing Address 1029 Briarwood Dr City City State Zip Code NT 13760-7128 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL59661 Name of Employer (for Individual) United Htth Svcs-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Mailing Address 296 Valley Club Cir C 225.00 City State Zip Code Mailing Address 296 Valley Club Cir Tansaction ID: SA11AL59021 Mailing Address 296 Valley Club Cir Tansaction ID: SA11AL59021 Maling Address 296 Valley Club Cir Tansaction ID: SA11AL59021 Mamount of Each Receipt Initiang C City State Zip Code Little Rock AR Zip Code Name of Employer (for Individual) Occupation (for Individual) Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item Name														
Mailing Address 1029 Briarwood Dr Image: Control of the second seco	_			rganization Name			_							
City State Zip Code Transaction ID : SA11AL59061 FEC ID number of contributing C I 3760-7128 Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) I 125.00 II25.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item II25.00 Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item C. Laudadio, Jennifer, , Dr., MD Date of Receipt Mailing Address 296 Valley Club Cir Transaction ID : SA11AL59021 City State Zip Code Little Rock Ra T2212-2914 FEC ID number of contributing C Image: Tase To-Date ▼ Mailing Address 296 Valley Club Cir Transaction ID : SA11AL59021 City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ University of Arkansas for Medical Sci Pathologist Amount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ Memo Item University of Arkansas for Medical Sci Pathologist Memo Item Receipt For	в.						Re			V V	V			
Endicott NY 13760-7128 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) United Hith Sves-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID : SATIALS9021 Date of Receipt Mailing Address 296 Valley Club Cir To 225,00 City State Zip Code Little Rock Ar 7212-2914 FEC ID number of contributing federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Mame of Employer (for Individual) Occupation (for Individual) Memo Item Mame of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (ľ				1			
FEC ID number of contributing federal political committee. C 125.00 Name of Employer (for Individual) United Hith Svcs-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ 0 Date of Receipt Other (specify) ▼ Aggregate Year-to-Date ▼ 0 Date of Receipt Mailing Address 296 Valley Club Cir 10 10 2020 City State Zip Code 72212-2914 FEC ID number of contributing federal political committee. C 10 10 2020 Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Occupation (for Individual) Memo Item University of Arkansas for Medical Sci Pathologist Aggregate Year-to-Date ▼ 1375.00 SUBTOTAL of Receipts This Page (optional) 1375.00 1375.00 1375.00									-					
federal political committee. 125.00 Name of Employer (for Individual) United Hith Svcs-Wilson Mem Reg Med Ct Occupation (for Individual) Pathologist Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt CL Laudadio, Jennifer, , Dr., MD Date of Receipt Mailing Address 296 Valley Club Cir 10 / 2020 City State Zip Code Little Rock AR 72212-2914 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University of Arkansas for Medical Sci Occupation (for Individual) Pathologist Memo Item Name of Employer (for Individual) University of Arkansas for Medical Sci Aggregate Year-to-Date ▼ Memo Item SUBTOTAL of Receipts This Page (optional)						Amount	of	Each R	eceipt th	is Period				
Inited Hith Sycs-Wilson Mem Reg Med Ct Pathologist Primary General Other (specify) Aggregate Year-to-Date ▼ E Lutlaudadio, Jennifer, , Dr., MD Mailing Address 296 Valley Club Cir Zip Code City State Zip Code Little Rock AR 72212-2914 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) University of Arkansas for Medical Sci Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) University of Arkansas for Medical Sci Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General Z50.00 Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)		8			Ľ.	_	-	-	125.0	00				
Primary General Other (specify) ▼ 225,00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Laudadio, Jennifer, , Dr., MD Date of Receipt Mailing Address 296 Valley Club Cir Tassaction ID : SA11Al.59021 City State Zip Code Little Rock AR 72212-2914 FEC ID number of contributing C 250,00 federal political committee. C 250,00 Name of Employer (for Individual) Occupation (for Individual) Memo Item University of Arkansas for Medical Sci Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ 1375,00 SUBTOTAL of Receipts This Page (optional)					Me	emc	tem							
Other (specify) ▼ 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Laudadio, Jennifer, , Dr., MD Date of Receipt Mailing Address 296 Valley Club Cir Tansaction ID : SA11AL59021 City State Zip Code Little Rock AR 72212-2914 FEC ID number of contributing federal political committee. C 250.00 Name of Employer (for Individual) Occupation (for Individual) Pathologist Primary General Aggregate Year-to-Date ▼ Memo Item SUBTOTAL of Receipts This Page (optional)			Aggregate	regate Year-to-Date ▼										
C. Laudadio, Jennifer, , Dr., MD Date of Receipt Mailing Address 296 Valley Club Cir 10 2020 City State Zip Code Little Rock AR 72212-2914 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Amount of Each Receipt this Period University of Arkansas for Medical Sci Pathologist Memo Item Receipt For: Aggregate Year-to-Date Memo Item Other (specify) 250.00 1375.00]										
City State Zip Code Transaction ID : SA11AI.59021 Little Rock AR 72212-2914 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item University of Arkansas for Medical Sci Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ 1375.00 Other (specify) Subbrottal of Receipts This Page (optional)	с.		al) or Full Or	rganization Name		Date of	Re	eceipt						
Little Rock AR 72212-2914 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item University of Arkansas for Medical Sci Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ 1000000000000000000000000000000000000		Mailing Address 296 Valley Club Cir				1		/ Y		Y				
FEC ID number of contributing federal political committee. C 250.00 Name of Employer (for Individual) Occupation (for Individual) Memo Item University of Arkansas for Medical Sci Pathologist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) General 250.00 1375.00														
University of Arkansas for Medical Sci Pathologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)		8	С				U				00			
Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional) 1375.00				,		Me	emo	ttem						
Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)			Aggregate											
TOTAL This Period (last page this line number only)	s	UBTOTAL of Receipts This Page (optional)			<u> </u>					1375.(00			
	Т	OTAL This Period (last page this line number o	nly)		- •	<u> </u>								

FOR LINE NUMBER:

PAGE 12 OF

			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page		11a 13		11b	11c	12	17	
	nformation copied from such Reports and Stat commercial purposes, other than using the n				for the		ose of	soliciting	contribu	utions	
	ME OF COMMITTEE (In Full) ollege of American Pathologists	Political	Action Committee								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Levy, Rebecca, Anne, Dr., MD					Re	ceipt				
Ma	Mailing Address 4301 W Markham Rm B.095					/	D D 10	/ Y	ү ү 2020	Y	
City Lit	y tle Rock	State AR	Zip Code 72205					SA11AI. eceipt th	59022 iis Perioc	ł	
	C ID number of contributing eral political committee.	C			<u> </u>		,		250	.00	
Uni	Name of Employer (for Individual)Occupation (for Individual)Jniv of Arkansas for Med SciPathologist				M	emo	Item				
Red	ceipt For: Primary General Other (specify) ▼	Aggregate Y]								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Morrow, Dwight, W., Dr., MD				Date of	Re	ceipt				
	Mailing Address 904 Watercress Dr					/	08	/ Y	y y 2020	Y	
City Na	y perville	State IL	Zip Code 60540-7659	Transaction ID : SA Amount of Each Rec				-		ł	
	FEC ID number of contributing cederal political committee.							-	100	.00	
	me of Employer (for Individual) ward Hospital	pation (for Individual) blogist		M	emo	Item					
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00									
	I Name of Individual (Last, First, Middle Initial) or Full Org	ganization Name		Date of	Re	ceipt				
	Mailing Address 20 Jenkins Rd				10 ^M	/	D D 12	JL	ү ү 2020	Y	
City An	y ndover	StateZip CodeMA01810-2306						SA11AI. eceipt th	59041 is Perioc	ł	
	C ID number of contributing eral political committee.	C					,	9	250	.00	
Ca	me of Employer (for Individual) mbridge Health Alliance	Occup Patho		M	emo	Item					
	ceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00									
SUB	TOTAL of Receipts This Page (optional)						,	,	600	.00	
тота	AL This Period (last page this line number on	ly)		•							

FOR LINE NUMBER:

PAGE 13 OF

			Use separate schedule(s)	(check only one)												
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		oose of	soliciting	contribu	tions						
$\overline{)}$	NAME OF COMMITTEE (In Full)															
/	College of American Pathologists	s Politica	al Action Committee													
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reilly, Michael, H, Dr., MD					Re	ceipt									
	Mailing Address 570 Upper Blvd						M M / D D / Y Y Y Y 10 14 2020									
	City Ridgewood	State NJ	Zip Code 07450-1508		Transaction ID : SA11AI.59058											
FEC ID number of contributing federal political committee.						Amount of Each Receipt this Period										
	Name of Employer (for Individual) The Valley Hospital	Occu Path		Me	emo	Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate														
R	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scanlan, Richard, M, Dr., MD					Re	ceipt									
0.	Mailing Address 01411 SW Radcliffe Road					/	08) / Y	2020	Y						
	City Portland	State OR	Zip Code 97219	Transaction ID : Amount of Each F			-	-		_						
	FEC ID number of contributing federal political committee.	C				U	1		1000.	00						
	Name of Employer (for Individual) Oregon Health & Science University	upation (for Individual) hologist		Me	emo	Item										
	Receipt For:	Year-to-Date ▼														
	Other (specify) V															
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Simonetti, Anthony, John, Dr., MD, MBA					Re	ceipt									
	Mailing Address 960 Saint Matthews Road					/	01) / Y	2020	Y						
	City Chester Springs	State PA	Zip Code 19425	Transaction ID : Amount of Each Re												
	FEC ID number of contributing federal political committee.	per of contributing							200.	00						
	Name of Employer (for Individual) Reading Hospital Tower Heath	upation (for Individual) nologist		Me	emc	ltem										
	Receipt For: Primary General Other (specify)	Aggregate														
s	UBTOTAL of Receipts This Page (optional)		•				,	.,	1450.	00						
т	OTAL This Period (last page this line number on	ıly)	•				,									

FOR LINE NUMBER:

PAGE 14 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 13		11b	11c 15	12	17				
Any information copied from such Reports ar or for commercial purposes, other than using			person for the	e purpo	ose of s	oliciting	contribut	tions				
NAME OF COMMITTEE (In Full)		_										
College of American Patholo	gists Politica	al Action Committee										
Full Name of Individual (Last, First, Middle A. Yorke, Rebecca, F, Dr., MD	Date of	Date of Receipt										
Mailing Address Houston Methodist Hospit Dept. of Pathology 6865 F			м 10	10 / Y Y Y Y 2020								
City Houston	State TX	Zip Code 77030		Transaction ID : SA11AI.59028 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) Houston Methodist Hospital		upation (for Individual) nologist	N	/lemo	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
Full Name of Individual (Last, First, Middle B. Young, Nancy, A, Dr., MD	Date of	of Rec	ceipt									
Mailing Address 925 Dale Rd	10 ^M	VI /	D D D 12	/ Y	2020	Y						
City Meadowbrook	State PA	Zip Code 19046-2513			on ID : S Fach Be		59039 is Period					
FEC ID number of contributing federal political committee.	С					500.0	00					
Name of Employer (for Individual) Einstein Medical Center	upation (for Individual) hologist		/lemo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
Full Name of Individual (Last, First, Middle C. Zhai, Qihui, Jim, Dr., MD	e Initial) or Full O	rganization Name	Date of	of Rec	eipt							
Mailing Address 132 Lantern Wick Place	M 10		D D D 13	/ Y	2020	Y						
City Ponte Vedra Beach	State FL	Zip Code 32082			on ID : S Each Re		59052 is Period					
FEC ID number of contributing federal political committee.	С			,	,	J	500.0	00				
Name of Employer (for Individual) Mayo Clinic Jacksonville		upation (for Individual) nologist	Ν	Nemo	ltem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]									
SUBTOTAL of Receipts This Page (optional)			. ,	7	9	1250.0	00				
TOTAL This Period (last page this line num	ber only)		•		,		8763.3	30				