

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

Check if different than previously reported. (ACC) Suite 425 West

Washington DC 20001

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 11 / 03 / 2020 in the State of IL

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2020 through 10 / 14 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kozel, Jessica, A, Dr, MD

Type or Print Name of Treasurer

Signature of Treasurer *Kozel, Jessica, A, Dr, MD* [Electronically Filed] Date 10 / 22 / 2020

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="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 10 / 01 / 2020 To: 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
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10476.60	150454.20
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)).....▶	10476.60	150454.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10476.60	150454.20

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	0.00	1137.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1137.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	232000.00
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)) ..	0.00	233137.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	233137.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10476.60	150454.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10476.60	150454.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1137.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1137.35

**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 14
<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. Beier, Jessica, W, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 18th St E
 City Tifton State GA Zip Code 31794-3648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tift Reg Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59035
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Birdsong, George, G, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Anatomic Path PO Box 26248
 City Atlanta State GA Zip Code 30303-3031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grady Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59034
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bryce, Clare, Helen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 E 94th St Apt 2g
 City New York State NY Zip Code 10128-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Edinburgh Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 301.60

Date of Receipt 10 / 14 / 2020
Transaction ID : SA11AI.59064
 Amount of Each Receipt this Period 88.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1338.30
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 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Chen, Zong-Ming, E, Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3585 46th Ave NW
 City Rochester State MN Zip Code 55901-8528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2020
Transaction ID : SA11AI.59063
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Durden, Angela, Fay, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6088 Hazelwood Dr
 City Billings State MT Zip Code 59106-9547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yellowstone Pathology Institute Inc La Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2020
Transaction ID : SA11AI.59048
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Eisen, Richard, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18780 N. 95th Way
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Thunderbird Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 10 / 2020
Transaction ID : SA11AI.59023
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Eisen, Richard, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18780 N. 95th Way
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Thunderbird Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59042
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ferrer, Karen, T, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 W Harrison St
 City Chicago State IL Zip Code 60607-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John H Stroger Jr Hospital of Cook Cou Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2020
Transaction ID : SA11AI.59008
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ferrer, Karen, T, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 W Harrison St
 City Chicago State IL Zip Code 60607-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John H Stroger Jr Hospital of Cook Cou Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59037
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 14
<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

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Fowkes, Mary, Elizabeth, Dr., MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mount Sinai Medical Center	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2020

Transaction ID : SA11AI.59051

Amount of Each Receipt this Period
200.00

Memo Item

B. Fowkes, Mary, Elizabeth, Dr., MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 Elm Rd

City Katonah	State NY	Zip Code 10536-1308
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mount Sinai Medical Center	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2020

Transaction ID : SA11AI.59056

Amount of Each Receipt this Period
200.00

Memo Item

C. Frigy, Alan, F, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2465 Haines Hill Rd

City Decatur	State IL	Zip Code 62521-9120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Unaffiliated	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

Transaction ID : SA11AI.59012

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 10 OF 14
<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

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Gang, David, L., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 759 Chestnut St
 City Springfield State MA Zip Code 01199-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **10 / 13 / 2020**
Transaction ID : SA11AI.59049
 Amount of Each Receipt this Period **25.00**
 Memo Item

B. Gardner, Laura, Jane, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Edgar Rd
 City Saint Louis State MO Zip Code 63119-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Anthony's Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **10 / 12 / 2020**
Transaction ID : SA11AI.59038
 Amount of Each Receipt this Period **25.00**
 Memo Item

C. Gochman, Gary, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lab
 9333 E Imperial Hwy
 City Downey State CA Zip Code 90242-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Downey Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 01 / 2020**
Transaction ID : SA11AI.59005
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 11 OF 14
<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

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Jhaveri, Bharati, Suketu, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1312 Woods Farm Ln

City Springfield	State IL	Zip Code 62704-6545
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St John's Hospital	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2020

Transaction ID : SA11AI.59031

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kozarski, Tzvetan, Borissov, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1029 Briarwood Dr

City Endicott	State NY	Zip Code 13760-7128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Hlth Svcs-Wilson Mem Reg Med Ct	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2020

Transaction ID : SA11AI.59061

Amount of Each Receipt this Period
125.00

Memo Item

C. Laudadio, Jennifer, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 296 Valley Club Cir

City Little Rock	State AR	Zip Code 72212-2914
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Arkansas for Medical Sci	Occupation (for Individual) Pathologist
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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
10	/	10	/	2020

Transaction ID : SA11AI.59021

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
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 12 OF 14
	<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	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Levy, Rebecca, Anne, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham Rm B.095
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas for Med Sci Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2020
Transaction ID : SA11AI.59022
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Morrow, Dwight, W., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 Watercress Dr
 City Naperville State IL Zip Code 60540-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Edward Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2020
Transaction ID : SA11AI.59009
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Osgood, Rebecca, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Jenkins Rd
 City Andover State MA Zip Code 01810-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cambridge Health Alliance Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59041
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 13 OF 14
<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

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Reilly, Michael, H, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 Upper Blvd
 City Ridgewood State NJ Zip Code 07450-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Valley Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2020
Transaction ID : SA11AI.59058
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Scanlan, Richard, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 01411 SW Radcliffe Road
 City Portland State OR Zip Code 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2020
Transaction ID : SA11AI.59011
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Simonetti, Anthony, John, Dr., MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 Saint Matthews Road
 City Chester Springs State PA Zip Code 19425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reading Hospital Tower Heath Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 01 / 2020
Transaction ID : SA11AI.59003
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
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 14 OF 14
<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

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Yorke, Rebecca, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Houston Methodist Hospital
 Dept. of Pathology 6865 Fannin St
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2020
Transaction ID : SA11AI.59028
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Young, Nancy, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 Dale Rd
 City Meadowbrook State PA Zip Code 19046-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Einstein Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2020
Transaction ID : SA11AI.59039
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Zhai, Qihui, Jim, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Lantern Wick Place
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Jacksonville Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2020
Transaction ID : SA11AI.59052
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	8763.30