



**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  |  | <input type="text" value="288924.88"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="288924.88"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="24430.01"/>  | <input type="text" value="24430.01"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="313354.89"/> | <input type="text" value="313354.89"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="269.21"/>    | <input type="text" value="269.21"/>    |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="313085.68"/> | <input type="text" value="313085.68"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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:**

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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 19916.67                      | 19916.67                          |
| (ii) Unitemized .....   | 4513.34                       | 4513.34                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 24430.01                      | 24430.01                          |
| (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) .....  | 24430.01                      | 24430.01                          |
| 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)).....▶                         | 24430.01                      | 24430.01                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 24430.01                      | 24430.01                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 269.21                        | 269.21                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 269.21                        | 269.21                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 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)) ..      | 269.21                        | 269.21                            |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 269.21                        | 269.21                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 24430.01                              | 24430.01                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 24430.01                              | 24430.01                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 269.21                                | 269.21                                    |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 269.21                                | 269.21                                    |

**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 17  |
| <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. Alexis, John, B, Dr., MD,MBChB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Path  
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) Mount Sinai Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 03 / 2023  
**Transaction ID : SA11AI.61560**

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 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) Jackson Memorial Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2023  
**Transaction ID : SA11AI.61628**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Baksi, Mitali, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Hills Plz

City Charleston State WV Zip Code 25387-2438

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

Name of Employer (for Individual) Laboratory Corporation of America Hold Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2023  
**Transaction ID : SA11AI.61630**

Amount of Each Receipt this Period 500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <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 17                 |
|   | <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"/>                | <input type="checkbox"/> 17  |

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

**A. Black-Schaffer, W, Stephen, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pathology Department WRN210, 55 Fr  
 Massachusetts General Hospitals  
 City Boston State MA Zip Code 02114-2696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts General Hospital 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 / 16 / 2023  
**Transaction ID : SA11AI.61598**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Crawford, James, M, Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Knolls Ln  
 City Manhasset State NY Zip Code 11030-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Shore Long Island 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 / 11 / 2023  
**Transaction ID : SA11AI.61587**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Durden, Angela, Fay, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 12th Ave N Ste 295W  
 City Billings State MT Zip Code 59101-7504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yellowstone Pathology Institute Inc Bi Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2023  
**Transaction ID : SA11AI.61658**  
 Amount of Each Receipt this Period  
 416.67  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3166.67 |
| <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 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Eckert, E. Randy, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13322 Shore Vista Dr  
 City Austin State TX Zip Code 78732-1617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Austin Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2023  
**Transaction ID : SA11AI.61639**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Eldin, Karen, Wiedemann, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5656 Kelley St  
 City Salem State MA Zip Code 01970-2714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mass General Brigham Salem Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2023  
**Transaction ID : SA11AI.61624**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hanson, Gerald, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8591 Lorraine Dr  
 City Huntington Beach State CA Zip Code 92646-2627  
 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 01 / 22 / 2023  
**Transaction ID : SA11AI.61608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 17  |
| <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. Hanson, Gerald, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8591 Lorraine Dr  
 City Huntington Beach State CA Zip Code 92646-2627  
 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 ▼ 500.00

Date of Receipt **01 / 22 / 2023**  
**Transaction ID : SA11AI.61609**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Herreid, Peter, Anthony, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1280 116th Ave NE Ste 210  
 City Bellevue State WA Zip Code 98004-3803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Incyte Pathology-Bellevue Branch Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 11 / 2023**  
**Transaction ID : SA11AI.61588**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Hill, Kalisha, Ashara, Dr., MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1622 Brassie Ave  
 City Flossmoor State IL Zip Code 60422-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Presence St Mary's Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 12 / 2023**  
**Transaction ID : SA11AI.61593**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2250.00 |
| <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 17   |
| <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. Jiang, Xiaoyin, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Box 3712  
209M Duke S 3712

City Durham State NC Zip Code 27710-0001

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

Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 03 / 2023**

**Transaction ID : SA11AI.61562**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Joelson, Dean, W, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Spruell Springs Rd NE

City Sandy Springs State GA Zip Code 30342-2525

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

Name of Employer (for Individual) Piedmont Atlanta Hospital Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 05 / 2023**

**Transaction ID : SA11AI.61575**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Karcher, Donald, Steven, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Path  
2120 L St NW Ste 200

City Washington State DC Zip Code 20037-1547

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

Name of Employer (for Individual) George Washington Univ Med Ctr Occupation (for Individual) Pathologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2023**

**Transaction ID : SA11AI.61582**

Amount of Each Receipt this Period 1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <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 17   |
| <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. Kennedy, Denise, A, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 Liegeois Rd  
 City Abrams State WI Zip Code 54101-9747  
 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 ▼ 500.00

Date of Receipt 01 / 11 / 2023  
**Transaction ID : SA11AI.61590**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kim, Oliver, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Department of Pathology 450 West Hwy 22  
 City Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Good Shepherd Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2023  
**Transaction ID : SA11AI.61616**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Le, Mary, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 01 / 07 / 2023  
**Transaction ID : SA11AI.61578**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <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 12 OF 17   |
| <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. Macatol, Matthew, Jonathan, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1307 Cisler Dr  
 City Marietta State OH Zip Code 45750-9452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marietta Memorial Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 31 / 2023**  
**Transaction ID : SA11AI.61646**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Martin, Elizabeth, T, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 W Broad St Apt 510  
 City Falls Church State VA Zip Code 22046-3247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fauquier Hospital Inc Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 12 / 2023**  
**Transaction ID : SA11AI.61594**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Martinez, Antonio, Enrique, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2685 NW 163rd St  
 City Clive State IA Zip Code 50325-4658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Iowa Clinic Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 27 / 2023**  
**Transaction ID : SA11AI.61622**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <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 13 OF 17   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. McLawhon, Ronald, W, Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Mail Code 7320  
 Ctr For Advanced Lab Med, 9300 Cam  
 City La Jolla State CA Zip Code 92037-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC San Diego Health System 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 / 12 / 2023  
**Transaction ID : SA11AI.61595**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Medina, Ana Maria, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 Alton Rd Ste2400  
 City Miami Beach State FL Zip Code 33140  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2023  
**Transaction ID : SA11AI.61617**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**c. Olgaard, Ericka, J, Dr., DO,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 SW 35th Dr  
 City Gainesville State FL Zip Code 32608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Florida 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 / 31 / 2023  
**Transaction ID : SA11AI.61653**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <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 14 OF 17                |
|   | <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. Pool, Mark, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Jelke Bldg Rm 262  
 1653 W Congress Pkwy  
 City Chicago State IL Zip Code 60612-3833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2023  
**Transaction ID : SA11AI.61611**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Poppiti Jr, Robert, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Path  
 4300 Alton Rd Blum  
 City Miami Beach State FL Zip Code 33140-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mt Sinai Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 03 / 2023  
**Transaction ID : SA11AI.61565**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Recine, Monica, Assunta, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 4300 Alton Rd  
 City Miami State FL Zip Code 33140-2948  
 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 ▼ 500.00

Date of Receipt 01 / 09 / 2023  
**Transaction ID : SA11AI.61579**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <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 15 OF 17   |
| <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. Reznicek, Mary, J, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 8901 W Lincoln Ave  
 City West Allis State WI Zip Code 53227-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACL Labs Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2023  
**Transaction ID : SA11AI.61618**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Sens, Mary, Ann, Dr., MD,PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Mailstop 9037 Rm W424  
 1301 N Columbia Rd  
 City Grand Forks State ND Zip Code 58202-9037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of North Dakota Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2023  
**Transaction ID : SA11AI.61620**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Snyder, Matthew, James, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Pathology Dept  
 3000 New Bern Ave  
 City Raleigh State NC Zip Code 27610-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raleigh Pathology Lab Assoc PA Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2023  
**Transaction ID : SA11AI.61612**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <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 16 OF 17   |
| <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. 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 / 04 / 2023  
**Transaction ID : SA11AI.61570**  
 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 Blum Bldg Ste 2400  
 4300 Alton Rd  
 City Miami Beach State FL Zip Code 33140  
 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 ▼ 500.00

Date of Receipt 01 / 03 / 2023  
**Transaction ID : SA11AI.61568**  
 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 PO Box 2375  
 City West Columbia State SC Zip Code 29171-2375  
 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 / 09 / 2023  
**Transaction ID : SA11AI.61580**  
 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)..... | 19916.67 |



# 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)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Truist Bank

Mailing Address 214 N. Tryon St.

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Chase Paymentech Fees Deducted at PAC Truist Bank

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C [ ]

**Transaction ID : SB21B.61556**

Amount of Each Disbursement this Period

[ ] 208.01

Memo Item

Full Name (Last, First, Middle Initial)

### B. Truist Bank

Mailing Address 214 N. Tryon St.

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Truist Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C [ ]

**Transaction ID : SB21B.61555**

Amount of Each Disbursement this Period

[ ] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 223.01

[ ] 223.01