

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2021 through 09 / 30 / 2021

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 / 19 / 2021

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**

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="2021"/>		<input type="text" value="322640.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="369378.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13844.86"/>	<input type="text" value="150564.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="383223.04"/>	<input type="text" value="473205.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17096.83"/>	<input type="text" value="107079.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="366126.21"/>	<input type="text" value="366126.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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: 09 / 01 / 2021 To: 09 / 30 / 2021

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).....	12046.66	127929.86
(ii) Unitemized	1798.20	22634.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13844.86	150564.36
(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)	13844.86	150564.36
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)).....▶	13844.86	150564.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13844.86	150564.36

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	96.83	1079.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	96.83	1079.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	106000.00
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)) ..	17096.83	107079.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17096.83	107079.12

DETAILED SUMMARY PAGE
of Disbursements

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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)	13844.86	150564.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13844.86	150564.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96.83	1079.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96.83	1079.12

**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 16
<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. 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2021
Transaction ID : SA11AI.59975
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Foster, Matthew, R, Dr., MD, MMM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Main Lab
 3300 Rivermont Ave
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Path Consultants of Central VA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2021
Transaction ID : SA11AI.59990
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Glassy, Eric, F, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2801 Via Buena
 City Palos Verdes Estates State CA Zip Code 90274-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliated Pathologists Medical Group Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2021
Transaction ID : SA11AI.59953
 Amount of Each Receipt this Period
 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 7 OF 16
	<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. Gupta, Chakshu, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 Stanford CT
 City Saint Joseph State MO Zip Code 64506-4580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAWD Pathology Group PA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2021
Transaction ID : SA11AI.59988
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Haverty, Gary, F, Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22153 Tail Race Rd
 City Aldie State VA Zip Code 20105-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brookville Hosp 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
 09 / 14 / 2021
Transaction ID : SA11AI.59959
 Amount of Each Receipt this Period
 500.00
 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
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2021
Transaction ID : SA11AI.59968
 Amount of Each Receipt this Period
 950.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 16
<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. Karon, Bradley, S., Dr., MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1549 Monterey Ln SW

City Rochester	State MN	Zip Code 55902-1215
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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 ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2021

Transaction ID : SA11AI.59956

Amount of Each Receipt this Period
750.00

Memo Item

B. Knight, Kathryn, T, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Pier Ave

City Fairhope	State AL	Zip Code 36532-1234
------------------	-------------	------------------------

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

Name of Employer (for Individual) Associated Pathologists LLC	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
09	/	01	/	2021

Transaction ID : SA11AI.59946

Amount of Each Receipt this Period
2000.00

Memo Item

C. Konnick, Eric, , Dr., MD, MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1814 NW 77th St

City Seattle	State WA	Zip Code 98117-5447
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Washington Medical Cente	Occupation (for Individual) Pathologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2021

Transaction ID : SA11AI.59952

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
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 16
<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. McLendon, Roger, E., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 N Riverdale Dr
 City Durham State NC Zip Code 27712-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2021
Transaction ID : SA11AI.59964
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Peditto, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Waukegan Road
 City Northfield State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) College of American Pathologists Occupation (for Individual) Employee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2021
Transaction ID : SA11AI.59995
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Raslavicus, Paul, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lab for Clinical Medicine 200 Corporate Place #7
 City Peabody State MA Zip Code 01960-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Consultants Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2021
Transaction ID : SA11AI.59992
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 16
<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. Rezaei, M Katayoon, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 Titania Ln
 City McLean State VA Zip Code 22102-2751
 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 ▼ 210.00

Date of Receipt 09 / 02 / 2021
Transaction ID : SA11AI.59949
 Amount of Each Receipt this Period 30.00
 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 09 / 27 / 2021
Transaction ID : SA11AI.59987
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Volk, Emily, Ellen, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 966 Cherokee Rd Unit 302
 City Louisville State KY Zip Code 40204-4315
 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 ▼ 3841.66

Date of Receipt 09 / 21 / 2021
Transaction ID : SA11AI.59972
 Amount of Each Receipt this Period 3841.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4871.66
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 16
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zhai, Qihui, Jim, Dr., MD

Mailing Address Dept of Path Mayo Bldg 3rd Fl
4500 San Pablo Rd

City Jacksonville	State FL	Zip Code 32224
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mayo Clinic Jacksonville	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2021

Transaction ID : SA11AI.59969

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	12046.66

**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. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285

Purpose of Disbursement
Suntrust RAZ Deposit Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	1

FEC Identification Number

Transaction ID : SB21B.59942
Amount of Each Disbursement this Period

 31.83

Memo Item

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City
Richmond

State
VA

Zip Code
23285

Purpose of Disbursement
Suntrust Account Analysis Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	1

FEC Identification Number

Transaction ID : SB21B.59943
Amount of Each Disbursement this Period

 65.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

 96.83

 96.83

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A. ARMSTRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 439 NEW JERSEY AVE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: ND District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number: C00670547
Transaction ID : SB23.59928
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95757

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: CA District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 29 / 2021

FEC Identification Number: C00461061
Transaction ID : SB23.59938
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. CARPER FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 70179

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: DE District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 21 / 2021

FEC Identification Number: C00349217
Transaction ID : SB23.59934
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2021

Mailing Address 410 1st Street, SE
Floor 2

City Washington State DC Zip Code 20003

FEC Identification Number

C C00390476

Transaction ID : SB23.59929

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. DR KIM SCHRIER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2021

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

FEC Identification Number

C C00652628

Transaction ID : SB23.59939

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 08

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM CLYBURN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2021

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

FEC Identification Number

C C00255562

Transaction ID : SB23.59935

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: SC District: 06

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

4500.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. PRAIRIE POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2021

Mailing Address 200 East Jefferson Street

FEC Identification Number

C	C00347195
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Transaction ID : SB23.59940

Amount of Each Disbursement this Period

1000.00

Memo Item

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

B. STEVE DAINES FOR MONTANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2021

Mailing Address 410 First Street, SE Floor 2

FEC Identification Number

C	C00491357
---	-----------

Transaction ID : SB23.59930

Amount of Each Disbursement this Period

3000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2021

Mailing Address 499 South Capitol Street, SW Suite 422

FEC Identification Number

C	C00458976
---	-----------

Transaction ID : SB23.59936

Amount of Each Disbursement this Period

1000.00

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: AL District: 07

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

5000.00

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

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**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. TONY CARDENAS FOR CONGRESS

Mailing Address P.O. BOX 15096

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: CA District: 29

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2021

FEC Identification Number

C00498873

Transaction ID : SB23.59937

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address 2817 N JEFFERSON STREET

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: MI District: 06

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C00200584

Transaction ID : SB23.59931

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WARNOCK FOR GEORGIA

Mailing Address PO BOX 991

City DECATUR State GA Zip Code 30031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: GA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C00736876

Transaction ID : SB23.59932

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

17000.00