



**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="2021"/>	<input type="text" value="322640.97"/>	<input type="text" value="322640.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="334768.86"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19204.90"/>	<input type="text" value="200216.66"/>
(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="353973.76"/>	<input type="text" value="522857.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33565.00"/>	<input type="text" value="202448.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="320408.76"/>	<input type="text" value="320408.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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 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).....	15019.90	166952.86
(ii) Unitemized .....	4185.00	33263.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19204.90	200216.66
(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) .....	19204.90	200216.66
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)).....▶	19204.90	200216.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19204.90	200216.66

**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 .....	65.00	1448.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.00	1448.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	201000.00
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)) ..	33565.00	202448.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33565.00	202448.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19204.90	200216.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19204.90	200216.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65.00	1448.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.00	1448.87

**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 25
<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. Ahluwalia, Chandnish, K, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1812 Verdugo Blvd  
 City Glendale State CA Zip Code 91208-1409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Verdugo Hills Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 16 / 2021  
**Transaction ID : SA11AI.60346**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Boulos, Fouad, Ismat, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 W Walinca Walk  
 City Clayton State MO Zip Code 63105-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Barnes-Jewish Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.20

Date of Receipt 12 / 14 / 2021  
**Transaction ID : SA11AI.60425**  
 Amount of Each Receipt this Period 88.30  
 Memo Item

**C. Carr, Matthew, D, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2267 Sunset Bluff Dr  
 City Holland State MI Zip Code 49424-2386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holland Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2021  
**Transaction ID : SA11AI.60354**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	788.30
<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 25
	<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. Crary, Gretchen, S, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 Sunset Ct  
 City Little Canada State MN Zip Code 55117-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hennepin County Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI.60275**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dugan, Michael, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3966 Aladdin Dr  
 City Huntington Beach State CA Zip Code 92649-4251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCDXI Medical Diagnostics, Inc. Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI.60281**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Edgerton, Neil, H, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2675 Oak Park TRL  
 City Decatur State GA Zip Code 30033-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockdale Medical Center Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2021  
**Transaction ID : SA11AI.60322**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 8 OF 25
<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. English III, George, William, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 1002 Texas Blvd Ste 500  
 City Texarkana State TX Zip Code 75501-5117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Services of Texarkana Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2021  
**Transaction ID : SA11AI.60370**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Evans, Juanita, J, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 Kent Rd  
 City Royal Oak State MI Zip Code 48073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence - Providence Park Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021  
**Transaction ID : SA11AI.60392**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Fody, Edward, P, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6574 Partridge Ln  
 City Holland State MI Zip Code 49423-8965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holland Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI.60347**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 9 OF 25
	<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. 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 ▼ 1000.00

Date of Receipt 12 / 30 / 2021  
**Transaction ID : SA11AI.60393**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gaston, Emily, C, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Hunter LN  
 City Charlotte State NC Zip Code 28211-3039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Celligent Diagnostics LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 06 / 2021  
**Transaction ID : SA11AI.60288**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. Gomez, Richard, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Marsh PL S  
 City Saint Augustine State FL Zip Code 32080-6425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unaffiliated Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2021  
**Transaction ID : SA11AI.60364**  
 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 10 OF 25
<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. 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 ▼ 800.00

Date of Receipt 12 / 13 / 2021  
**Transaction ID : SA11AI.60323**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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  
 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 ▼ 450.00

Date of Receipt 12 / 07 / 2021  
**Transaction ID : SA11AI.60303**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. League, Aimee, A, Dr, MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2904 Westcorp Blvd SW Ste 108  
 City Huntsville State AL Zip Code 35805-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Associates PC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2021  
**Transaction ID : SA11AI.60355**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 25
<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. Martin, Elizabeth, , T, Dr.**  
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fauquier 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
12	/	29	/	2021

**Transaction ID : SA11AI.60402**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. May, Estelle, E., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 515 32nd Ave S

City Nashville	State TN	Zip Code 37212-3211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Opus Pathology	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
12	/	19	/	2021

**Transaction ID : SA11AI.60353**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. 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
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2021

**Transaction ID : SA11AI.60311**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<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 25
<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. 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 12 / 03 / 2021  
**Transaction ID : SA11AI.60284**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 550.00

Date of Receipt 12 / 13 / 2021  
**Transaction ID : SA11AI.60423**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 300.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI.60278**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<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 25
<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. Risech, Martina, , Dr., DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2140 E Susquehanna Ave

City Philadelphia	State PA	Zip Code 19125-2043
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

**Transaction ID : SA11AI.60398**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Robboy, Stanley, J., Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 Circle Park Place

City Chapel Hill	State NC	Zip Code 27517-8163
---------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2021

**Transaction ID : SA11AI.60371**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Rock, Leeann, M, Dr., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5812 Western View Pl

City Mount Airy	State MD	Zip Code 21771-5802
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Frederick Mem 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
12	/	31	/	2021

**Transaction ID : SA11AI.60396**

Amount of Each Receipt this Period  
250.00

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 14 OF 25
<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. Sens, Mary, Ann, Dr., MD, PhD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1155 Oxbow CT  
 City Grand Forks State ND Zip Code 58203-2166  
 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 ▼ 1000.00

Date of Receipt 12 / 09 / 2021  
**Transaction ID : SA11AI.60315**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Sillings, Christine, Norton, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4072 Massie Ave  
 City Louisville State KY Zip Code 40207-2138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norton & Norton Children's Hospitals Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI.60271**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Smith, Jeffrey, B, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1395 S Pinellas Ave  
 City Tarpon Springs State FL Zip Code 34689-3790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Helen Ellis Memorial Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 25 / 2021  
**Transaction ID : SA11AI.60373**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 25
<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. 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 ▼ 500.00

Date of Receipt 12 / 07 / 2021  
**Transaction ID : SA11AI.60308**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. 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 12 / 15 / 2021  
**Transaction ID : SA11AI.60345**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Stachurski, Dariusz, R, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1243 Narragansett Blvd  
 City Cranston State RI Zip Code 02905-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newport Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2021  
**Transaction ID : SA11AI.60300**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 25
<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. Valdes, C. Leilani, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 W Commercial St  
 City Victoria State TX Zip Code 77901-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Laboratory LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 503.20

Date of Receipt **12 / 14 / 2021**  
**Transaction ID : SA11AI.60424**  
 Amount of Each Receipt this Period 88.30  
 Memo Item

**B. Valdes, C. Leilani, , Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 W Commercial St  
 City Victoria State TX Zip Code 77901-6302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Laboratory LLC Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 553.20

Date of Receipt **12 / 22 / 2021**  
**Transaction ID : SA11AI.60367**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Vanderbilt, Burton, L, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 34806  
 City Juneau State AK Zip Code 99803-4806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bartlett Regional Hospital Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 22 / 2021**  
**Transaction ID : SA11AI.60366**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.30
<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 17 OF 25
<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. Villarmarzo, Gabriela, , Ms., MA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 366527  
 Hato Rey  
 City San Juan State PR Zip Code 00936-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hato Rey Pathology Associates Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.90

Date of Receipt 12 / 15 / 2021  
**Transaction ID : SA11AI.60426**  
 Amount of Each Receipt this Period 88.30  
 Memo Item

**B. Wadih, George, Esper, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Dept of Path  
 2139 Auburn Ave  
 City Cincinnati State OH Zip Code 45219-2906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christ Hosp Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2021  
**Transaction ID : SA11AI.60330**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wells, Robert, Brian, Dr., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1960 Raveneaux LN  
 City Tyler State TX Zip Code 75703-5800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pathology Associates of Tyler Occupation (for Individual) Pathologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI.60381**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	638.30
<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 18 OF 25  
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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  
**Worsham Jr, George, F, Dr., MD**

Mailing Address 119 Church St STE B

City Charleston	State SC	Zip Code 29401-2951
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Roper 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
12	/	02	/	2021

**Transaction ID : SA11AI.60273**

Amount of Each Receipt this Period  
500.00

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	15019.90

# 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 Account Analysis Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2021			

FEC Identification Number

C

Transaction ID : SB21B.60266

Amount of Each Disbursement this Period

65.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

65.00

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

65.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City  
ROGERS

State  
AR

Zip Code  
72757

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

**C** C00476317

**Transaction ID : SB23.60428**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) OTHER

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

FEC Identification Number

**C** C00480228

**Transaction ID : SB23.60436**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CRAPO VICTORY COMMITTEE**

Mailing Address 25 EAST MASONIC VIEW

City  
ALEXANDRIA

State  
VA

Zip Code  
22301

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) OTHER

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

FEC Identification Number

**C** C00649574

**Transaction ID : SB23.60437**

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)..... ▶

9500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. CURTIS FOR CONGRESS**

Mailing Address 439 NEW JERSEY AVE, SE

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: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

FEC Identification Number

**C** C00647339

**Transaction ID : SB23.60445**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEBBIE DINGELL FOR CONGRESS**

Mailing Address P.O. BOX 636

City  
ANNANDALE

State  
VA

Zip Code  
22003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

FEC Identification Number

**C** C00558213

**Transaction ID : SB23.60438**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARRASSO**

Mailing Address 1020 NORTH FAIRFAX STREET  
SUITE 201

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

FEC Identification Number

**C** C00436386

**Transaction ID : SB23.60439**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

**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. KURT SCHRADER FOR CONGRESS**

Mailing Address P.O. BOX 636

City ANNANDALE

State VA

Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

**C** C00446906

**Transaction ID : SB23.60429**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAHOOD FOR CONGRESS**

Mailing Address 5827 COLFAX AVENUE

City ALEXANDRIA

State VA

Zip Code 22311

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

**C** C00575050

**Transaction ID : SB23.60430**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LARSON FOR CONGRESS**

Mailing Address 413 NEW JERSEY AVE - BASEMENT LEVE

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: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

**C** C00330142

**Transaction ID : SB23.60431**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. LISA MURKOWSKI FOR US SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 19TH STREET, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2021

FEC Identification Number

**C** C00384529

**Transaction ID : SB23.60432**

Amount of Each Disbursement this Period

2000.00

Memo Item

**B. MCCONNELL FOR MAJORITY LEADER COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2021

FEC Identification Number

**C** C00548651

**Transaction ID : SB23.60440**

Amount of Each Disbursement this Period

2500.00

Memo Item

**C. MILLER-MEEKS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE, SE  
#396

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: IA District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2021

FEC Identification Number

**C** C00558825

**Transaction ID : SB23.60441**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. PRAIRIE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) OTHER

State: District:

Date of Disbursement: 12 / 08 / 2021

FEC Identification Number: C00347195

Transaction ID : SB23.60442

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. VAL ARKOOSH FOR US SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 627

City NORRISTOWN State PA Zip Code 19404

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify)

State: PA District: 00

Date of Disbursement: 12 / 01 / 2021

FEC Identification Number: C00775510

Transaction ID : SB23.60433

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. WELCH FOR VERMONT**

Full Name (Last, First, Middle Initial)

Mailing Address 228 2ND STREET, SE

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: VT District: 00

Date of Disbursement: 12 / 08 / 2021

FEC Identification Number: C00795252

Transaction ID : SB23.60443

Amount of Each Disbursement this Period: 1000.00

Memo Item

**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. WENSTRUP FOR CONGRESS**

Mailing Address 512 MISSOURI AVE

City  
CINCINNATI

State  
OH

Zip Code  
45226

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2021			

FEC Identification Number

**C** C00497818

**Transaction ID : SB23.60446**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Mailing Address P.O. BOX 3498

City  
PORTLAND

State  
OR

Zip Code  
97208

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

**C** C00308676

**Transaction ID : SB23.60435**

Amount of Each Disbursement this Period

2500.00

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).....▶

5000.00

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

33500.00