

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 CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00274944 x

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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 03 / 01 / 2022 through 03 / 31 / 2022

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 04 / 20 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		320408.76
(b) Cash on Hand at Beginning of Reporting Period.....	333920.96	
(c) Total Receipts (from Line 19)	33735.00	58392.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	367655.96	378800.96
7. Total Disbursements (from Line 31).....	19000.00	30145.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	348655.96	348655.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: 03 / 01 / 2022 To: 03 / 31 / 2022

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).....	29899.00	49299.00
(ii) Unitemized	3836.00	9093.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33735.00	58392.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33735.00	58392.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	33735.00	58392.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33735.00	58392.20

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	145.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	145.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	30000.00
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)) ..	19000.00	30145.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	30145.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33735.00	58392.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33735.00	58392.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	145.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	145.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 OF 27
(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"/> 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. Allo, Ghassan, , Dr., MD, MSc
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Path K-6
 2799 W Grand Blvd
 City Detroit State MI Zip Code 48202-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2022
Transaction ID : SA11AI.60707
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Almanza Sr, Othon, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 N 18th St Ste 102
 City Abilene State TX Zip Code 79601-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clinical Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.60685
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bedrnicek, Jiri, Biorn, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address The Pathology Ctr
 8303 Dodge St
 City Omaha State NE Zip Code 68114-4108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI.60723
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
<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. Berardo, Melora, D, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Carriage HLS
 City San Antonio State TX Zip Code 78257-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Reference Laboratory LLC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 24 / 2022**
Transaction ID : SA11AI.60709
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Blight, Cathy, O, Dr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 1 Hurley Plz
 City Flint State MI Zip Code 48503-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hurley Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 10 / 2022**
Transaction ID : SA11AI.60631
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cantrell, Brett, B., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4844 Apache Ave
 City Jacksonville State FL Zip Code 32210-7614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascension St. Vincent's Riverside Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 15 / 2022**
Transaction ID : SA11AI.60673
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 27
<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. Collins, Timothy, J, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 N Peachtree Ave

City Cookeville	State TN	Zip Code 38501-2546
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cookeville Pathology Laboratory	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2022

Transaction ID : SA11AI.60666

Amount of Each Receipt this Period
250.00

Memo Item

B. Cresson Jr, David, H, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1914 Thomson Dr

City Lynchburg	State VA	Zip Code 24501-1009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Baptist 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
03	/	10	/	2022

Transaction ID : SA11AI.60632

Amount of Each Receipt this Period
500.00

Memo Item

C. Dean Jr, William, Hope, Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 252 Billsboro Rd

City Geneva	State NY	Zip Code 14456-9711
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2022

Transaction ID : SA11AI.60691

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 27
<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. Dombrowski, Anthony, M, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 Seeley Ave
 City Downers Grove State IL Zip Code 60515-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Adventist Bolingbrook Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 14 / 2022
Transaction ID : SA11AI.60651
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Elliott, James, N, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12714 Woodbridge Ct
 City Bowie State MD Zip Code 20721-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Luminis Health Doctors Community Medic Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.60680
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Foster, Matthew, R, Dr., MD, MMM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1914 Thomson Dr
 City Lynchburg State VA Zip Code 24501-1009
 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 ▼ 250.00

Date of Receipt 03 / 29 / 2022
Transaction ID : SA11AI.60719
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 27
<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. Goldfischer, Michael, Jean, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Wilcox Dr
 City Mountain Lakes State NJ Zip Code 07046-1148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack Univ Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.60684
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 300.00

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI.60702
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hammock, Lauren, A, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1975 Woodson Loop
 City Eugene State OR Zip Code 97405-7019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Consultants PC Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.60683
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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 ▼ 250.00

Date of Receipt 03 / 01 / 2022
Transaction ID : SA11AI.60614
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hellman, Charlene, Frances, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 Hawk Haven Ln
 City Knoxville State TN Zip Code 37931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkwest Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI.60700
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Himmelfarb, Eric, Andrew, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1037 Graystone LN
 City Forest State VA Zip Code 24551-2496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pathology Consul of Ctr VA Inc Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 03 / 23 / 2022
Transaction ID : SA11AI.60704
 Amount of Each Receipt this Period 249.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	799.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Ittmann, Michael, M., Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Path & Lab Med Svc MC 315
 2002 Holcombe Blvd

City Houston	State TX	Zip Code 77030-4211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael E DeBakey VAMC	Occupation (for Individual) Pathologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2022

Transaction ID : SA11AI.60659

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
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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
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2022

Transaction ID : SA11AI.60622

Amount of Each Receipt this Period
 250.00

Memo Item

C. 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2022

Transaction ID : SA11AI.60644

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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: PAGE 13 OF 27
(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. Kenyon, Lawrence, C., Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Algonquin Ct
 City Chesterbrook State PA Zip Code 19087-5549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2022
Transaction ID : SA11AI.60658
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kozel, Jessica, Ann, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3548 W 143rd TER
 City Leawood State KS Zip Code 66224-9406
 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 ▼ 700.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI.60722
 Amount of Each Receipt this Period 200.00
 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 ▼ 250.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.60724
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. Levin, Alan, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 SE Hillmoor Dr Ste C-11
 City Port Saint Lucie State FL Zip Code 34952-7541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lucie Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11Al.60670
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Levy, Rebecca, Anne, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham Rm B.095
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas for Med Sci Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2022
Transaction ID : SA11Al.60695
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. McGuire, Philip, W, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1660 Hogan Ave
 City Chesterton State IN Zip Code 46304-9378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alverno Clinical Laboratories Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11Al.60638
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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: PAGE 15 OF 27
(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. Myers, Stephen, R, Mr., N/A
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Waukegan Rd
 City Northfield State IL Zip Code 60093-2750
 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 ▼ 1000.00

Date of Receipt 03 / 16 / 2022
Transaction ID : SA11AI.60694
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Nakashima, Megan, O, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2466 Stratford Rd
 City Cleveland Heights State OH Zip Code 44118-4052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2022
Transaction ID : SA11AI.60647
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Neal, Margaret, H, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3813 Bobbin Brook Cir
 City Tallahassee State FL Zip Code 32312-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KWB Pathology Associates Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI.60701
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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: PAGE 16 OF 27
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Osby, Melanie, Anne, Dr., MD

Mailing Address 1670 E 120th St

City Los Angeles	State CA	Zip Code 90059-3026
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Martin Luther King Outpatient Center	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
 03 / 28 / 2022
Transaction ID : SA11AI.60714

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pena, Elpidio, De Jesus, Dr., MD, MA

Mailing Address 1520 Goddard Ave

City Louisville	State KY	Zip Code 40204-1546
--------------------	-------------	------------------------

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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2022
Transaction ID : SA11AI.60652

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Puckett, Thomas, G, Dr., MD

Mailing Address Dept of Path
421 S 28th Ave Ste 310

City Hattiesburg	State MS	Zip Code 39401-7208
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Hattiesburg Clinic	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
 03 / 14 / 2022
Transaction ID : SA11AI.60664

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 17 OF 27
	<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. Pullman, James, M, Mrs., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4th Flr Foreman Pavilion
 111 E 210th St
 City Bronx State NY Zip Code 10467-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Med Ctr Moses Divison Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2022
Transaction ID : SA11AI.60654
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Putnam, Angelica, Rocio, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path
 100 Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84113-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Primary Childrens Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11AI.60629
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Rada, Dini, W.H., Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 N Avon Blvd
 City Avon Park State FL Zip Code 33825-8170
 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 03 / 09 / 2022
Transaction ID : SA11AI.60626
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 18 OF 27
<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. Richard, James, Edward, Dr., DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3980 Canyon CV
 City Holt State MI Zip Code 48842-8805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sparrow Health System Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI.60721
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Royer, Michael, C, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 12th St NE
 City Washington State DC Zip Code 20002-6320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walter Reed Natl Military Med Ctr Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2022
Transaction ID : SA11AI.60660
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Saad, Assad, J, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4327 Northaven Rd
 City Dallas State TX Zip Code 75229-4123
 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 ▼ 2500.00

Date of Receipt 03 / 30 / 2022
Transaction ID : SA11AI.60720
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 19 OF 27
	<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. Sagatys, Elizabeth, Mary, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15401 Fenton PL
 City Tampa State FL Zip Code 33647-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moffitt Cancer Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2022
Transaction ID : SA11AI.60618
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Shahab, Imran, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5956 Davenhill Dr
 City Plano State TX Zip Code 75093-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michael A Deck MD PA Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2022
Transaction ID : SA11AI.60633
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Strate, Susan, Marie, Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2627 San Simeon Dr
 City Wichita Falls State TX Zip Code 76308-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kell West Regional Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2022
Transaction ID : SA11AI.60663
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 20 OF 27
	<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. 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 ▼ 238.30

Date of Receipt 03 / 22 / 2022
Transaction ID : SA11AI.60699
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Vincentelli, Cristina, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Path 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) Emory University Hospital Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2022
Transaction ID : SA11AI.60710
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Wilkinson, David, , Dr., MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Brigstock Rd
 City Midlothian State VA Zip Code 23113-6332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Health Medical Center Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2022
Transaction ID : SA11AI.60692
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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:	PAGE 21 OF 27
(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"/> 17	

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

A. Williams, R. Bruce, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Waterford Dr
 City Lafayette State LA Zip Code 70503-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHRISTUS Health Shreveport-Bossier Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2022
Transaction ID : SA11AI.60686
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Wu, Sang, , Dr., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1713 Water Lily Dr
 City Southlake State TX Zip Code 76092-5861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Health Presbyterian Hospital Den Occupation (for Individual) Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2022
Transaction ID : SA11AI.60715
 Amount of Each Receipt this Period
 2000.00
 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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	29899.00

**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		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address 901 N WASHINGTON STREET #700		FEC Identification Number C00476317 Transaction ID : SB23.60604 Amount of Each Disbursement this Period 2500.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: AR	District:	

Full Name (Last, First, Middle Initial) B. BRIAN HIGGINS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 31 / 2022
Mailing Address 415 New Jersey Ave., SE Unit 1		FEC Identification Number C00401034 Transaction ID : SB23.60605 Amount of Each Disbursement this Period 1000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: NY	District: 26	

Full Name (Last, First, Middle Initial) C. BUCSHON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 19 / 2022
Mailing Address 611 PENNSYLVANIA AVE, SE #396		FEC Identification Number C00468256 Transaction ID : SB23.60598 Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IN	District: 08	

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

A. BUCSHON 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: IN District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

FEC Identification Number

C C00468256

Transaction ID : SB23.60606

Amount of Each Disbursement this Period

2500.00

Memo Item

B. DAN CRENSHAW FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 439 NEW JERSEY AVENUE, 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: TX District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

FEC Identification Number

C C00660795

Transaction ID : SB23.60607

Amount of Each Disbursement this Period

2500.00

Memo Item

C. DEBBIE DINGELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

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 Y Y
03 / 16 / 2022

FEC Identification Number

C C00558213

Transaction ID : SB23.60599

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)..... ▶

6000.00

**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. DR RAUL RUIZ 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
State: CA District: 36

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2022

FEC Identification Number

C C00502575

Transaction ID : SB23.60600

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JIM CLYBURN

Mailing Address 499 South Capital Street, SW
Suite 420

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2022

FEC Identification Number

C C00255562

Transaction ID : SB23.60593

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE FOR CONGRESS

Mailing Address 814 CONSULTING
5827 COLFAX AVE

City
ALEXANDRIA

State
VA

Zip Code
22311

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2022

FEC Identification Number

C C00445023

Transaction ID : SB23.60601

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)..... ▶

3000.00

**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. HOYER'S MAJORITY FUND

Mailing Address 499 SOUTH CAPITOL STREET, SW

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) **OTHER**

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number

C C00140715

Transaction ID : SB23.60609

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MURKOWSKI FOR US SENATE

Mailing Address 1111 19TH STREET, NW
SUITE 1100

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
Voided Check 13527

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: AK District: 00

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2022

FEC Identification Number

C C00384529

Transaction ID : SB23.60591

Amount of Each Disbursement this Period

- 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address P.O. BOX 83142

City
GAITHERSBURG

State
MD

Zip Code
20883

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2022

FEC Identification Number

C C00409219

Transaction ID : SB23.60602

Amount of Each Disbursement this Period

1000.00

Memo Item

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

500.00

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. PEOPLE FOR PATTY MURRAY

Mailing Address 1602 BELLE VIEW BLVD, 3510

City
ALEXANDRIA

State
VA

Zip Code
22307

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WA District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	2

FEC Identification Number

C C00257642

Transaction ID : SB23.60594

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN KELLY FOR CONGRESS

Mailing Address P.O. BOX 3411

City
CHICAGO

State
IL

Zip Code
60654

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: IL District: 02

Disbursement For: 2022
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	2

FEC Identification Number

C C00539866

Transaction ID : SB23.60597

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address P.O. BOX 3411

City
CHICAGO

State
IL

Zip Code
60654

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: IL District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00539866

Transaction ID : SB23.60610

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. VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 15239

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: FL District: 16

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2022

FEC Identification Number

C C00412759

Transaction ID : SB23.60611

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

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) ▼
 State: OH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2022

FEC Identification Number

C C00497818

Transaction ID : SB23.60603

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY

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)..... ▶

2000.00

19000.00